documented data about the pediatric rheumatology clinic population in our country.

Objectives: To evaluate and define the patient population referred to a tertiary pediatric rheumatology outpatient clinic in Turkey

Methods: We prospectively evaluated the patients who were initially referred to our department with suspicion of rheumatic diseases in a year period. These findings cover only ten months results as a preliminary study.

Results: A total of 2317 new patients (1142 male/1175 female) were seen. Among them, most of patients (n=1455) were referred from pediatric outpatient clinics, pediatric emergency units (n=168) and orthopedic surgeons (n=91). Of these 48.9% had a final diagnosis of a rheumatic disease, 37.9% had non-rheumatic conditions, and 13.2% had no definitive diagnosis yet. Most of them were periodic fever syndromes (n=553), juvenile idiopathic arthritis (n=207) and vasculitis (n=160) (Table 1). Other than rheumatological diseases, non-rheumatic conditions were mostly vitamin D deficiency, infections, mechanic-orthopedic conditions, and growing pains (Table 2).

Abstract AB0991 Table 1. Distribution of the patients who were diagnosed with a rheumatic disease

Diseases	n (%)
Periodic fever syndrome	553 (48.9)
• Familial Mediterranean fever	444 (80.2)
• Periodic fever with aphthous stomatitis, pharyngitis, and adenitis	43 (7.8)
• Cryopyrin-associated periodic fever syndromes	2 (0.4)
• Hyper-immunoglobulin D syndrome	1 (0.2)
• Un-defined (genetic analyzes are still in progress)	63 (11.4)
Juvenile idiopathic arthritis (JIA)	207 (18.3)
• Oligoarticular JIA	97 (46.9)
• Enthesitis related arthritis	76 (36.8)
• Polyarticular JIA	15 (7.3)
• Psoriatic arthritis	10 (4.8)
• Systemic JIA	8 (3.8)
• Unclassified	1 (0.4)
Vasculitis	160 (14.2)
• Henoch-Schönlein purpura	127 (79.5)
• Kawasaki disease	16 (10)
• Behçet's disease	11 (6.8)
• Takayasu arteritis	1 (0.6)
• Adenosine deaminase 2 deficiency	1 (0.6)
• Other (drug or infection induced)	4 (2.5)
Reactive arthritis and toxic synovitis	68 (6)
Acute rheumatic fever	46 (4)
Raynaud's phenomena	42 (3.8)
Uveitis	15 (1.3)
Juvenile systemic lupus erythematosus	14 (1.2)
Psoriasis	13 (1.1)
Juvenile scleroderma	6 (0.6)
Others	6 (0.6)

Abstract AB0991 Table 2. Distribution of the patients who had non-rheumatic conditions

Non-rheumatic conditions	n (%)
Vitamin D deficiency	148 (16.8)
Infections	102 (11.6)
Orthopedic disorders	73 (8.3)
Growing pains	57 (6.4)
Dermatological disorders	52 (5.9)
Gastrointestinal disorders	42 (4.8)
Hypermobility	41 (4.7)
Recurrent oral aphthous ulcers	34 (3.9)
Mechanical problems	24 (2.7)
Benign or malign lesions of the bone	11 (1.3)
Hematologic disorders	7 (0.8)
Pain amplification syndrome or fibromyalgia	7 (0.8)
Others	281 (32)

Conclusion: Both in our country and all over the world, there are limited number of pediatric rheumatology centers and experienced pediatric rheumatologists, and it is clearly known that diagnosing a rheumatic disease requires a careful evaluation and a high index of suspicion. As our study implies, a vast majority of referrals are composed of non-rheumatic conditions, so specifying the algorithms before referring the patients to pediatric rheumatology centers will be cost-effective and time for evaluation of patients with rheumatic diseases will be satisfactory.

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HEPATITIS A VIRUS VACCINATION IN AUTOINFLAMMATORY DISEASES UNDER CANAKINUMAB AND TOLICIZUMAB TREATMENT

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Background: Autoimmune, autoinflammatory mechanism and drugs used in treatment increase the risk of liver disease in patients with chronic rheumatic diseases. Hepatitis A vaccine is a highly effective vaccine that prevents both the formation and spread of clinical hepatitis. The risk of various infections increases with the immunosuppressive effect of both the disease and the drugs. Therefore, vaccination of these diseases is of high importance for the prevention of infectious diseases. Systemic juvenile idiopathic (SJIA) arthritis is a juvenile idiopathic arthritis (JIA) subtype with autoinflammatory pathogenesis. Steroid, methotrexate and anti-interleukin 1 and 6 are used for the SJIA treatment. Anti-interleukin 1 treatments are also used in the treatment of Cryopyrin-associated periodic syndromes (CAPS), which is also characterized with autoinflammatory pathogenesis.

Objectives: The aim of this study was to investigate the efficacy and safety of hepatitis A vaccine in patients with autoinflammatory disease on anti-interleukin 1 and 6 treatment.

Methods: In this study a total of 39 patients with autoinflammatory diseases on anti IL-1 and IL-6 therapy were initially evaluated but 25 of them were excluded due to anti-HAV IgG positivity. At the end, 24 patients with autoinflammatory diseases on anti IL-1, anti IL-6 therapy and 39 healthy participants who were seronegative for hepatitis A received two doses of the hepatitis A vaccine in a 0 and 6 month schedule. Hepatitis A virus (HAV) IgG antibodies were measured before vaccination and one month after last dose of the vaccine. Anti-HAV IgG titer as S/CO;1.1, IU/L was considered positive and protective.

Results: Total 24 patients with autoinflammatory condition (13 females, 11 males) and 39 healthy controls (18 female, 21 male) were included in the study. Among patients with diagnosis of autoinflammatory disease, 19 were SJIA and 5 were CAPS patients. The mean age was 14.1±3.7 and 12.2±3.3 years respectively. Canakinumab was used in 15 (62.5%) and toclizumab in 9 (37.5%) all patients. Among all SJIA patients, 10 (52.6%) were treated with canakinumab and 9(47.4%) were treated with toclizumab. All patients with CAPS (n: 5) were using canakinumab. Among SJIA cases, 15(75%) were also using methotrexate and 14(70%) prednisolone. Anti-HAV IgG concentrations were measured one month after the last dose of hepatitis A vaccine. There was statistically significant difference between patients with autoinflammatory condition and healthy controls regarding the anti-HAV IgG titer (mean 5.3±1.5 IU/L) versus (10.5±7 IU/L) p<0.05. The rate of anti-HAV IgG seropositivity (cut-off 1.1 IU/L) in autoinflammatory disease (24/24 (100%)) was significantly different comparing to healthy controls (33/39, 84.6%) (p=0.04). There was no disease flare of disease nor the adverse event detected in any patients after vaccination.

Conclusion: Anti-HAV IgG seroconversion was detected in patients with autoinflammatory disease on anti-IL1 and anti - IL6 therapy 1 month after the last dose of hepatitis A vaccine. The response to vaccine did not differ between healthy children and patients with autoinflammatory disease under canakinumab and toclizumab. In this study hepatitis A vaccine was found to be safe in autoinflammatory diseases with canakinumab and toclizumab treatment.

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