to describe Interferon- γ , IP-10 and TST responses in HIV-positive and negative children in Northeast Brazil.

Methods: TST, Interferon- γ and IP-10 responses were evaluated in HIV-positive and HIV-negative children with known contact with adults with TB, a previous or current diagnosis of active TB and controls with no history of TB contact or disease.

Results: 41 HIV-positive and 56 HIV-negative children were enrolled. The concordance of TST and QTF was high amongst HIV-positive and HIV-negative children (k 0.85 and k 0.82 respectively). IP-10 concentrations were higher for both HIV-positive and negative children with positive QTF/TST agreement. HIV-positive children had lower IP-10 concentrations when compared with HIV-negative children. Interferon- γ and IP-10 concentrations did not significantly differ amongst HIV-positive children with active TB, TB Contact or controls. Among HIV-positive children, higher IP-10 concentrations were observed in children with higher CD4 counts.

Conclusions: IP-10 concentrations had good correlation with positive QTF/TST agreement, reinforcing its potential role for the diagnosis of LTBI. Interferon- γ and IP-10 responses in HIV-positive children need to be further investigated.

Methods: We performed a prospective national study from July 1st 2006 to June 30th 2007, involving 94 hospitals.

Data of mother-child pairs were obtained from ad-hoc forms for every syphilis serum-positive pregnant woman.

Results: 25/207 infants, born to 203 serum-positive mothers, were diagnosed for CS (20 cases in 100.000 live births). Maternal risk factors for CS were age < 20 years (RR 3.44, 95% CI 1.63-7.27), no prenatal care (RR 3.10, 95% CI 1.47-6.21) and no adequate treatment during pregnancy (RR 15.32, 95% CI 5.22-47.31). No association between CS and single marital status, unemployment and coexistence of other maternal infections was found. Infected babies were more probably preterm (RR 5.72, 95% CI 2.93-11.18), with a birth weight < 2000 g (RR 7.85, 95% CI 4.37-14.11) than non-infected ones.

The prevalence of syphilis serum-positivity was higher among immigrant women; nevertheless, there was no difference between infants born to foreign and Italian mothers in the risk of CS.

Conclusions: The present study highlights the opportunity of prenatal syphilis screening in all pregnant women, both immigrant and Italian, in order to recognize and treat maternal infection, thus preventing mother-to-child transmission.

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RISK FACTORS FOR CONGENITAL SYPHILIS IN ITALY: A MULTICENTER STUDY

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Background and Aims: In many western European countries, the rate of CS has increased over time due to a high serum-prevalence of syphilis serum-positivity in fertile immigrant women.

We aimed to study the prevalence of Congenital Syphilis (CS) and its risk factors in Italy.