albicans had resistance to a specific antifungal: 2 to fluconazole, 1 to fluconazole, 4 to itraconazole and 1 to voriconazole.

No samples of Candida parapsilosis had resistance to any of the antifungals tested, however 16 had intermediate resistance to caspofungin.

Conclusions This 15 year study of candidemia in a tertiary paediatric hospital shows that almost 80% of the cases were due to Candida albicans or Candida parapsilosis. Resistant Candida species and overall resistance to antifungal medication was uncommon and did not show any increasing trend over time.

**IMPACT OF PNEUMOCOCCAL CONJUGATE VACCINES ON PNEUMOCOCCAL MENINGITIS IN ENGLAND AND WALES, 2000 – 2016**

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Introduction The introduction of pneumococcal conjugate vaccines (PCV) was associated with reduction in incidence of invasive pneumococcal disease (IPD) especially IPD caused by the vaccine serotypes. Its impact on meningitis in the United Kingdom has not been assessed.

Methods Public Health England conducts enhanced surveillance for IPD and provides a national reference service for serotyping pneumococcal isolates in England and Wales. Data were extracted for isolates from confirmed IPD cases between 1st July 2000 and 30th June 2016, covering the 2000/01 to 2015/16 epidemiological years. Incidence rate ratio (IRR) and regression was used to calculate the odds of meningitis and assessed its association with death.

Results There were 80 313 laboratory-confirmed IPD cases over the 16 year surveillance period, including 4160 cases (4.9%) with meningitis. Of the 4108 with reported age, 1611 (39.2%) cases were reported in children aged <5 y, 1729 (4.9%) with meningitis. Of the 4108 with reported age, 1611 (39.2%) cases were reported in children aged <5 y, 1729 (4.9%) with meningitis. Of the 4108 with reported age, 1611 (39.2%) cases were reported in children aged <5 y, 1729 (4.9%) with meningitis.

PCV7 introduction in September 2006 had no impact on the overall incidence of pneumococcal meningitis (0.55/100,000 during 2000/01-2005/06 vs 0.56/100,000 during 2008/09-2009/10) because of serotype replacement disease. PCV7 replacement with PCV13 in April 2010, however, led to a 48% (95% CI: 38%-62%) reduction in pneumococcal meningitis incidence by 2015/16, whilst meningitis cases due to non-PCV13 serotypes remained static.

The overall CFR was 17.5% (631/3,611, increasing from 10.7% (150/1408) in <5 y to 17.3% (262/1517) in 5-6 y and 31.9% (219/686) in 65+year olds. This compared with 3.6% (254/716), 10.8% (3,235/30,090) and 30.6% (11,292/36,907) for non-meningitis for the same age groups, respectively. CFR for meningitis due to PCV7 serotypes (130/916, 14.2%) compared to PCV13 (143/793, 18.0%) or non-PCV13 serotypes (290/1,534, 18.9%). Among meningitis cases, serotype 8 was associated with increased odds of death (aOR, 2.91; 95% CI: 1.79 to 4.71; p<0.0001)

Conclusions The impact of PCV on pneumococcal meningitis has been less prominent than for other IPD presentations and case fatality remains high; a different strategy is, therefore, required to reduce the burden and outcomes of pneumococcal meningitis.