

64% for children aged 6 to 11 months, 72.7% for children aged 12 to 23 months, 87.1% for children aged 24 to 35 months, and 90.3% for children 3 to 6 years old, respectively. The seropositivity of hMPV and RSV was considerably similar in almost all age groups.

CONCLUSIONS: hMPV seems to be a common and important respiratory pathogen in Chongqing's children. Almost all individuals had been exposed to hMPV by the age of 6 years.

DETECTION OF HUMAN BOCAVIRUS IN CHINESE CHILDREN WITH RESPIRATORY TRACT INFECTION

Submitted by Xiaodong Zhao

Xiaodong Zhao

Division of Immunology, Children's Hospital, Chongqing Medical University, Chongqing, China

INTRODUCTION: Human bocavirus (HBoV), a parvovirus discovered in 2005, was identified as a respiratory pathogen in a proportion of respiratory tract diseases with an unknown causative agent.

OBJECTIVE: Our goal was to investigate the role of HBoV in acute lower respiratory tract infection in Chinese children.

METHODS: Two hundred forty-five nasopharyngeal aspirates collected from January to December 2006 from hospitalized children with acute lower respiratory tract infection were tested for the presence of HBoV DNA by using polymerase chain reaction (PCR) that targeted the *NP-1* gene. Bulk PCR products were subjected to nucleotide sequence analysis. Medical charts were reviewed for clinical features of HBoV infection.

RESULTS: HBoV DNA was detected in 11 (4.5%) of the 245 nasopharyngeal aspirates. HBoV infection occurred year-round and peaked in winter. The age range of the children was from 48 days to 18 months. Coinfections of HBoV and respiratory syncytial virus were found in 2 (18.2%) of 11 samples. Nucleotide sequence of the *NP-1* gene PCR products showed considerably high identity (99%). Clinical symptoms included cough and wheezing.

CONCLUSIONS: HBoV seems to be one of the respiratory pathogens for acute respiratory tract infection in the Chongqing area, particularly in young children. Understanding of the clinical relevance of HBoV infection will require additional studies.

COMBINATION OF ARTESUNATE-AMODIAQUINE AS A TREATMENT FOR UNCOMPLICATED FALCIPARUM MALARIA IN CHILDREN

Submitted by Syahril Pasaribu

Syahril Pasaribu, Pasaribu Ayodhia Pitaloka, Lubis Chairuddin Panusunan

Department of Pediatrics, Medical School, University of Sumatera Utara, Medan, Indonesia

INTRODUCTION: Resistance of falciparum malaria to both chloroquine and pyrimethamine-sulfadoxine has been reported from Indonesia and other countries. Since the end of 2004, we have changed the standard treatment of uncomplicated falciparum malaria to use a combination of artesunate and amodiaquine.

OBJECTIVE: Our aim was to evaluate the efficacy and adverse reactions of artesunate-amodiaquine as a treatment for uncomplicated falciparum malaria in children.

METHODS: We conducted a cross-sectional study at Panyabungan, Mandailing Natal Regency, North Sumatera Province, Indonesia, from August to September 2006. The sample was school-aged children between 5 and 18 years old. The sample received an oral dose of artesunate (4 mg/kg body weight) combined with an oral dose of amodiaquine (10 mg/kg body weight) for 3 days. Parasitemia was assessed at days 0, 2, 7, and 28.

RESULTS: Peripheral blood smears were performed for 376 school-aged children; 135 of them tested positive for falciparum malaria. At the end of the study (28 days), 121 cases completed a full course of study. From the peripheral blood smears on days 2, 7, and 28, we found a 100% cure rate. Adverse reactions included 20 children (16.5%) with headache, 10 (8.3%) with vomiting, and 1 (0.8%) with tinnitus.

CONCLUSIONS: A combination of artesunate and amodiaquine can be used as treatment for uncomplicated falciparum malaria in children with the caution of headache as an adverse reaction of the drug combination.

INTERLEUKIN 18 GENE POLYMORPHISM AS A POTENTIAL HOST-SUSCEPTIBILITY FACTOR IN TUBERCULOSIS IN CHONGQING, CHINA

Submitted by Li-Ping Jiang

Li-Ping Jiang

Children's Hospital, Chongqing Medical University, Chongqing, China

INTRODUCTION: Interleukin 18 (IL-18), which is an important interferon γ inducer, regulates the expression of the proinflammatory cytokine interferon γ and the antituberculosis response.

OBJECTIVE: Our goal was to investigate polymorphisms of the IL-18 gene promoter and determine whether polymorphism of the IL-18 gene promoter is a

**COMBINATION OF ARTESUNATE-AMODIAQUINE AS A TREATMENT
FOR UNCOMPLICATED FALCIPARUM MALARIA IN CHILDREN**

Pasaribu Syahril, Pasaribu Ayodhia Pitaloka and Lubis Chairuddin Panusunan

Pediatrics 2008;121;S133

DOI: 10.1542/peds.2007-2022XXXX

**Updated Information &
Services**

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/121/Supplement_2/S133.2

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

Infectious Disease

http://www.aappublications.org/cgi/collection/infectious_diseases_sub

International Child Health

http://www.aappublications.org/cgi/collection/international_child_health_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:

<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:

<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

COMBINATION OF ARTESUNATE-AMODIAQUINE AS A TREATMENT FOR UNCOMPLICATED FALCIPARUM MALARIA IN CHILDREN

Pasaribu Syahril, Pasaribu Ayodhia Pitaloka and Lubis Chairuddin Panusunan

Pediatrics 2008;121;S133

DOI: 10.1542/peds.2007-2022XXXX

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/121/Supplement_2/S133.2

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2008 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

