The objective of the national program for poliomyelitis eradication is to keep Algeria as a zone free of Polio and to obtain the WHO certificate. In the present work, we describe the epidemiological and clinical characteristics of AFP: age, gender, autoimmune disorders, albuminocytologic dissociation of CSF, artificial ventilation, and mortality.

Materials and methods Prospective analysis of all cases of AFP from September 1994 to June 2013. Since 1997, we began systematically sending: Written statements of AFP on special forms to the Algerian Health Ministry and stools culture for the Polio virus to Algerian's Pasteur Institute.

AFP was diagnosed clinically through historical and clinical examination. The underlying cause of AFP was investigated by appropriate laboratory tests, such as serum electrolytes, cerebrospinal fluid analysis, nervous conduction study and stools culture for Polio virus.

Results We report 198 cases of AFP. No case of poliomyelitis has been diagnosed. Mechanical ventilation was necessary in more than 30% of cases. Since 2008, use of intravenous immunoglobulin (IV IG) seems to improve the mortality of AFP. 8% (n = 198) vs. 4% (n = 47). All deaths are related to the existence of severe neuro-vegetative disorders.

The last case of poliomyelitis reported, in Algeria, was in ILLIZI (extreme south east) in 1996.

Conclusions Eradication of Poliomyelitis is a priority of public health in Algeria.

O-083a

COAGULASE-NEGATIVE STAPHYLOCOCCAL INFECTIONS IN UK NEONATAL UNITS (NNU)

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Background and aims Advances in neonatal intensive care have resulted in improved survival and outcomes of increasingly pre-term and very-low-birth-weight (VLBW) neonates. Invasive interventions contribute to higher rates of infections in these infants.

Abstract O-083a Table 1 Median (IQR). LOS: late-onset sepsis, occurring after 48-hours of age. PNA: postnatal age. CRP: maximum CRP within 48 h of the positive culture. CVC: central-venous catheter. CVC removal: removal of the CVC due to the infection episode

	Infection Episodes (N=440)
Sex (male), n	272 (62%)
Gestation (weeks)	26 (25-30)
Birth weight (g)	858 (670-1285)
PNA (days)	14 (8-31)
LOS, n	423 (96%)
C-reactive protein (mg/L)	53 (25-90)
CVC in-situ, n	400 (91%)
CVC removal, n	210 (48%)
IUGR, n	98 (22%)

This study aims to describe infections with coagulase-negative Staphylococci (CoNS) in UK NNUs participating in a neonatal infection surveillance network (neonIN).

Methods neonIN is a web-based surveillance system (www.neonin.org.uk). Details of CoNS cases between January 2010 and May 2014 were extracted. Episodes were considered clinically significant if the infant was treated with at least 5 days of appropriate antibiotics and CRP was >10 mg/L. Repeated growth within 10 days was considered the same episode.

Results 440 episodes met the study inclusion criteria (399 infants, 23 NNUs). Incidence was 7.7/1000 NNU-admissions. Baseline characteristics for these episodes are shown in table-1. Resistance data were available for 250/440 (56.8%) episodes with high rates of resistance to flucloxacillin 89.9% (169/188) and penicillin 94.4% (67/71) and moderate resistance to teicoplanin 20.3% (14/69). Susceptibility to vancomycin was high 98.3% (169/172).

Conclusions To our knowledge, this is the largest reported cohort of neonatal CoNS infections. Most babies were <34 weeks gestation and <2000 g birth-weight and had a CVC in-situ which was removed in around half of episodes. Prevention, as well as improved strategies for identifying significant CoNS infections should be prioritised.

On behalf of the Neonatal Infection Surveillance Network (neonIN).

Nutrition

O-084

URSODEOXYCHOLIC ACID FOR PARENTERAL NUTRITION ASSOCIATED LIVER DISEASE IN NEONATES: A RANDOMISED CONTROLLED PILOT STUDY

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Background In neonates, parenteral nutrition associated liver disease (PNALD) is a well-documented complication. Few retrospective studies suggested that ursodeoxycholic acid (UDCA) may shorten cholestasis duration.

Objectives To evaluate the effect of UDCA treatment on the duration and severity of PNALD.

Design/methods A double blinded randomised controlled pilot study in a level III NICU. PNALD was defined as at least 2 values of conjugated bilirubin $\geq 34 \mu\text{mol/L}$. UDCA or placebo was started after randomization within 72 h of the diagnosis. Exclusion criteria included biliary tract anomalies, TORCH infection, short bowel syndrome, congenital hypothyroid, urinary tract infection, and congenital metabolic or genetic disorders. Baseline characteristics, clinical and biochemical evolution information

Abstract O-084 Table 1

	Placebo (N=14)	UDCA (N=12)	P
Gestational age, mean (SD) in weeks	27 4/7 (3/7)	27 6/7 (3/7)	0.84
Birth weight, mean (SD) in grams	1032 (608)	1237 (696)	0.43
Sex (female)	6 (43%)	5 (42%)	0.95
Intrauterine growth restriction	5 (36%)	1 (8%)	0.12
Respiratory distress syndrome	12 (86%)	10 (83%)	0.64
Apnea on Caffeine	10 (71%)	10 (83%)	0.4
Surgical intervention before PNALD	4 (29)	4 (33%)	0.56

Abstract O-084 Figure 1

were collected. Student's T test, Chi-squared or Fisher's exact test were used as appropriate. $p < 0.05$ was considered significant.

Results After consent, 26 infants were recruited (14 placebo and 12 UDCA). Table 1 shows baseline characteristics. In the intention to treat analysis, there was no difference in the duration of cholestasis between groups. In the per protocol analysis (after excluding 2 deaths and one transfer in the placebo group, 4 deaths and one exclusion criteria violation in the UDCA group) the duration of cholestasis was significantly shorter in the UDCA group. Figures 1, 2 show the effect of UDCA on the duration of cholestasis and the maximum values of hepatic markers. No adverse reactions were associated with UDCA treatment.

Conclusion In neonates, treatment with UDCA decreases the duration of cholestasis. The UDCA group showed lower maximum hepatic transaminases levels indicating possible hepatic protective effect.

O-085

DIETARY PROTEIN IN THE VERY-LOW-BIRTH-WEIGHT INFANT: MULTICENTER RANDOMISED CONTROLLED TRIAL TO EVALUATE THE EFFECTS OF DIETARY PROTEIN LEVEL ON GROWTH

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Background Several studies suggest that formulas with protein content of 3.0 g/100 kcal do not fully meet the protein needs of preterm very-low-birth-weight infants (VLBW). This study compared growth, protein-energy status and metabolic status in VLBW fed either a standard- (Std-Pro: 3.0 g/100 kcal) or high- (Hi-Pro: 3.6 g/100 kcal) protein infant formula.

Methods Once enteral feeding tolerance was established, infants were randomised to be fed either Std-Pro or Hi-Pro formula for a minimum period of 3 weeks. Dietary intake, serum chemistries and growth were closely monitored during the study. Data were analysed on an intention-to-treat basis using a combination of

linear mixed model and ANOVA. Results were considered significant at $p < 0.05$.

Results Sixty-nine infants were enrolled, 51 completed the study. No differences were detected in demographics or energy intakes but protein intake was greater in infants fed Hi-Pro (mean difference: +0.7 g/kg/day, $p < 0.0001$). No differences were detected in weight gain or body weight but increased protein intake was paralleled by increased blood urea nitrogen ($p < 0.001$). No differences were detected in weight z -scores but scores in both groups paralleled that *in utero*. Length z -scores were greater in infants fed Hi-Pro ($p < 0.05$). As the study progressed, length z -scores did not change in infants fed Hi-Pro, closely paralleling that *in utero*, but decreased significantly in infants fed Std-Pro ($p < 0.0001$).

Conclusion A dietary protein intake of 3.6 g/100 kcal meets energy and protein needs while an intake of 3.0 g/100 kcal meets energy but not protein needs in rapidly growing preterm VLBW.

O-086

INFECTIONS AND THE DURATION OF FULL OR PARTIAL BREASTFEEDING; THE NORWEGIAN MOTHER AND CHILD COHORT STUDY (MOBA)

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Background and aims Breastmilk contains factors important for immunity. However, the benefit of prolonged full breastfeeding for 4 compared to 6 months as infection prevention in an affluent society is unclear.

Methods In a prospective birth cohort study recruiting from 1999–2008, questionnaires were completed at 6 and 18 months of age regarding infant diet and the occurrence and hospitalisation for infections. The study sample included 67 856 children (50.9% girls).

Results After adjustments for maternal age, parity, sectio delivery, smoking, gender, birthweight, gestational age and daycare, hospitalisation for infections was similar for infants fully breastfed for 6 (14%, reference category) vs 4 (41%) months (adjusted OR 0.88, 95% CI 0.77–1.00) but increased for never