Abstract PO-0558 Table 1 Antibody levels in newborns from mothers, vaccinated from influenza

Observed symptom	Terms observation	I group «Grippol plus» (n = 42) A/California/7/2009/						II group «Agrippal S1» (n = 37) A/California/7/2009/					
		ofH1N1/v		A/H3N2/(Victoria)		B(Brisbane)		H1N1/v		A/H3N2/(Victoria)		B(Brisbane)	
		Mother	Infant	Mother	Infant	Mother	Infant	Moter	Infant	Mother	Infant	Moter	Infant
Seroprotected(%) (?? titer ³ 1:20)	2–3 day newborn/	81,1	75,0	91,9	90,6	89,2	84,4	73,0	73,1	64,9	65,4	97,3	92,3
			53,1		65,6		59,5		50,0	62,2			73,1
	3 month	80,0	*/Ñ	82,9	*/Ñ	88,6	*/Ñ	73,0	*/Ñ		57,7	81,1	'/*
Seroprotected (%) (?? titer < 1:20)	2–3 day newborn/	18,9	25,0	8,1	9,4	10,8	15,6	27,0	26,9	35,1	34,6	2,7	7,7
			46,9	17,1	34,4		40,6		50,0	37,8		18,9	26,9
	3 month	20,0	*/Ñ	**	**/Ñ	11,4	**/ÑÑ	27,0	**/Ñ	''	42,3	**	'/**
Seroprotected (%) (?? titer ³1:40)	2–3 day newborn/	64,8	53,1	78,4	62,5	75,7	59,4	67,6	61,5	62,2	57,7	91,9	80,8
			21,9		12,5		15,6		34,6	51,4	30,8		42,3
	3 month	54,3	**/Ñ	71,4	**/ÑÑ	74,3	**/ÑÑ	62,2	'/*/Ñ		72,9	'/**/Ñ
Geometric mean (log₂GMT ??)	2–3 day newborn/	31,02 ±38,19	±25,78	±45,95	±31,74	±54,01	±0,19	42,38 ±0,68	±37,03	34,82	±	85,74	±33,64 ±
		0,24 12,59	0,26 ±	0,25 14,47	0,17 ±	0,27 13,50	Ñ ±27,32	0,39	0,65 ±	23,78 23,78 ±0,4	±10,91	ÑÑ ±47,57	±18,34 ±
	3 month	30,31 0,26	±0,22 **/Ñ	30,31 0,21	±0,18 **/Ñ	44,89 0,23	±0,21 **/Ñ	0,38 *	20,0 ± 0,55 *	0,59 *	0,44 **/Ñ	0,45 **	0,4 **/Ñ

seroprotected against A/H1N1/v and A/H3N2/accordingly, and 59,4%, 80,8% - against influenza B strain (p).

Conclusion When we vaccinate pregnant women against influenza – 53,1–80,8% infants were seroprotected against vaccine strains of influenza no matter of used vaccine type.

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Background and aims Recent reports indicate that the incidence of Candida ssp. bloodstream infection (BSI) is decreasing among NICU patients, and is associated with antifungal prophylaxis and the dwell time of peripherally inserted central catheters (PICCs). This study describes the epidemiology of invasive fungal infections in a single NICU.

Methods We conducted a retrospective study of invasive candidiasis occurring in 6730 infants admitted to our NICU. Positive fungal blood cultures were identified through searching our microbiology database.

Results From a total of 2637 blood cultures performed during the study period, there were 6 (<0.1%) Candida spp. (Candida albicans n = 5, Candida lusitaniae n = 1) BSIs reported. In 3 cases premature rupture of membranes was observed, and in 2 cases maternal vaginal smears were positive for Candida ssp. All Patients with Candida albicans BSI (Gestational age 24.3 to 27.0 weeks) had PICCs, while blood cultures became positive between day 1 to 10. 1 patient died on day 13. Treatment consisted in Fluconazole (67%), Amphotericin B (33%), and Caspofungin (17%), partially combined. Persistent positive Candida BSIs were not reported. Systemic antifungal prophylaxis is not implemented at our NICU. During the same period 402 positive fungal cultures in 198 patients were documented from other sources.

Conclusions Even without prophylactic systemic antifungal therapy at our NICU the observed rate of Candida BSIs is low but in line with other studies. Prenatal vaginal smears might help to detect ELBW infants being at high risk for candidemia.

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Background Blood infection is one of the major causes of morbidity and mortality among the newborns especially in developing countries, at the other hand being informed about antimicrobial resistance pattern for correct treatment is necessary. So the aim is study the bacterial agent in blood infection in newborns who were admitted in NICU of Imam Hussein hospital of Tehran and survey their antibiotic resistance pattern.

Methods In this study, microorganisms of blood samples of hospitalised infant in NICU from Imam Hussein, hospital of Tehran during one year isolated, and their antimicrobial resistance pattern was studied by Kirby-Bauer test.

Results During a year study on 105 blood samples, 81(77.1%) were gram negative and 24(22.9%) were gram positive organisms. Klebsiella pneumonia (30.5%), Entrobacter cloacae(21%) and Staphylococcus epidermidis(11.4%) were the most common gram negative and positive isolated microorganisms, respectively.

Early and Late onset septicemia in this study occurred with coagulase negative staphylococci and Klebsiella penumoniae. The most antimicrobial susceptibility in gram negative microorganisms were shown to Moxyfloxacin (88.1%) and Ciprofloxacin (84.2%) and in gram positive were shown to Vancomycin (83.3%). All the gram positive microorganisms were resistance (100%) to penicillin.