

hepatitis A vaccine history was entered into a specially designed anonymous database. Sera were tested for the presence of anti-hepatitis A virus immunoglobulin G antibodies (AxSYM, Abbott Laboratories, Hellas, Greece).

RESULTS: Data from 948 children analyzed revealed that 40.7% of the children had received at least 1 dose of hepatitis A vaccine. To date we have examined 498 sera. Among fully vaccinated children who had received at least 2 doses of vaccine, 91.2% were immune. The overall prevalence of anti-hepatitis A virus antibodies in unvaccinated children was 15.4%. In unvaccinated children >12 months of age, the rate of natural immunity was 11.7% (33 of 282). Interestingly, neither age nor ethnicity were associated with higher rates of natural infection. Among unvaccinated infants, the rate of passively maternal antibodies was surprisingly high (15 of 30 [50%]), mainly because of children from immigrant or Gypsy families, reflecting maternal natural infection.

CONCLUSIONS: The implementation of universal vaccination against hepatitis A in Greece should be discussed because, according to our results, 11.7% of unvaccinated children have serologic evidence of past natural infection.

SOCIAL FACTORS ASSOCIATED WITH CHILD ABUSE AND NEGLECT IN GUADALAJARA, MEXICO

Submitted by Maria Guadalupe Vega-Lopez

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INTRODUCTION: Cases of child abuse and neglect have increased in Mexico, but few studies have been carried out to examine the factors associated with this health problem.

OBJECTIVE: With this study we sought to identify social factors associated with child abuse and neglect and to construct a predictor model of child maltreatment in children younger than 7 years in Guadalajara, Mexico.

METHODS: A case-control study was designed; cases were selected randomly from the register of maltreated children younger than 7 years by the DIF (the public institution that provides assistance to families in Mexico) during 2002 ($N = 205$). Controls were chosen randomly from the register of children assisted in other DIF programs in 2002 ($N = 379$). A multivariate logistic regression model was used to estimate odds ratios (ORs) with 95% confidence intervals (CIs).

RESULTS: In the multivariate analysis, 6 factors were statistically associated with child maltreatment: maternal drug addiction (OR: 15.3 [95% CI: 1.8–127.6]), mother without steady partner (OR: 3.0 [95% CI: 1.9–4.6]), bad family relationships (OR: 1.3 [95% CI: 1.1–4.2]), the

child has “tantrums” (OR: 1.8 [95% CI: 1.2–2.8]), the child’s behavior irritates the parents (OR: 1.5 [95% CI: 1.1–2.1]), and overcrowding (OR: 1.5 [95% CI: 1.1–2.2]).

CONCLUSIONS: According to the constructed model, if a child were simultaneously exposed to all these risk factors, he or she would have a very high probability of being a maltreated child. The findings show that public health institutions can play an important role in designing timely intervention strategies directed at avoiding or reducing the cases of child abuse and neglect.

Gastroenterology, Hepatology, and Nutrition

EFFECT OF COBALAMIN SUPPLEMENTATION IN INFANTS: A RANDOMIZED, CONTROLLED TRIAL

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INTRODUCTION: A metabolic profile that suggests impaired cobalamin status is prevalent in breastfed infants. Whether this profile reflects immature organ systems or cobalamin deficiency has not been clarified.

OBJECTIVE: Our goal was to study serum cobalamin levels in breastfed infants.

METHODS: This study included 107 apparently healthy infants who at the age of 6 weeks were randomly assigned to receive either an intramuscular injection with 400 μg of cobalamin or no intervention. Concentrations of cobalamin and folate in serum and total homocysteine (tHcy), methylmalonic acid (MMA), and cystathionine in plasma were determined at inclusion and at the age of 4 months.

RESULTS: There was no significant difference in the concentrations of any vitamin marker between those in the intervention ($n = 54$) and control ($n = 53$) groups at 6 weeks ($P = .20-.78$). At the age of 4 months, infants who were given cobalamin had 75% higher serum cobalamin levels than those of controls. The intervention was associated with a remarkable reduction in median plasma tHcy (from 7.46 to 4.57 $\mu\text{mol/L}$) and MMA (from 0.58 to 0.20 $\mu\text{mol/L}$) ($P < .001$) levels, whereas both metabolite levels were essentially unchanged during follow-up in the control-group infants.

CONCLUSIONS: Cobalamin supplementation of infants changed all markers of impaired cobalamin status (low cobalamin, high MMA and tHcy, and slightly ele-

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