**PO-0517** FIRST REPORTED CASE OF REPEATED SUBCUTANEOUS ADMINISTRATION OF PALIVIZUMAB IN A FORMER PRETERM INFANT

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Background and aims Intramuscular injection is contra-indicated in patients with bleeding disorders. In these cases, the unlicensed practice is to administer vaccines by subcutaneous route. Despite extensive literature search and communication with the manufacturer, we were unable to retrieve any reported experience with repeated subcutaneous palivizumab. Supported by a mathematical description (Zhao L et al. J Clin Pharmacol 2013) for subcutaneous or intramuscular administration of monoclonal antibodies, we decided to administer palivizumab by subcutaneous route and to document the effects. Parental informed consent was obtained.

Methods Prospective registration of tolerance and effects of subcutaneous palivizumab administration in a former preterm girl. The girl received 5 monthly subcutaneous injections (15 mg/kg) and was subsequently monitored for 1 h for systemic and local side effects. Parental informed consent was obtained. Local tolerance of palivizumab (tenderness, swelling) was much better when compared to the simultaneously administered Infarix Hexa, or Prevenar subcutaneous) vaccines. She never displayed RSV-related symptoms.

Conclusions Repeated subcutaneous injection of palivizumab was tolerated well with minor local reactions and no systemic side effects. We suggest to consider the subcutaneous instead of the intramuscular route in the setting of a valid indication for palivizumab, but an contraindication for intramuscular administration. Off-label or unlicensed practices should be reported to share and improve knowledge on pharmacotherapy.

**PO-0518** THE INCIDENCE AND THE MICROBIAL PATTERN OF NEONATAL SEPSIS IN JORDAN

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Introduction Neonatal sepsis is a common and potentially serious neonatal disease especially in preterm babies and more complicated in developing countries.

Objectives To study the incidence and the microbial pattern of neonatal sepsis in our unit in Amman/Jordan.

Method A retrospective study of all newborn cases admitted to our NICU as suspected sepsis over a 4-year period, 2001–2004 analysing the results of blood cultures.

Results The total number of newborns delivered in our NICU over a 4-year period was 25715.

- 819 (3.2%) babies were admitted as suspected sepsis. *616 (75%) were full term babies. *203 (25%) were preterm babies (28 to 36 weeks)

- The overall incidence of sepsis was 2 per 1000.

- Gram negative organisms recovered in 32 cases (63%), mainly Klebsiella species in 21 cases (40%), E.coli in 15 (29%) and Pseudomonas in 6 cases (12%).

- Gram positive cases were 19 (37%): Staphylococci aureus in 7 cases, Staph. Epidermidis in 4, GBS in 5 and Strept. viridans in 3 cases.

The mortality among all culture-proven cases was 2 cases (4%).

Conclusion - About 3.2% of all newborns were admitted as suspected sepsis.

- Only 6% of suspected cases of sepsis were proven culture positive. The overall incidence of neonatal sepsis in our unit is 2/1000.

- Klebsiella species is the commonest pathogen isolated in our NICU.

**PO-0519** CAN BASE EXCESS BE USED FOR EARLY DIAGNOSIS OF NEONATAL SEPSIS IN PRETERM NEWBORNS?

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Background and aims Neonatal sepsis remains an important and potentially life-threatening clinical syndrome and a major cause of neonatal mortality and morbidity, particularly in preterm infants. The aim of this study to investigate whether values of
NEONATAL MENINGITIS DUE TO MORAXELLA OSLOENSI; CASE REPORT AND REVIEW OF THE LITERATURE

S. Arkan, A. Mittal, R. Arora, M. Patell. Paediatrics, Bedford Hospital, Bedford, UK

Introduction Neonatal meningitis causes substantial morbidity and mortality and is commonly caused by GBS. Moraxella osloensis is an aerobic, gram-negative coccobacillus infrequently isolated from CSF. There is little published related to risk factors of M. osloensis infections in the paediatric population. We report a case of Moraxella meningitis a neonate and review of cases in children.

Case report A 2 day old neonate was referred for jaundice and bilirubin check. He was noted to be jaundiced and lethargic. He was born at term complicated with maternal pyrexia and raised bilirubin check. He was noted to be jaundiced and lethargic. He was treated with 3 week course of IV cefotaxime and discharged without any acute complications.

He was treated with 3 week course of IV cefotaxime and discharged without any acute complications.

Discussion A PubMed search yielded 4 published cases of M. osloensis meningitis but none of them presented in the neonatal period. There was 1 published case of neonatal septicemia without meningitis, however there was no specific risk factor identified in any of these patients.

In conclusion, although M. osloensis meningitis is rare it may cause severe CNS infection in children were able to definitely identify the species of the isolates only by using 16S rRNA gene sequencing and extended PCR must be performed on all babies presenting with possible meningitis.

Abstract PO-0520 Table 1

<table>
<thead>
<tr>
<th>Investigations</th>
<th>Day 1 of admission</th>
<th>Day 3 of admission</th>
<th>Day 10 of admission</th>
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<tbody>
<tr>
<td>CRP</td>
<td>10</td>
<td>6</td>
<td>&lt;1</td>
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<tr>
<td>Bilirubin</td>
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<td>176</td>
<td>22</td>
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<td>Blood Neutrophils 5.4</td>
<td>4.6</td>
<td>3.7</td>
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<tr>
<td>Platelets</td>
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<td>206</td>
<td>454</td>
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<td>CSF glucose</td>
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<td>CSF Microscopy</td>
<td>White blood cells -1330/cu.mm</td>
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<td>No growth</td>
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<tr>
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<tr>
<td>CSF culture</td>
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<tr>
<td>CSF PCR</td>
<td>Moraxella. osloensis</td>
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</table>
PO-0519 Can Base Excess Be Used For Early Diagnosis Of Neonatal Sepsis In Preterm Newborns?

S Arayici, G Kadioglu Simsek, FE Canpolat, M Oncel, N Uras, S Oguz and U Dilmén

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