The objective of the national program for poliomyelitis eradication is to keep Algeria as a zone free of Polio and to obtain the WHO certificate. In the present work, we describe the epidemiological and clinical characteristics of AFP: age, gender, autoimmune disorders, albuminocytologic dissociation of CSF, artificial ventilation, and mortality.

Materials and methods Prospective analysis of all cases of AFP from September 1994 to June 2013. Since 1997, we began systematically sending: Written statements of AFP on special forms to the Algerian Health Ministry and stools culture for the Polio virus to Algerian's Pasteur Institute.

AFP was diagnosed clinically through historical and clinical examination. The underlying cause of AFP was investigated by appropriate laboratory tests, such as serum electrolytes, cerebrospinal fluid analysis, nervous conduction study and stools culture for Polio virus.

Results We report 198 cases of AFP. No case of poliomyelitis has been diagnosed. Mechanical ventilation was necessary in more than 30% of cases. Since 2008, use of intravenous immunoglobulin (IV IG) seems to improve the mortality of AFP. 8% (n = 198) vs. 4% (n = 47). All deaths are related to the existence of severe neuro-vegetative disorders.

The last case of poliomyelitis reported, in Algeria, was in ILLIZI (extreme south east) in 1996.

Conclusions Eradication of Poliomyelitis is a priority of public health in Algeria.

O-083a

COAGULASE-NEGATIVE STAPHYLOCOCCAL INFECTIONS IN UK NEONATAL UNITS (NNU)

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Background and aims Advances in neonatal intensive care have resulted in improved survival and outcomes of increasingly pre-term and very-low-birth-weight (VLBW) neonates. Invasive interventions contribute to higher rates of infections in these infants.

Abstract O-083a Table 1 Median (IQR). LOS: late-onset sepsis, occurring after 48-hours of age. PNA: postnatal age. CRP: maximum CRP within 48 h of the positive culture. CVC: central-venous catheter. CVC removal: removal of the CVC due to the infection episode

	Infection Episodes (N=440)
Sex (male), n	272 (62%)
Gestation (weeks)	26 (25-30)
Birth weight (g)	858 (670-1285)
PNA (days)	14 (8-31)
LOS, n	423 (96%)
C-reactive protein (mg/L)	53 (25-90)
CVC in-situ, n	400 (91%)
CVC removal, n	210 (48%)
IUGR, n	98 (22%)

This study aims to describe infections with coagulase-negative Staphylococci (CoNS) in UK NNUs participating in a neonatal infection surveillance network (neonIN).

Methods neonIN is a web-based surveillance system (www.neonin.org.uk). Details of CoNS cases between January 2010 and May 2014 were extracted. Episodes were considered clinically significant if the infant was treated with at least 5 days of appropriate antibiotics and CRP was >10 mg/L. Repeated growth within 10 days was considered the same episode.

Results 440 episodes met the study inclusion criteria (399 infants, 23 NNUs). Incidence was 7.7/1000 NNU-admissions. Baseline characteristics for these episodes are shown in table-1. Resistance data were available for 250/440 (56.8%) episodes with high rates of resistance to flucloxacillin 89.9% (169/188) and penicillin 94.4% (67/71) and moderate resistance to teicoplanin 20.3% (14/69). Susceptibility to vancomycin was high 98.3% (169/172).

Conclusions To our knowledge, this is the largest reported cohort of neonatal CoNS infections. Most babies were <34 weeks gestation and <2000 g birth-weight and had a CVC in-situ which was removed in around half of episodes. Prevention, as well as improved strategies for identifying significant CoNS infections should be prioritised.

On behalf of the Neonatal Infection Surveillance Network (neonIN).

Nutrition

O-084

URSODEOXYCHOLIC ACID FOR PARENTERAL NUTRITION ASSOCIATED LIVER DISEASE IN NEONATES: A RANDOMISED CONTROLLED PILOT STUDY

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Background In neonates, parenteral nutrition associated liver disease (PNALD) is a well-documented complication. Few retrospective studies suggested that ursodeoxycholic acid (UDCA) may shorten cholestasis duration.

Objectives To evaluate the effect of UDCA treatment on the duration and severity of PNALD.

Design/methods A double blinded randomised controlled pilot study in a level III NICU. PNALD was defined as at least 2 values of conjugated bilirubin $\geq 34 \mu\text{mol/L}$. UDCA or placebo was started after randomization within 72 h of the diagnosis. Exclusion criteria included biliary tract anomalies, TORCH infection, short bowel syndrome, congenital hypothyroid, urinary tract infection, and congenital metabolic or genetic disorders. Baseline characteristics, clinical and biochemical evolution information

Abstract O-084 Table 1

	Placebo (N=14)	UDCA (N=12)	P
Gestational age, mean (SD) in weeks	27 4/7 (3/7)	27 6/7 (3/7)	0.84
Birth weight, mean (SD) in grams	1032 (608)	1237 (696)	0.43
Sex (female)	6 (43%)	5 (42%)	0.95
Intrauterine growth restriction	5 (36%)	1 (8%)	0.12
Respiratory distress syndrome	12 (86%)	10 (83%)	0.64
Apnea on Caffeine	10 (71%)	10 (83%)	0.4
Surgical intervention before PNALD	4 (29)	4 (33%)	0.56