Methods: Clinical characteristics, symptoms of sepsis and antibiotic use were studied retrospectively. Susceptibility of CONS blood isolates to cefazolin was determined by E-test.

Results: 163/185 infants with proven CONS sepsis were treated with cefazolin. Median MIC value of cefazolin was 0.75-2 (range 0.01-256) µg/ml and 77-96% of all isolates was susceptible to cefazolin (MIC ≤8 µg/ml) during 2000-2006. In 121/140 (86%) infants with cefazolin-susceptible and 21/23 cases (91%) with cefazolin-resistant CONS isolate cefazolin was clinically efficacious. 12/17 second blood cultures in 19 non-responders yielded CONS with unchanged MIC. In 78% of good responders and 22% of non-responders a central venous catheter was removed at onset of sepsis. Non-responders were switched to vancomycin.

Conclusions: Majority of CONS isolates remained susceptible to cefazolin over a period of 7 years. Cefazolin is clinically efficacious in >85% of cases and can be recommended as first choice agent for therapy of CONS sepsis. Removal of a central venous catheter may be the most important therapeutic measure.

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INVASIVE FUNGAL SEPSIS BEFORE AND AFTER INSTITUTION OF ANTIFUNGAL PROPHYLAXIS IN A TERTIARY NEONATAL UNIT - 10 YEAR OBSERVATIONAL STUDY

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Background and aims: Fungal sepsis (FS) is an important cause of morbidity and mortality in very low birth weight(VLBW) babies. The objective of our study was to review the cases of invasive fungal infection before and after starting antifungal prophylaxis (AFP) over a 10 year period.

Methods: Retrospective review of all cases of blood culture-positive fungal sepsis before AFP (January 1999 to December 2006) and after AFP (Jan 2007 to current)

Results: There were 12 cases of blood culture-positive fungal sepsis in the 7 year period before AFP. Age at diagnosis was < 14 days in 75% of cases. Fungi isolated were Candida albicans(75%), Candida parapsilosis(17%) and Candida glabrata(8%). Major risk factors for FS were gestational age < 27 weeks, weight < 750g and preterm babies undergoing abdominal surgery for necrotising enterocolitis with the need for prolonged presence of central line.

AFP with fluconazole 3 mg/kg intravenously was commenced from Jan 2007 targeting high risk groups as above. In this period, there was expansion in cot capacity with 2614 admissions to our unit, of which 183 babies were either < 27 weeks or < 750g. Until now there have been no cases of FS in babies with strict adherence to the protocol. The only case of FS (Candida albicans) occurred on day 10 in a VLBW baby where fluconazole had not been administered as recommended.

Conclusion: AFP significantly reduces the incidence of invasive fungal infection in VLBW babies. We recommend their rational use targeting high risk babies as above.

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EPIDEMIOLOGY AND ANTIBIOTIC SUSCEPTIBILITY SPECTRUM IN UPEC FROM URINE IN CHILDREN SUSPECTED TO UTI IN MOFID CHILDREN HOSPITAL

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Introduction: Urinary tract infection due to UPEC with antibiotic resistance is one of the most important problems in infants and children. Prevalence of UPEC isolated from children urine samples and their antimicrobial susceptibilities were considered in this study .

Material and Methods: Urine samples of children who referred to Mofeed hospital were studied during one year. E.coli strains in these urine samples were identified by conventional methods. The Uropathogenic E.coli strains was confirmed by the gene including *by decteting* ***papC***, *papGII* , *papGIII* , *sfa/foc*, *hlyC*, *c nf1* , *iucC*, *fyuA*, *iron N* genes by PCR method

Results: 12572 urine samples of suspected children to have urinary infections were studied and then 378 E.coli strains were detected in which 150 of strains were UPEC (39/7%).All of Uropathogenic E.coli were resistant to penicillin,Oxacillin,Bacit