Interleukin-6 assays can be useful in diagnosis of sepsis alongside CRP. This study looks at the influence of IL-6 and CRP results on clinical decision making.

Methods A prospective web-based questionnaire survey of both junior doctors (online survey) and Consultants (focus group) was carried out using 20 hypothetical scenarios of neonatal sepsis along with hypothetical IL-6 and CRP results. The differences in diagnostic certainty of sepsis on the basis of clinical history alone were compared with that of addition of CRP and IL-6 results, within and between both the trainee and expert groups. (Expert group consensus responses were considered as gold-standard).

Results *Experts*: Based on clinical history, CRP and IL-6 results, experts agreed to the possibility of sepsis in only 25% of the clinical situations. Antibiotic usage by experts subsequent to sepsis categorisation was reduced with the availability of CRP results. (55% after IL-6 vs. 30% after CRP results).

Trainees: CRP results were shown to be statistically significant in changing clinician's decisions. Trainees favoured a greater likelihood of sepsis when IL-6 results were available prior to CRP results. Using the focus group consensus as gold standard, IL-6 results were used by trainees for confirming sepsis irrespective of whether they were available prior to or after CRP results.

Conclusion Both point-of-care IL-6 test results and CRP results helped doctors in confirming a diagnosis of sepsis. IL-6 was not useful in ruling out sepsis.

1187 HIGH INTESTINAL MUCOSAL INJURY ASSOCIATING WITH LOW ANTI ENDOTOXINE IMMUNITY IN VERY LOW BIRTH WEIGHT INFANTS

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Background and Aims Premature infants are exposed to numerous perinatal stresses such as hypothermia, hypoxia, hypotension, umbilical vessel catheterization. All of these have been postulated as risk factors for ischemic injury of the neonatal intestine. The intestinal permeability is increased in bacterial translocation which can lead to endotoxemia and multiple organ failure. The aim of this study was to determine anti endotoxine immunity (AEI) in premature infant depend on birth weight.

Methods Premature newborns were divided into two groups. The first group consisted of 61newborns with birth weight more than 1500 gram and 20 infant with birth weight less than 1500 gram were included in second study. In this study urinary intestinal fatty acid bind protein (i-FABP) level was measured as a specific marker for intestinal mucosal damage and serum LBP concentration was detected for estimation of AEI. Both markers were determined by enzyme linked immunsorbent assay.

Results The mean i-FABP concentration in the second group (1.75±0.62 ng/ml) was elevated in 1.4 times compared with the first group (1.23±0.23 ng/ml). Significant high urine i-FABP concentration was observed in died infants of second group (2.39±0.88 ng/ml, $p<0.05$). In contrast the serum LBP level in newborns of second group was lower (23.1±4.5 ng/ml) in 1.4 time compared to newborns of first group (32.1±2.3 ng/ml).

Conclusion Very low birth weight newborns are at increased risk of intestinal mucosal injury and endotoxemia and decreased serum LBP level in these infants should be considered as an unfavorable factor for sepsis.

1188 SERIAL QUANTITATIVE C-REACTIVE PROTEIN (QCRP) CONCENTRATIONS TO DETERMINE APPROPRIATENESS OF ANTIBIOTICS IN NEONATAL SEPSIS: A NESTED CASE CONTROL STUDY

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Background and Aims QCRP being acute phase reactant has predictable pattern of rise and fall following inflammation. Few studies have used QCRP for appropriateness of antibiotic therapy.

To determine the difference in the magnitude of change in QCRP values from baseline to 48 h in subjects with culture positive neonatal sepsis receiving sensitive antibiotics (CPSA) versus those receiving resistant antibiotics (CPRA).

Methods Neonates < twenty-eight days with suspected sepsis and baseline QCRP >10 mg/L were enrolled. Serum samples at 24, 36 and 48 h after initiation of antibiotics were analyzed for QCRP (PETIA: Particle enhanced turbidimetric immunoassay). After collecting blood culture [BD BACTEC ™ Peds Plus/F] report, CPSA and CPRA were cases and sterile cultures were controls. Mann-Whitney U test, linear regression, ROC curve and Youden's index were used to measure appropriateness of antibiotic therapy.

Results In one hundred forty-one sepsis episodes forty-five were CPSA, forty-four were CPRA and fifty two were culture sterile. The difference in QCRP between CPSA and CPRA was significant at all time points ($p<0.001$). The area under ROC curve was highest for ΔCRP_{0-48} [CRP (0 hr)-CRP (48 hr)] and ΔCRP_{24-48} [CRP (24 hr)-CRP (48 hr)] i.e 0.879 (CI: 0.80, 0.95) and 0.89 (CI: 0.81, 0.96) respectively. If ΔCRP_{0-48} was $\geq$ 6.2 mg/L, the infant was likely to be getting sensitive antibiotics (sensitivity 86%, specificity 84%).

Conclusion A decrease in serum QCRP by 6.2 mg/L can be used as a useful indicator of the appropriateness of antibiotics in neonatal sepsis.

1189 MISSED OPPORTUNITIES FOR PREVENTION OF EARLY ONSET GROUP B STREPTOCOCCUS (EOGBS) INFECTION IN NORTHERN IRELAND

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Background and Aims EOGBS infection is associated with high morbidity and mortality. Historically N. Ireland has had a higher incidence than other parts of the UK. The incidence can be reduced by intrapartum antibiotic prophylaxis (IAP). The RCOG (UK) 2003 guideline on prevention of EOGBS disease states that IAP should be considered in the presence of ≥2 risk factors for GBS. We sought to determine (1) the 2008–2010 incidence of EOGBS disease in N Ireland and (2) whether opportunities to give IAP were missed?

Methods Infants with positive blood or CSF cultures for EOGBS during 2008–2010, were identified by laboratory staff. Data was retrieved from maternal and neonatal charts of affected babies.

Results 35 infants had EOGBS infection. This gave an incidence of 0.47/1000 live births. (England & Wales incidence = 0.34/1000 live births). Four infants died; 3 due to EOGBS. Data was missing from 3 mothers. 10/32 mothers had 1 risk factor and 4/10 received IAP. 8/32 mothers had ≥2 risk factors; 4/8 received intrapartum antibiotics but only 1 as per the RCOG (UK) guidelines. One baby from this group died.

Conclusions Our data suggests that EOGBS infection rate remains higher than other parts of the UK. There appear to be significant missed opportunities for IAP. This may pertain to uncertainties in interpreting RCOG EOGBS prevention guidelines.

1190 ACTIVATED PROTEIN C ALTERS NEUTROPHIL REACTIVE OXYGEN INTERMEDIATES IN PRETERM NEONATES

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