Methods Web-based questionnaire (Survey monkey®), developed by the NEonatal Sepsis Trial NEfwork (http://www.nest-net.org), was sent to neonatologists worldwide. Questions regarding management (n = 7) were introduced by scenarios levelled to low-, medium- and high risk for neonatal EOS. Demographic questions (n = 4) are based on competency, caseload, experience of fatal cases (deaths) and country of origin.

Results 439 Neonatologist from 10 countries participated. Laboratory investigations are used in 31% to start, and in 72% to stop antibiotic treatment. The decision regarding stop of antibiotic therapy is mainly dependent on conventional laboratory investigations. Only a minority uses newer infection markers as procalcitonin (17%) or interleukins (9%). There is a high variance in when to start and when to stop antibiotic therapy with a national distribution. Variance is lower within one country compared to the variance in all participating countries. There is no dependency on other demographic variables.

Conclusions There is a high variance in the management of neonatal EOS. Discontinuation has a high dependency on laboratory infection markers. Clinical research should focus on safety and predictive values of (new) infection markers to support the decision to stop antibiotic therapy early and prevent possibly unnecessary antibiotic treatment.

PO-0254 TUBERCULOSIS OUTBREAK IN A DAYCARE CENTRE

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10.1136/archdischild-2014-307384.904

Objectives The control of tuberculosis (TB) transmission and prevention of outbreaks requires appropriate studies for the contacts. We’re going to present an outbreak of tuberculosis in a daycare centre.

Methods A case of pulmonary TB were reported in a 3 years old boy from a daycare, admitted with pneumonia without response to conventional antibiotic therapy, tuberculin test (PPD): 5 mm, positive quantiferon. Study of family contacts was negative.

After that pulmonary TB was confirmed in a caregiver from the daycare, she was considered baciliferus and also the index case.

Results Contact study was performed in 90 persons exposed. 85% (77/90) contacts from the daycare (67 children under 3 years and 10 adults). 15 people had positive tuberculin, 8 contacts from the daycare (7 children and 1 caregiver). 5 patients of the group mentioned before were considered latent tuberculosis infection, receiving secondary chemoprophylaxis and 3 were diagnosed with tuberculosis disease, being treated with satisfactory outcome in all cases.

The index case had over a month off work so that children with negative tuberculin was repeated at 5 weeks being negative in all cases.

Conclusions TB in children can be confused with other typical lung infections, however, must be ruled out if it has a subacute respiratory symptoms and poor response to conventional treatment. It’s really important the rapid detection of contacts in case of adults with TB disease, especially if those work with susceptible people like children. The PPD is still an easy and simple tool for unvaccinated contacts diagnostic.
females and four males. The infants presented with fever, lethargy or irritability. The older children presented with fever and headache. Following full infection screens, all of the infants were treated with intravenous antibiotics. One patient had raised inflammatory markers and one patient had a significant cerebrospinal fluid (CSF) pleocytosis, the majority had a normal or minimally raised CSF white cell count. Eight patients had positive CSF Enterovirus PCR results and one patient had a Coxackievirus positive serum PCR (having not undergone lumbar puncture). In three patients a prolonged course of antibiotics was discontinued following the PCR result. One patient had episodes of tachycardia with subsequent diagnosis of supraventricular tachycardia requiring treatment.

Conclusion Positive enterovirus PCR results appear to have reduced antibiotic course length, limiting unnecessary antibiotic administration, and we advocate increasing use of this investigation.

Background and aim To investigated the epidemiological and etiological characteristic of Hand-Foot-Mouth disease in Chongqing, China from 2010 to 2013.

Methods Descriptive epidemiological methods were used to describe the epidemiological characteristics of 3760 hospitalised cases with HFMD in Chongqing children’s hospital during 2010 to 2013. The pathogens from 830 stool samples were determined by nested RT-PCR and the molecular characteristics were analysed by the phylogenetic trees.

Results There were two epidemic peaks every year during 2010 to 2013 in Chongqing. One occurred from April to July and another occurred from October to December. Most (91.22%) of the patients were under 5 years old and 76.28% were < 3 years of age. The ratio of male to female cases was 1.60:1. The dominant pathogens were EV71 (58.47%) and CA16 (18.09%). The percentage of CA16 infection cases decreased from 31.23% to 4.67% and CA6 increased from 2.11% to 16.36% from 2010 to 2013. Phylogenetic analysis indicated that EV71 isolates in Chongqing belonged to 3 lineages in subgenotype C4a and CA16 isolates belonged to B1 (B1a and B1b). The molecular evolution of all the isolates from mild and severe cases were nearly identical.

Conclusions HFMD had two epidemic peaks each year in Chongqing from 2010 to 2013. The major of the patients were under 5 years old. And the percentage of males is higher than females. The pathogens are mainly EV71 C4a and CA16 B1, during 2010 to 2013. CA16 infection cases decreased while CA6 infection cases increased from 2010 to 2013.