in period 1984-2008. Cases were tabulated using government reporting system (SINAN), with denominators from Brazilian Institute of Geography and Statistics based on census and inter-census estimates.

Results: During 1984-1996, there was an increase in incidence rates from 0.03 to 12.77 per 100,000 population, an increase of 425-fold. After implementation of HAART universal access (1996 to present), there was a significant reduction in incidence. The incidence rate fell 90.6%, from 12.77 to 1.20 cases per 100,000. This drop took place mainly after 2000, when routine diagnostic and preventive strategies were implemented for pregnant women and exposed children. The figure plots incidence by year, indicating when various preventive measures were adopted.

[Vertical Transmission of AIDS, Sao Paulo, Brazil]

Conclusions: AIDS incidence in children is falling in São Paulo State due to adoption of effective control strategies. International goals (i.e., two cases per 100 infected women) for “eliminating” MTCT will certainly be met. Nevertheless, maintaining preventive activities and comprehensive care will remain a challenge in settings with broad social inequality. The 70 cases of AIDS in children under five diagnosed in São Paulo State in 2008 serve as a reminder of this.

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CLINICAL SIGNIFICANCE OF ROTAVIRUS INFECTION IN NICU: PROSPECTIVE ASSESSMENT OF 60 INFANTS

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Background and Aims: Although Rotavirus (RV) infection in newborns is usually asymptomatic, outbreaks have been reported, associated with increased incidence of necrotizing enterocolitis (NEC). We conducted a prospective study during the epidemic peak of RV, in order to assess the rate of infection, its clinical importance and the presence of gut inflammation.

Materials and methods: Between February 1st and March 15th, 2009 all the infants hospitalized for more than 48 hours were enrolled. Faeces were collected daily: the presence of RV was evaluated by immunoassay and the value of Calprotectin by ELISA test.

Results: 60 infants (381 faecal samples) were evaluated: 17 infants (28%) were RV positive. RV positivity rate was higher in preterm than in term infants (preterm:13/33 vs term:4/27; $p=0.04$) and in VLBW (VLBW:9/17 vs non-VLBW:8/43; $p=0.01$); no difference in clinical symptoms between RV+ and RV- infants was found. Two infants had blood mucus stools concomitant to the first RV positivity; three RV+ (17.6%) and three RV- (6.9%) infants had NEC>stageII. No differences in faecal Calprotectin were found among infants non developing NEC (RV+/NEC-: 155 ± 134 mg/g vs RV-/NEC-: 116 ± 124); higher values were detected in infants with NEC, regardless of RV (RV+/NEC+: 287 ± 174 vs RV-/NEC+: 283 ± 207)

Conclusions: RV infection is frequent in NICU during epidemic peak, and more likely in premature than in term infants, partly because of their prolonged hospitalization. Isolated RV infection does not lead to intestinal inflammation and does not seem to favour NEC.