M. Cristia pacheco
Havana City, 1998—2008
Morbility and mortality for neonatal sepsis in a Hospital in
presentation. The incidence rate for pneumonia seems high
cessfully implemented. Lessons learned will be shared in the
socio-economically deprived population in Kabul can be suc-
was 1.8 (1.7, 1.8).
Conclusion: RCT with 18 months follow up amongst
incidence rate for pneumonia seems high compared to South Asia rates
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80.020
Morbility and mortality for neonatal sepsis in a Hospital in Havana City, 1998–2008
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Background: To compare the epidemiological, clinical and microbiological profiles between patients with neonatal sepsis who lived or died.
Methods: The medical records of patients with neonatal sepsis were retrospectively reviewed at at Hospital Universitario Docent América Arias, between 1998 and 2008. Neonatal sepsis cases were classified as surviving or not after 30 days of postnatal follow-up. The survivor and deceased groups were compared using Mann-Whitney’s U test for continuous variables, and the chi-squared test or the Fisher’s exact test for categorical variables. Significantly associated variables were included in a Cox proportional hazards model. A p-value <0.05 was considered statistically significant for all analyses.
Results: A total of 116 patients with neonatal sepsis were included (65 live and 51 dead).
Multivariate analysis showed that fetal distress, respiratory distress, a delayed capillary fill up, a low platelet count, and a positive hemoculture for Staphylococcus Coagulasa Positive and Klebsiella Pneumoniae were significant risk factors for death.
Conclusion: Conclusions. Epidemiological, clinical, laboratory, and microbiological variables are significant predictors of death in newborns with neonatal sepsis.
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80.021
Age and sex specific pattern of urban malaria and diarrhea mortalities in Accra
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Background: Health outcomes are not evenly distributed across different populations and different individuals in a given population differ in susceptibility to different risk factors. Study objectives: To investigate age and sex specific malaria and diarrhea mortality patterns in a rapidly urbanizing area in Ghana. Design: A time-point pooled analysis of observed clusterlevel malaria and diarrhea mortality in an urban area in Ghana.
Methods: All-cause mortality data for the period 1998-2002 were obtained from the Ghana Vital Registration System (VRS) and cluster-level Proportional Mortality Ratios (PMRs) computed separately for age and sex.
Results: While there was no sex-specific mortality difference for both malaria and diarrhea, there was some evidence of differences in mortality levels across age groups. In particular, children under-1 year old were partially protected against malaria specific mortality which was highest among those between 1 and 5 years. In contrast, diarrhea specific mortality was highest in infants and decreased progressively with age.
Conclusion: Child survival programs will be more effective if the programs more appropriately reflect these risk patterns for the two childhood killers.
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80.022
Paediatric rotavirus disease in The Gambia: A hospital based sentinel study
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Background: Diarrhea is a major cause of pediatric morbidity and mortality with an estimated 3 million deaths per year of which about 20% are caused by rotavirus.
After more than a decade of the last published work on diarrheal disease in the Gambia, we aimed to determine the disease burden and epidemiology of rotavirus diarrheal disease at the Royal Victoria Teaching Hospital (RVTH), Banjul during the documented peak period of rotovirus transmission.
Methods: From 1st January to 31st March 2006, eligible children aged 5years and below admitted with gastroenteritis had their stools collected within 48 hours of admission and tested for rotavirus, using ELISA (Dako ID EIATM Rotavirus
The role of viruses in the aetiology of IRA in Peruvian children

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Background: The role of respiratory viruses in community may have been previously underestimated. We aimed to study the incidence and clinical characteristics of acute respiratory infections (IRA) in children adding PCR to routine conventional laboratory tests.

Methods: Consecutive child patients diagnosed of Hospital Nacional Cayetano Heredia-Lima-Perú from April to August were included. Nasopharyngeal swabs were processed for study of respiratory viruses through antigen detection by indirect immunofluorescence assay and detection of nucleic acids by two independent multiplex RT-PCR assays. According to the aetiology, patients were categorized in 4 groups: group 1, only virus detected; group 2, only bacteria detected and group 3, viral and bacterial

Results: Of 200 patients diagnosed with IRA, 200 had nasopharyngeal swabs available and were included in this study. Aetiology was established in 200 patients: group 1, n=57 (28.5%); group 2, n= 23 (11.5%); group 3, n= 25 (12.5%). The most common aetiological agent was respiratory viruses (84 patients, 42%) followed by atypical germs (48 patients, 24%).

Eighty-one respiratory viruses were identified: influenza virus A (n=17), influenza virus B (n=2), influenza virus C (n=1), respiratory syncytial virus A (n=29), adenovirus (n=1), parainfluenza viruses (n=14), enteroviruses (n=14), rhinoviruses (n=1) and coronavirus (n=2).

There were eleven patients coinfected with respiratory virus. Forty and five atypical germs were identified: 21 Clamidea pneumonidae (n= 21) and Mycoplasma pneumoniae (n=24). There were sixteen patients coinfected by both atypical germs. Immunofluorescence 41 and PCR 81. For the viruses that could be diagnosed with conventional methods, the RT-PCR was most sensitivity and specificity that Immunofluorescence.

Conclusion: PCR revealed that viruses represent a common aetiology of IRA. There is an urgent need to reconsider routine laboratory tests for an adequate diagnosis of respiratory viruses, as clinical characteristics are unable to reliably distinguish viral from bacterial aetiology.

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Clinical and epidemiology characterization of children hospitalized with influenza A H1N1 (FLU AH1N1) during the first wave of 2009 outbreak, Santiago, Chile

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Background: In Chile flu AH1N1 affected mainly children between 5-14 years old (4500/100,000 pop) with highest hospitalization in children)5 years (90.8/100,000 pop).

Objectives were to describe epidemiological, clinical, virological and laboratory findings and to determine risk factors for severe disease in pediatric patients.

Methods: Descriptive study of hospitalized children with confirmed flu AH1N1. We studied the presence of the virus in biological samples (respiratory secretions, blood and urine) using real-time RT-PCR and viral culture, at admission and at 3rd and 5thdays of treatment with oseltamivir. Viral load from respiratory samples was standardized by copies/100,000 cells.

Results: 20 children were hospitalized with flu AH1N1. Twelve girls (60%), mean age 2.9 years (1m-16y). Most