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Measles epidemic with complications in Bosnian children during 2008- Prevention strategy

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Background: Morbilli is a childhood viral disease manifested as acute febrile illness associated with cough, coryza, conjunctivitis, spots on the buccal mucosa, and rash starting on the head and neck and spreading to the rest of the body. Treatment for mild cases of measles is supportive.

Aim: The objective of this review was to assess the effects of antibiotics given to children with measles in reducing pneumonia, other morbidities and mortality during epidemiological infections unvaccinated children during last epidemic 2008 in Bosnia and Herzegovina.

Methods: Randomized controlled trials (RCTs) and quasi-RCTs comparing antibiotics with placebo or no treatment to prevent complications in children with measles. Diagnosis was usually clinical, by identifying Koplik's spots or the rash. Alternatively, laboratory diagnosis of measles had done with confirmation of positive measles IgM antibodies or isolation of measles virus RNA from respiratory specimens.

Results: Bronchopneumonia occurred in up to 10% cases producing serious respiratory difficulties in Bosnian epidemic 2008. Severe cases of measles required hospitalisation in 16% cases of kids measles infection. Low rate of complications had a group of kids patients that received antibiotics prophylaxis (6%) compared with group of sick kids without antibiotics (21%). Gypsies children had significantly lower immunization coverage (37%), compared with other Bosnian national groups (89%) that time period.

Discussion: Antibiotics may be given to treat secondary bacterial infections from complications such as otitis media, infectious diarrhoea, pneumonia and sepsis. Despite this, measles remains a leading cause of vaccine preventable death worldwide.

Conclusion: There is no specific treatment for measles which is why immunisation is so important. These results show that a significant number of kids patients with measles develop complications and require admissions. The majority of patients are nine months to five years old. Combined measles, mumps and rubella (MMR) vaccine is currently part of routine immunisation programmes in most countries, including Bosnia and Herzegovina.

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GLaDMap: Global Laboratory Directory Map

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Background: The International Health Regulations (IHR) 2005 calls for strengthening core capacities of the 194 World Health Organization (WHO) member countries. No single country has the resources to control spread of infectious diseases, and cross border collaborations and information sharing are important for early mitigation of a public health event of international concern (PHEIC). Given the disparity among countries, especially in the laboratory capabilities in many less developed countries (LDC) for the detection, risk assessment of, and response to public health events, one way to improve capacity is to tap into the vibrant communities of laboratory networks. To connect the expertise and to map global laboratory resources, WHO has launched the Global Laboratory Directory (GLaD). GLaD is conceived as a *support system* to encourage laboratory networks to be part of a global community of peers. It is to connect laboratory networks to leverage capabilities and capacities in support of effective preparedness in compliance with the IHR. GLaD comprises of three components: GLaDMap, GLaD-Net and GLaDResource

Methods: This abstract focuses on the GLaDMap component which is based on a combination of the "yellow pages" directory concept with the links of a social "facebook" community. It is a list of networks and their member laboratories using a web based interactive mapping technology.

Laboratory networks upload information through a detailed questionnaire and their specifics are uploaded and displayed dynamically, highlighting their specialties, geographic location, partnerships and activities.

Results: A dynamic display of laboratories and their connections will be demonstrated: A series of mapping exercise scenarios will highlight how peer communities are utilizing the mapping tool, focusing on networks for cholera, food safety, influenza and biosafety.

Conclusion: GLaD is positioned to strengthen the WHO's capability to perform fully and effectively the functions entrusted to it under the IHR, in particular to link more isolated laboratories in LDCs with others for better global connectivity and readiness to mitigate PHEICs.

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