non-typoidal salmonellosis (NTS) can cause invasive disease in special groups of children. Increasing antimicrobial resistance and limited epidemiological data pose major limitations to therapy. This study aims to analyse the disease characteristics in Singapore children.

**Methods** Retrospective cross-sectional study of children aged 0–16 years with invasive NTS over a 5-year period (January 2006–December 2011). Invasive NTS disease was defined as NTS species identified from normally sterile extra-intestinal sites i.e. blood and cerebrospinal fluid cultures.

**Results** There were 51 cases of which 22 (43.1%) were female and 29 (57%) were male. The median age at presentation was 15 months. 45 (88.2%) patients were under 4 years and the youngest was 13 days old.

Fever and/or diarrhoea were most common presenting complaints. All had temperature > 38°C and 40 (78.4%) had diarrhoea with 19 (47.5%) having bloody stools.

Mean initial total white cell count and C-reactive protein were 12.8 × 10^9/L and 64.2 mg/L respectively with Group D and B Salmonella species as the major isolates in 21 (41.2%) and 17 (33.3%). Group C accounted for 7 (13.7%) while Group G / other non-typable ones contributed 6 (11.8%). Meningitis was confirmed in 3 (5.9%). One child (1.9%) died of drug-related fulminant liver failure and there were no readmissions. Antibiotic resistance was noted in 16 (31.3%).

**Conclusion** There should be a high index of suspicion for NTS bacteremia in younger age group (≤ 4 years old) who present with fever and bloody diarrhoea. Initial inflammatory markers are not indicators of severity. Antimicrobial resistance in NTS in Singapore is low but needs vigilance.

**PO-0189** WITHDRAWN

**PO-0191** VARICELLA COMPLICATIONS - COULD WE DO MORE?
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**Background and aims** The purpose of this study was to retrospectively evaluate the severe chickenpox complications among immunocompetent children.

**Methods** During a 5-year period medical records of children aged.

**Results** We reviewed 269 cases with varicella admitted to Plovdiv University Hospital, Infectious Diseases Clinic from January 2009 to December 2013. One hundred ninety-four were excluded as the reason for admission was dehydration. Another 53 patients, hospitalised due to epidemiological considerations were also excluded. Finally, 22 cases met the definition of severe complications – 12 girls, 10 boys (mean age 4.12). The most common complications were respiratory tract infections (17 cases), followed by thrombocytopenic purpura in 2 and cerebellar ataxia, sepsis and scarlet fever a single case of each one. Patients were admitted 4.8 days post the onset of varicella. The mean duration of hospitalisation was 5.7 days. Antibiotics were administrated in all patients, in 11 acyclovir was also added. All recovered completely without any sequel.

**Conclusion** Severe complications were rare with respiratory tract infections being the most frequent. Haematological complications, although potentially life-threatening, were uncommon.

Our results indicate that further studies are needed for assessing the burden of varicella, and estimating cost effectiveness of varicella vaccine.