Results: Results show, that out of the 500 pupils examined, 14 (2.8%) were infested with the head louse only. This value was statistically significant (p<0.05), among those infected, with a higher prevalence for girls 13 (92.9%) than boys 1 (7.1%). 90% of the child care givers agreed that, sharing the same bed with others, accounted for the prevalence of the ectoparasite. 30% advocated hand picking of the lice, as a preventive/treatment measure. 100% of the school teachers had good knowledge of pediculus and agreed that, the infestation is preventable and treatable. Low socio-economic status pre-disposed the children to lice infestation arising from sharing beds, clothing and combs as reported by the enlightened teachers. 90% of the teachers mentioned lack of concentration as the major effect of pediculus among the school children.

Conclusion: Preventive measures, such as, health education, personal hygiene, regular washing of hairs and use of hair cream containing sulphur, are therefore advocated for efficient eradication of pediculus among the school-aged children.

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Changing profile of malaria: An observational study in a central Mumbai hospital, India
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Background: Malaria has been one of the leading causes of acute febrile illnesses in India. A definite change in the trend of malarial infections, their clinical features and outcomes has been noticed recently. The present study, in a Mumbai hospital, during 3 consecutive monsoons, was carried out, to observe and compare the changing profile.

Methods & Materials: An observational study was conducted at a hospital in central metropolitan Mumbai, India, during June to October, 2013 to 2015. Febrile patients, admitted, from the medical outdoor and emergency departments, were tested by peripheral smear examination/malaria specific antigen. Other investigations included, total and differential counts, liver function tests (transaminases and bilirubin) and renal function tests (creatinine and urea). Hemodynamic instability (hypotension), thrombocytopenia with manifest bleeding, affected renal function either singly or in combination were the differentiating criteria towards critical care. The clinical, laboratory features and outcomes were compared.

Results: During 2013, of 41 diagnosed Malaria cases, 39 were P. Vivax and 2 mixed Malaria. 2014 saw a total of 55 Malaria cases,- 23 being P. Falciparum and 16 P. Vivax and mixed malaria each. 2015 saw a surge in malarial infections, with 117 diagnosed cases, 107 being P. Vivax and only 10 positive for P. Falciparum. No mixed malaria infections were encountered. On comparison of laboratory and clinical features, during 2013, 7 (17%) presented with hypotension, 14 (34%) had transaminitis while 7 (17%) required platelet transfusion. During 2014, 4 presented with hypotension, 2 each, with bleeding manifestations, jaundice, renal dysfunction and altered consciousness. There was a mortality of 3. Despite the surge in Malaria cases in 2015, with severe anaemia in 98 patients, leucopenia in 77, transaminitis in 44, and thrombocytopenia in 45, platelet transfusion was required by one and all subsequently recovered.

Conclusion: Within the three consecutive years (2013 to 2015), it was observed that, Dengue has overtaken Malaria numerically, as a major cause of monsoon related febrile illness. Within the malarial infections, P. Falciparum appears to be on the decline. P. Vivax, has shown variability in clinical severity. Environmental circumstances that may have contributed need to be looked into.

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Kala Azar patients management in a renovated SK Hospital, Mymensingh - A real experience
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Background: Visceral leishmaniasis (Kala Azar) is still one of the major rural public health problems in Bangladesh. A cross sectional study was carried out to observe the pattern of Kala-azar patients admitted in SK Hospital Kala- Azar research centre (SKKRC).

Methods & Materials: The suspected kala azar patients from 2012 to 2014, either new case, treatment failure or with complication referred from different hospital were subjected for evaluation.

Results: SKKRC managed 267 cases in 2012, 382 in 2013 and in the year of 2014 total 428 patients. All cases are confirmed by RK-39 or positive LD body on splenic puncture or PCR. We diagnosed 7 patients with Tuberculosis, 10 patients with Hepatitis and 2 patients with Malaria co-infection. Besides numbers of Kala Azar patients presented with other comorbidities. One boy 9 year old got treatment every year in last 5 years in different regimen still positive for LD body. One patient, 12 year hailing from one endemic area with history of getting inj SAG, Miltefosine and Amphotericin at different time. Ten patients developed severe hypersensitivity reaction during treatment with Ambisome. Most of the patients that presented with PKDL had previously been treated for VL with SSG or tab Miltefosine. Recently few patients presented with PKDL after receiving Ambisome for VL treatment. Twenty patients had history of both SSG and Miltefosine treatment for Kala-azar in different time period developed PKDL. Three patients had history of successfully treated PKDL with inj SAG total 120 doses with apparent cure by disappearance of lesion again developed PKDL. Two baby only 2-3 year old diagnosed kala Azar with positive history of mother. One Kala Azar diagnosed pregnant lady delivered a term baby, but unfortunately both were died next day; fetal part placenta was found positive for LD body by PCR. Five patients were found both splenomegaly and PKDL.

Conclusion: Currently, treatment recommendations are usually based on data from endemic regions. There is no clear cut determination of treatment end point. Each species has a different sensibility...