Conclusion: Despite the logistic difficulties and deficiencies, the VigSau proved to be a practical and effective tool for the protection of the health of Brazilian troop in Haiti. The surveillance to the health of the military is a modern strategy to guarantee the troop performance, having to be enclosed into the doctrine of military health, in times of peace or war, to cooperate in the reduction of the diseases rate during the multinational peacekeeping operations.

Conclusion: The tendency in pre-travel consults and immunizations at our center could reflect that, even taking into account Argentina’s unsteady economic situation, people are willing to travel and to protect themselves. When events such as the yellow fever outbreak in 2008 occur, there is an extra demand of preventive measures.

doi:10.1016/j.ijid.2010.02.1805

32.034

Immunizations in travelers attending a private center for infectious diseases and travel medicine in Buenos Aires, Argentina, 2005-2008

C. Biscayart¹, P. Elmassian², A. Macchi², V. Verdaguer¹, M.P. Della Latta², C. Torroija², D. Stamboulian¹

¹ Centros Médicos Dr. Stamboulian, Buenos Aires, Argentina
² Centros Médicos Dr. Stamboulian, Buenos Aires, Argentina

Background: According to Argentina’s official estimations for 2006, 1.5 million people traveled abroad. Immunizations constitute an important part of the pre-travel consult. As such, and with the aim of describing some trends, we present a four-year experience at Centros Médicos Dr. Stamboulian, an ambulatory center for Infectious Diseases and Travel Medicine with vaccination facilities in Buenos Aires with travelers that sought pre-travel advice.

Methods: This is a retrospective, descriptive analysis. Immunization records were reviewed. Hepatitis A and B data was excluded (they are part of Argentina’s immunization program). We focused on locally available recommended immunizations: typhoid fever, rabies, inactivated polio vaccine, and meningococcal A+C. Yellow fever was the only required vaccine in Argentina, since A, C, Y, W 135 meningococcal vaccine is not available.

Results: Between January 2005 and December 2008, a total of 2,342; 2,775, 3,501 and 4,710 travelers attended the center per year, respectively. Most common destinations were South America, Central America and the Caribbean, Asia and Africa. Recommended vaccine shots taken as a group increased 141% percent during the studied period (typhoid fever shots increased the most: 101%). Yellow fever vaccination increased dramatically in 2008, due to the ongoing outbreak in Misiones, Paraguay and Brazil. Polysaccharide typhoid fever vaccine was almost invariably used, except for a brief period of unavailability, when it was replaced for oral live vaccine.

Of note, rabies vaccine shots include only records of travelers who were bitten by animals.

Tuberculosis: Epidemiology, Prevention & Control (Poster Presentation)

33.001

Clinical manifestations of tuberculosis among pediatric household contacts with active culture confirmed disease

A. Ackerman¹, C. Whalen², S. Zalwango³, J.I. Shwartz⁴

¹ University of Massachusetts Medical Center, Worcester, MA, USA
² University of Georgia College of Public Health, Athens, GA, USA
³ Case Western Makerere University Research Collaboration, Kampala, Uganda
⁴ Yale University Medical Center, New Haven, CT, USA

Background: Previous research on tuberculosis in children has been largely limited to cross sectional studies in settings where MTB culture was not performed. To further characterize the clinical presentation of children with TB, we performed a retrospective cohort study of pediatric household contacts (HHC) with culture confirmed disease in Uganda.

Methods: We reviewed clinical, radiologic, and epidemiologic characteristics of 79 pediatric subjects with active culture-confirmed TB. The cohort was derived from a longitudinal HHC study of adult infectious cases in Kampala, Uganda. Analysis included stratification by age group (young children (YC) = ages 0-2, older children (OC) = ages 3-14).

Results: Median age was 2.7 years, 42 were young children, and 45 were female. Cough >3 weeks was the most common symptom (80%) and was the only symptom present in the majority of subjects. Disease presentation varied significantly by age group. The frequency of abnormal findings was significantly higher amongst young children (YC) vs older children (OC), including fever (YC 19/42 vs OC 7/37; p = 0.01), weight loss (15/42 vs 7/37; p = 0.004), sick general appearance (17/42 vs 4/37; p = 0.02), and abnormal respiratory exam (20/42 vs 9/37; p = 0.03).

Conclusion: Clinical assessment of TB in child household contacts of infectious cases is challenging given the relative paucity of findings on clinical, microbiologic, and radiographic examination. In our study, cough was the only symptom present in the majority of cases, CXR was positive in 95% of cases, and AFB smear was only positive in 22% of cases. Clinical manifestations of disease varied significantly with age. Young children were more symptomatic and more likely to have multiple abnormal findings on physical exam than older children who had few signs or symptoms. In fact, more than one third of older children had no signs at all on physical exam. The reasons for these differences in

\[
\begin{array}{|c|c|c|c|c|}
\hline
\text{Vaccine} & \text{Number of vaccines per year} \\
\hline
\text{Meningococcal A + C} & 664 & 784 & 667 & 537 \\
\text{Polio Salk} & 90 & 924 & 926 & 948 \\
\text{Rabies} & 224 & 238 & 267 & 177 \\
\text{Yellow fever} & 261 & 194 & 234 & 2495 \\
\text{Typhoid fever (Polisaccharide)} & 1571 & 1978 & 2600 & 2901 \\
\text{Oral Typhoid fever} & 37 & 304 & 0 & 0 \\
\text{Total} & 3240 & 4512 & 5255 & 7807 \\
\hline
\end{array}
\]