MANAGEMENT OF RISK OF VARICELLA INFECTION IN IMMUNOSUPPRESSED CHILDREN: WHAT IS THE EVIDENCE?

Maria Seago, Kate Armon

Background: Varicella-naive children on methotrexate are at risk of severe infection if they encounter varicella. Current guidance advises that acyclovir and/or VZIG are effective at reducing historical infection rates of >70%, a significant proportion of recipients still get varicella.

Conclusion: There is only level 3 evidence for the use of acyclovir and/or VZIG as PEP in susceptible children on methotrexate. The literature indicates acyclovir is more effective, but this is a grade 3 recommendation only. A RCT to compare the effectiveness and acceptability of VZIG and acyclovir is needed, however the difficulty of randomising a cohort of similarly immunocompromised patients should not be underestimated.

REFERENCES

Disclosure of Interests: Maria Seago: None declared, Kate Armon Speakers bureau: Abbvie, but the fee was paid into Addenbrookes charitable account

SAT0518 READINESS FOR TRANSITION – CROATIAN VERSION AND PILOT EVALUATION OF THE TRANSITION READINESS ASSESSMENT QUESTIONNAIRE (TRAQ) IN RHEUMATOLGY PATIENTS

Marija Šenjan Perica, Miroslav Mayer, Lana Tambi Bukovac, Srebnjak Children’s Hospital, Department of Pediatric and Adolescent Rheumatology, Zagreb, Croatia; University Hospital Centre Zagreb, University of Zagreb School of Medicine, Division of Clinical Immunology and Rheumatology, Department of Internal Medicine, Zagreb, Croatia; Srebnjak Children’s Hospital, Department of Pediatric and Adolescent Rheumatology, Zagreb, Croatia

Background: Rheumatic diseases of childhood extend to adulthood as an active disease in 30-70% of patients, which is the reason for requiring transition of rheumatologic care into adulthood. Transition should be individualized based on patient’s readiness, and good transition readiness analysis tools should be available at the time of transition.

Objectives: As systematic review of the available assessment tools for transitional readiness in adolescents with chronic diseases has shown that only the Transition Readiness Assessment Questionnaire (TRAQ) has proven reliability in its key measurement components, we have decided to use the TRAQ2 in pediatric rheumatology patients.

Methods: English version of TRAQ was translated to Croatian, afterwards a back-translation to English was done. Due to difference in the insurance policy in Croatia (health care is free for children under 18 years of age), question 9 was modified into: “Are you aware of the fact that after 18 years of age you have to start paying for the additional health insurance?”

A pilot study was performed in order to validate translated TRAQ by applying questionnaire to pediatric rheumatology patients at the time of transition.

Results: A total of 41 patients at the median age of 18.25 years (range 17.8-21.1 years) were enrolled, 28 female and 13 male patients. Most of