include 47% women, 83% Blacks and 14% Latinos. Approximately 750 HIV-infected patients. The clinic demographics 2008. The clinic provides primary care services to approximately 280 patients. The seroprevalence of anti-HAV and hepatitis A vaccination have immunity. The objective of this study is to assess immunity to lessen the impact of the disease in the community. The high rate of anti-HAV in patients with perinatal HIV highlights the effectiveness of the strategy for childhood hepatitis A vaccination schedule. Comparable success in adult patients will require a higher adherence to vaccination recommendations in order to prevent HAV infection in HIV patients.

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Central nervous system opportunistic infections (CNS-OI) in HIV-infected children from Buenos Aires, Argentina
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Background: CNS-OI is a frequent event in adult AIDS patients (pts) with decreasing rates in the HAART era. The spectrum of CNS disease is quite different in paediatric AIDS and there are very few reports about the incidence rates of CNS-OI in children. The objective was to describe the clinical course and outcome risk of CNS-OI in a perinatally HIV-infected cohort from Argentina.

Methods: Retrospective study among 397 HIV infected children followed-up from 1998-2008. All pts with confirmed CNS-OI infection were included. Pts with congenital infections, other neurological disorders or without an etiologic agent identified were excluded.

Results: Out of 397 pts, 23 (6%) developed 24 CNS OI during follow-up (0.8/100 personyears). Bacterial meningitis (BM) 6 (25%), which were N meningitidis 2, St. pneumoniae 2, St. agalactiae 1 and L monocytogenes 1. TB 5 (21%), C neoformans (Crypto) 4 (17%), toxoplasmosis 2 (8%), JCV 2 (8%), MAI 1 (4%), CMV 1 (4%), EBV-CNS lymphoma 1(4%), measles SSPE 1 (4%). Common initial symptoms were fever (61%), neurological deficits (26%) and headache (22%). At diagnosis of OI, mean age: 7.6 ± 6 years, mean CD4: 15 ± 14%, mean viral load: 4.8 ± 1 log.

CNS OI was the first manifestation of HIV in 6 pts (26%); 17 were on HAART, 11 of them (48%) had poor adherence. No IRIS was assumed.

BM and TB were more prevalent in the youngest pts (median age: 5 vs 12 years. p=0.03). Median CD4% of BM was higher than the rest (30 vs 5 p=0.007)

Neurological sequelae were present in 6. Six pts died (26%). Causes of death were 1 TB, 1 MAI, 1 JCV, 1 EBV-Lymphoma, 1 CMV and 1 Crypto. CNS-OI mortality was higher than in the rest of pts, 6/23 vs 31/374 (p=0.01) and KM survival log rank p=0.03.

Conclusion: In developing countries OI are still prevalent, especially in pts with late diagnosis of HIV, poor adherence or advanced AIDS disease. In this series, a significant high mortality was observed. BM and TB were more prevalent in younger children. In older children, the spectrum was more similar to adults and the relation with low CD4 was more accurate.

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