Aim The aim of this study was to determine the incidence of (Healthcare-associated infection) HAI, causative organisms, associated risk factors in a neonatal intensive care unit in Turkey.

Methods A prospective cohort study was conducted on patients admitted to the neonatal intensive care unit (NICU) from July 2011 to June 2012. The criteria that were used to diagnose infection were in accordance with the Centers for Disease Control and Prevention. The incidence, causative organisms, risk factors and mortality of healthcare-associated infections were assessed.

Results The study included 352 patients, 37 of these developed HAIIs, totaling 60 HAI episodes. Overall HAI patient rate was 17.04%, and 11.51 HAIIs per 1000 NICU days. The most frequent HAIIs were bloodstream infections (70%) and nosocomial pneumonia (18.3%). The central venous catheter/umbilical catheter-related bloodstream infections (CVC/UC BSIs) rate was 18.3/1,000 catheter days; the ventilator-associated pneumonia (VAP) rate was 13.6/1,000 ventilator days; and the catheter-associated urinary tract infections rate found was 14.9/1,000 catheter days. Prematurity, gestational age less than 32 weeks, birth weight <1500 g, mechanical ventilation, use of CVC/UC, use of urinary catheter, and total parenteral nutrition appeared to be associated with a significantly higher risk of HAI (p ≤ 0.05). The most frequent pathogens were Enterobacter spp. (18.5%) and Acinetobacter baumannii (13.8%). Overall mortality rate in neonates was 3.9%, and the mortality rate in neonates with HAI was 10.8%.

Conclusions Healthcare-associated infection rates of our NICU were higher than international standards. The decrement of risk factors in newborns would help to improve the outcome.

PO-0517 FIRST REPORTED CASE OF REPEATED SUBCUTANEOUS ADMINISTRATION OF PALIVIZUMAB IN A FORMER PRETERM INFANT

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Introduction Repeated subcutaneous injection of palivizumab was tolerated well with minor local reactions and no systemic side effects. We suggest to consider the subcutaneous instead of the intramuscular route in the setting of a valid indication for palivizumab, but an contraindication for intramuscular administration. Off-label or unlicensed practices should be reported to share and improve knowledge on pharmacotherapy.

PO-0518 THE INCIDENCE AND THE MICROBIAL PATTERN OF NEONATAL SEPSIS IN JORDAN

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Introduction Neonatal sepsis is a common and potentially serious neonatal disease especially in preterm babies and more complicated in developing countries.

Objectives To study the incidence and the microbial pattern of neonatal sepsis in our unit in Amman/Jordan.

Method A retrospective study of all newborn cases admitted to our NICU as suspected sepsis over a 4-year period, 2001–2004 analysing the results of blood cultures.

Results The total number of newborns delivered in our NICU over a 4-year period was 25715.

- 819 (3.2%) babies were admitted as suspected sepsis. *616 (75%) were full term babies. *203 (25%) were preterm babies (28 to 36 weeks).

- The total culture-proven cases (positive blood cultures) were 51 (6.2%), out of which 21 (40%) cases were preterm babies. So culture-proven sepsis was found in about 10% of preterm babies and in about 3% of full term babies who were admitted as suspected sepsis.

- The overall incidence of sepsis was 2 per 1000.

- Gram negative organisms recovered in 32 cases (63%), mainly Klebsiella species in 21 cases (40%), E.coli in 7 (14%) and Pseudomonas in 4 cases (8%).

- Gram positive cases were 19 (37%): Staphylococci aureus in 7 cases, Staph. Epidermidis in 4, GBS in 5 and Strep. viridans in 3 cases.

The mortality among all culture-proven cases was 2 cases (4%).

Conclusion - A bout 3.2% of all newborns were admitted as suspected sepsis.

- Only 6% of suspected cases of sepsis were proven culture positive-The overall incidence of neonatal sepsis in our unit is 2/1000.

- Klebsiella species is the commonest pathogen isolated in our NICU.

PO-0519 CAN BASE EXCESS BE USED FOR EARLY DIAGNOSIS OF NEONATAL SEPSIS IN PRETERM NEWBORNS?

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Introduction Neonatal sepsis remains an important and potentially life-threatening clinical syndrome and a major cause of neonatal mortality and morbidity, particularly in preterm infants. The aim of this study to investigate whether values of