assayed by IFA. 16S rRNA genes of A. phagocytophium in blood samples of domestic animals were amplified by using nested PCR and genetic diversity of 16S rRNA genes were analyzed.

**Results:** The total positive rates of IgG antibody against A. phagocytophium for farmers were 34.9%. For 3 investigated counties, the positive rates were 77.4% in Guangde, 54.9% in Mingguang city and 10.3% in Huanyuan County respectively. The total seroprevalence in dogs, goats and ox were 33.3%, 0.76% and 0 respectively. Amplifying 16S rRNA gene of A. phagocytophium were 25.00% positive for dogs' blood samples, 0 for goats and 33.33% for ox respectively. Genetic diversity analysis showed there were two groups of A. phagocytophium in the study. One was classified in Guangde County and the other gathered in the north Huayuan County. Another clad with mixed above two variants of A. phagocytophium existed in Mingguang city located in the mid east of Anhui Province.

**Conclusion:** Prevalence of Anaplasmosis in human and domestic animals existed in Anhui Province and there were two groups of A. phagocytophium in these areas. Differential diagnosis of zoonotic "rickettsial" infection should be emphasized in clinics.

This study was funded by National Basic Research Program of China (973 Program 2010CB530206); the National Key Science and Technology Projects of China (No. 2009ZX10004-023) and (No.2008ZX10004-008)

**PP-241** Pay attention to differential diagnosis of anaplasmosis with thrombocytopenic syndrome

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**Objective:** Human granulocytic anaplasmosis (HGA) is emerging tick-borne rickettsial diseases (TBRD) caused by the obligate intracellular bacteria Anaplasma phagocytophilum. An unusual nosocomial human to human transmission of human granulocytic anaplasmosis (HGA) occurred in Anhui province in 2006. Subsequently, a pilot retrospective laboratory survey of suspected HGA cases in Shandong Provinces over 2004 to 2005 identified several cases by serology and blood PCR. In a recent investigation, a natural focus of Anaplasmosis has been confirmed in Yiyuan County, Shandong Province in 2008. In recent years, patients with fever and thrombocytopenic syndrome increased during April to October every year. In order to ensure if there’re some HGA cases in the patients with fever and thrombocytopenic syndrome, we conducted clinical analysis and laboratory differential diagnoses on 42 patients with unknown febrile from Apr to Oct in 2011.

**Methods:** Summarize clinical features of 42 patients and collected blood samples in acute stage and recovery stage respectively. Detection of serum IgM and IgG antibodies to A. phagocytophilum and nested PCR amplifying 16S rRNA gene of A. phagocytophilum were conducted in Shandong Province CDC and China ICDC respectively.

**Results:** 7 cases of HGA had been confirmed. Typical clinical features for all patients were high fever (38.5°C-39.8°C), weakness, myalgia, Anorexia. No rash was observed. The WBC and platelet accounts decreased progressively after being hospitalized. Blood biochemical assay including AST and ALT showed 2-10 times elevated. 5 cases had been confirmed by serum 4 fold change. 2 cases were diagnosed through PCR. 1 patient was confirmed to be co-infection with Bunia Virus. All patients were recovered by oral administration doxycycline and symptomatic treatment.

**Conclusion:** There are HGA cases among the patients with fever and thrombocytopenic syndrome. Differential diagnosis of HGA and describing specific antibiotics should be noticed in clinical practice.
An outbreak of dengue in central Nepal, 2010

Practice of platelet transfusion in febrile illness during dengue outbreak 2010 in Rawalpindi, Pakistan

O. Ashraf1, S. Umar1, M. Umar2, H.T. Bushra2. 1Shifa College of Medicine, 2Holy Family Hospital, Pakistan

Objective/Background: To analyze the practice of platelet transfusions which is the standard clinical practice adopted in many dengue-endemic countries.

Methods: This retrospective study included 500 patients admitted in the isolation ward of Holy family Hospital, a public tertiary care hospital, presenting with acute febrile illness during a dengue outbreak. Only patients who fulfilled the WHO criteria for acute dengue (fever and +2 titer to DENV-1) were included. For PCR test, the potential infection rates of goats, ox and horse were 38.9%, 37.5% and 36.4% respectively. There were significant divergence of A. phagocytophium isolates in this study and Homology analysis showed that they were broadly distributed in other regions of China and other countries around China.

Conclusion: Infection of A. phagocytophium in domestic animals and human exited in Yili areas of Xinjiang Province. Differential diagnoses of unknown febrile patients should be emphasized in clinics and further investigation of ecological characterization of Anaplasmases including its vectors and hosts should be practiced.

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**PP-244** Practice of platelet transfusion in febrile thrombocytopenia during dengue outbreak 2010 in Rawalpindi, Pakistan

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**PP-246** An outbreak of dengue in central Nepal, 2010

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Background: Dengue fever (DF), which was considered a rare disease entity in Nepalese context tillrecent past, showed a major outbreak in central Nepal recently. This study wasaimed at describing the clinical and laboratory profiles of Dengue Feverpatients during the outbreak in chitwan and adjacent districts.

Method: Aprospective observational analytical study conducted in the Department ofMedicine at Chitwan Medical College, Nepal.

Result: Outof 1456 patients with acute febrile illness, 426 (29.29%) were tested positive for DF, out of which 414 patients were included in the study. 84.57% of thepatients were in the age group of 16 to 60 years. Most commonclinical presentations were fever (100%), headache (97%), bodyache (93%), nausea (85%), vomiting (63%), retro-orbital pain (49%), itching (43%), abdominal pain (42%), skin rashes (27%) and loose motion (26%). 90% of patients were admitted in thehospital and 3% required ICU admission. Dengue Fever (DF) and Dengue HemorrhagicFever (DHF) were present in 79% and 21% of the patients respectively. Thrombocytopeniawas present in 70% of the patients Leucopenia was seen in 54% of patients.

Conclusion: Dengueis no more a stranger’s disease in Nepalese context and precautions are to betaken when residing/travelling Nepal.