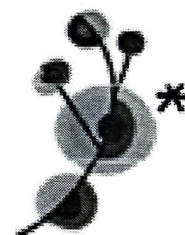




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## 04E. EDUCATION: COMMUNITY ACQUIRED INFECTIONS: RESPIRATORY TRACT INFECTIONS

ESP17-1302

### BACTERIAL INFECTIONS WITH STREPTOCOCCUS PYOGENES IN KINDERGARTENS AND SCHOOL AND THEIR PREVENTION

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#### Background

The aim of this article is to point out the efforts in the primary health care related to early detection of streptococcal infections in kindergartens and schools, early microbiological confirmation of the reasons, an early etiological treatment which leads to reduced number of complications and small number of hospitalized children. Adequate treatment prevent the occurrence of the Febris rheumatica and acute post streptococcus glomerulonephritis as possible complications.

#### Methods

Health records of preschool and schoolchildren regular patients at the PHI Dr. Angelovska and Dr. Timovski-Skopje, and obtained laboratory analysis and microbiological results for a period of 2 years (2015-2016) have been processed. Diagnosis based on the anamnesis, clinical picture (situation, throat swab and lab analysis. In our article we have been used analytical and Method of comparison for analysis.

#### Results

Out of completed 43175 medical checks, 28850 were confirmed with upper respiratory infections. Throat swab was taken from 4215 children. Positive findings were obtained from 1598 samples 37.91%. The most frequently isolated bacteria were: Streptococcus pneumoniae in 415-25.96%, Branchamella catarrhalis in 287-17.95%, Haemophilus influenzae in 314-19.64% the remaining 367-22.96% were caused by other causes and Streptococcus pyogenes in 215 -13.95% of the samples. 75 children were with elevated values of ASO. 151 children had leukocytosis and elevated CRP. 17 children had skarlatiniformen rash. 183 children were treated with Bensatine phenoximetil penicillin 85,11% per os, while 32 with other antoibiotics

#### Conclusions

Early detection and adequate treatment of streptococcal infections reduces the number of possible complications ( Febris rheumatica and acute post streptococcus glomerulonephritis) and reduces the number of hospital treated children.

Availability of microbiological investigations contributes to successful outpatient etiological treatment of children. This reduces the costs of treating children and bacteriological spread of diseases in the institutions for collective residence-kindergartens and schools