

adenitis who were admitted to our tuberculosis center during a period of 10 years.

**RESULTS:** Our 10-year study of 1112 children with lymphadenopathy showed that tuberculous adenitis was encountered in 87 children (7.8%). The disease was present at all ages but was found more frequently between the ages of 10 and 18 years (39.1%). The most common location was the anterior cervical space in 43 children (49.4%), followed by the axillary and supraclavicular areas. Systemic clinical signs (fever, weight loss, tiredness, night sweats) were encountered by 69 children (79.3%). Granulomatous infection was confirmed in 19 children (21.8%) who had abnormal chest radiograph findings. The diagnosis of tuberculous lymphadenitis was based on histological demonstration of caseating epithelioid cell granulomas in the specimen obtained by excision biopsy in 56 cases (64.3%). Tuberculin skin-test results were positive in 76 cases (87.3%). Positive family history of tuberculosis was discovered in 72 cases (82.7%).

**CONCLUSIONS:** In most cases, the diagnosis was established on the basis of the specific histopathological aspect, tuberculin skin-test result, positive family history of tuberculosis, and the abnormal chest radiograph findings.

## SURVEILLANCE OF INFLUENZA IN CHILDREN YOUNGER THAN 5 YEARS IN A TERTIARY CARE HOSPITAL IN BANGKOK, THAILAND

Submitted by Piyarat Suntarattiwong

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**INTRODUCTION:** Influenza is a common febrile illness with a significant impact on the pediatric population. Few data regarding influenza in young children have come from tropical resource-limited countries.

**OBJECTIVE:** We aimed to study epidemiological data, clinical manifestations, influenza rapid tests, and oseltamivir treatment in children with influenza.

**METHODS:** We conducted influenza surveillance at Queen Sirikit National Institute of Child Health, a tertiary care children's hospital in Bangkok, Thailand. From July 5, 2004, to July 3, 2005, 2 groups of patients aged 0 to 5 years were enrolled: (1) patients diagnosed with lower respiratory tract infec-

tions (ie, viral croup, bronchitis, bronchiolitis, and pneumonia) and (2) patients diagnosed with influenza-like illness on the basis of World Health Organization criteria. Subjects must have had symptoms for <5 days. We collected nasal swabs to perform influenza A antigen tests by rapid-test kit and nasopharyngeal swab to perform viral cultures. Clinical signs and symptoms were recorded. Oseltamivir (Tamiflu) was given to the patients with positive rapid-test results, and parents agreed to receive an antiviral agent. Other treatment was provided by attending physicians as the routine standard of care.

**RESULTS:** We enrolled 495 patients, 49 (9.9%) of which had influenza virus. The virus was isolated year-round with 2 peaks (Fig 1). Fever and myalgia were symptoms with a statistically significant difference between patients with and without influenza infection. The rapid test for influenza A showed 51% sensitivity and 98% specificity compared with viral culture. Eighteen (37%) of 49 patients received oseltamivir treatment. The oseltamivir-treated patients had, on average, 1.12, 0.41, and 0.55 days' shorter oxygen duration, hospital stay, and time to improvement, respectively, but there was no statistically significant difference.

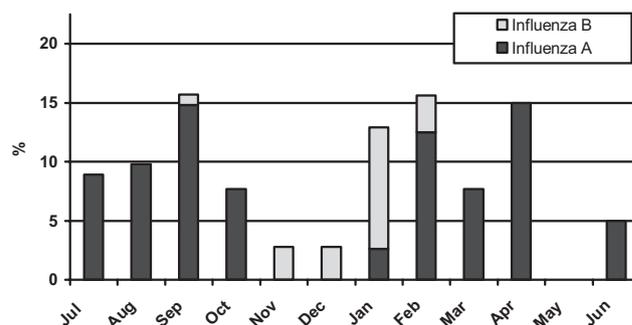


FIGURE 1. Percentage of influenza A and B cases according to month.

**CONCLUSIONS:** Influenza in young children in Thailand can be found in 10% of patients with lower respiratory tract and influenza-like illness. Two peaks occurred during July to October and January to April. Rapid-test kits have moderate sensitivity but high specificity. Benefit from oseltamivir treatment was observed but not statistically significant.

## LITERATURE REVIEW OF ROTAVIRUS PREVALENCE IN AFRICA

Submitted by Zainab Waggie

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**INTRODUCTION:** Diarrhea kills 1.6 million children younger than 5 years annually, with rotavirus causing

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