frequent and severe. Our objective was to evaluate the serum of patients with dengue using hematological data of them by Laboratory Oswaldo Cruz located in the municipality Jataí-Goiás. In 2010, data were evaluated for hematological and serological in 180 patients. Regarding the sex of the samples studied 58% were female and 42% male. The haematological changes were observed: leucopenia (66.1%), thrombocytopenia (56.1%), leucopenia/thrombocytopenia (46.1%), lymphopeny/oemia (25%) and atypical lymphocytes (11.1%). It was observed concerning the presence of lymphocytosis, neutrophilia in many patients, atypical lymphocytes and thrombocytopenia (<100 x 10^9 / l), sometimes with leucopenia (<2 x 10^9 / l). In the clinical picture of dengue hemorrhagic fever is marked thrombocytopenia, lymphopenia and high number of atypical lymphocytes. In many acute infections, there is leucocytosis with increased numbers of neutrophils in the blood and decrease of lymphocytes and eosinophils that often occurs in patients with dengue. In the test DENGUE IgG/IgM, IgM occurred (+) in 93% of patients undergoing the test. It is necessary to carry out specific tests for confirmatory diagnosis of dengue, however the hemogram is a valuable alternative in monitoring these cases. The changes found depend on the length and severity of infection.

HV253 - CIRCULATION OF INFLUENZA A VIRUS, RESPIRATORY SCINCIAL VIRUS AND HUMAN METAPNEUMOVIRUS IN THE NORTH AND NORTHEAST REGIONS OF BRAZIL

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Acute respiratory infections (ARI) are the most common illnesses in all individuals, regardless of age or gender around the world and are responsible for 2.2 millions of deaths annually. Studies have shown that viruses cause the majority of these respiratory illnesses. Among them stand out as etiological agents of ARI the Influenza A virus (Flu A), Respirotary synctial Virus (RSV) and Human Metapneumovirus (hMPV). In this context, this study aims to establish the occurrence of infections caused by these viruses in population segments located in northern and northeastern of Brazil. Among January and August 2011, clinical specimens (nasopharyngeal aspirates or swabs) collected from 522 patients with ARI in the cities of Belem, Manaus, Rio Branco, São Luis, Fortaleza, Recife, Natal and João Pessoa were investigated seeking confirmation of viral etiology. The laboratory diagnosis involved the viral RNA extraction and q-RT-PCR (real-time Polimerase Chain Reaction preceded of Reverse Transciptase) using specific primers and probes to Flu A (H3N2 and H1N1 pandemic), RSV and HMPV. From the total patients analyzed, 125 (23, 9%) were positive for any of the virus investigated, being 34 (27,2%) positive for the Influenza A (H3N2), 23 (18,4%) for Influenza A (H1N1) pandemic, 37 (29,6%) for VRS and 31 (24,8%) for hMPV. The cases of viral infections were more frequent in children and young adults, mainly from March to May.

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HV254 - DETECTION OF RESPIRATORY VIRUSES IN PATIENTS WITH ACUTE RESPIRATORY INFECTION BY MULTIPLEX RT-PCR


Instituto Adolfo Lutz; IAL; Av Dr Arnaldo 355 - São Paulo Acute respiratory virus infections (ARI) are among the most common causes of human disease. Infants, elderly, and individuals with immunocompromised diseases are at greatest risk of serious complications from these viruses. Surveillance and early diagnosis have been shown to result in timely administration of antiviral drugs to decrease the duration of outbreaks and lower total costs due to illness. They also prevent the inappropriate use of antibiotics and the nosocomial infection. The superiority of the molecular methods has been established with respect to conventional methods for the diagnosis of respiratory viral infections, including higher specificity and sensitivity, quicker results and high throughput. In this study, the aim was the evaluation of multiplex reverse transcription-PCR (RT-PCR) for simultaneous detection of respiratory tract viral pathogens. A total of 194 respiratory samples obtained from individual with ARI between January and December 2010 were analyzed for the presence of viruses that commonly cause respiratory disease. This system detects respiratory syncytial virus A (RSV A) and B (RSV B), adenovirus (AdV), bocavirus (BoV) and metapneumovirus (MnPv). The samples were also analysed using a standard testing algorithm that included the use of a real-time RT-PCR influenza virus A (Flu A) and B (Flu B) test and immunofluorescence test. Using the multiplex RT-PCR assay was possible to co-detect infection of RSV and Flu B; RSV A and BoV; RSV A and AdV; RSV B and BoV; RSV B and AdV. Most importantly, these analyses showed samples with multiple pathogens, which should be responsible for the severity of the infection. Clinical presentations for viral respiratory infections are often nonspecific, and a rapid, high throughput laboratory technique that can detect a panel of common viral pathogens is clinically desirable. This multiplex RT-PCR approach enhances diagnosis through detection of respiratory viral etiologic agents in cases in which the presence of the agent was not suspected and a test was not ordered by the