



ESPID RESEARCH MASTERCLASS 2015

Abstract book

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ERMC 2015 Program

8.15-8.30 Coffee

8.30-8.40 Welcome and group presentation
Pierre Smeesters

Session I: Immunology (8.40-10.00)
Chairs: *Navin Boeddha and Adilia Warris*

8.40-9.00 The influence of age, gender and nutritional status on the cytokine-response in children
Marie-Luise Summerer et al.

9.00-9.20 A novel PIFA1 mutation underlying familial invasive meningococcal diseases
Bayarchimeg Mashbat et al.

9.20-9.40 To analyse the anti-viral IFN- α JAK/STAT pathway in HCV infected children
Julie Lucey et al.

9.40-10.00 Innate antifungal mechanisms of Cystic Fibrosis phagocytes.
Shan Brunel et al.

10.00-10.30 Coffee Break

Session II: Medical Microbiology (10.30-11.50)
Chairs: *Stefanie Henriet and Tobias Tenenbaum*

10.30-10.50 Diagnosis of congenital CMV beyond the neonatal period: what then?
Teresa del Rosal et al.

10.50-11.10 European Childhood Life-threatening Infectious Disease Study – Challenges and first results
Daniela Klobassa et al.

11.10-11.30 Virologic failure among children taking Lopinavir/Ritonavir – containing HAART in Ecuador
Luis Guerra et al.

11.30-11.50 Antimicrobial susceptibility of toxigenic *Corynebacterium Diphtheria* in east Java, Indonesia
Dwiyanti Puspitasari et al.

11.50-12.25 **Keynote lecture**
"How to write a scientific abstract? An interactive writing seminar"
Ron Dagan
Chairs: *Ana Brett & Pierre Smeesters*

12.25-13.50 Lunch

Session III: New diagnostics and treatment (13.50-15.30)

Chairs: *Alexa Dierig and Pablo Rojo*

- 13.50-14.10** Evaluation of biomarkers for Alzheimer's disease in cerebrospinal fluid among children with enteroviral meningitis
Artur Sulik et al.
- 14.10-14.30** CARPE DIEM: How we seized the day!
Lilliam Ambroggio et al.
- 14.30-14.50** Experimental *Aspergillus nidulans* infection in Chronic Granulomatous Disease mice
Jill King et al.
- 14.50-15.10** Newborn screening of severe primary immunodeficiencies
Peter Olbrich et al.
- 15.10-15.30** New perspectives in management of recurrent *Clostridium difficile* colitis in the pediatric population
Sabina Schiopu et al.
- 15.30-16.00** **Coffee Break**

Session IV: Vaccine (16.00-17.20)

Chairs: *Luis Escosa-García and Ron Dagan*

- 16.00-16.20** Immunogenicity and immunological memory induced by pneumococcal conjugate and plain polysaccharide vaccine in perinatally HIV infected subjects"
Evi Farmaki et al.
- 16.20-16.40** Invasive pneumococcal disease in Brazilian children: a fifteen-year hospital-based surveillance study - pcv10 impact and serotypes distribution
Daniel Jarovsky et al.
- 16.40-17.00** Development of pneumococcal surface proteins for vaccine studies and serodiagnosis
Marta Benavides et al.
- 17.00-17.20** Evaluation of immunogenicity and protective efficacy of selected immunodominant B-cell epitopes within virulent surface proteins of *S. Pneumoniae*, in a mouse model for pneumococcal sepsis.
Theodora Papastamatiou et al.
- 17.20-17.30** Closing remark
Adilia Warris

BACTERIAL PROFILE AND ANTIMICROBIAL SUSCEPTIBILITY PATTERN OF NEONATAL SEPSIS IN DR KANUJOSO DJATIWIWOWO HOSPITAL BALIKPAPAN IN 2012-2013

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BACKGROUND

- Neonatal sepsis is the highest contributor to neonatal death.
- Antimicrobial therapy should be chosen based on maternal history, bacterial profile, and antimicrobial susceptibility pattern in each NICU.

OBJECTIVE

To determine bacterial profile and antimicrobial susceptibility pattern in NICU dr. Kanujoso Djatiwibowo Hospital, Balikpapan, Indonesia

MATERIALS AND METHODS

- Descriptive observational study
- Neonatal sepsis patients with positive blood cultures
- January 1st 2012 to December 31st 2013.
- The data from medical records.

RESULTS

- 125 cases of neonatal sepsis (positive culture)
- Predominantly male (56,8%).
- Late onset sepsis in 64,8% of cases.
- The leading cause: Gram-negative bacteria.
- Isolated bacterial pathogens were predominantly *Serratia sp*, *Staphylococcus sp* and *Acinetobacter baumannii*.
- Most of the gram-negative bacteria still have high susceptibility to Meropenem, except *Acinetobacter baumannii*.
- *Staphylococcus sp* has low susceptibility to first, second and third line antibiotics, but it has high susceptibility to Amikacin.
- In general, the bacterial pathogens have the highest susceptibility to Meropenem and the lowest susceptibility to Penicillins.

CONCLUSION

Serratia sp, *Staphylococcus sp* and *Acinetobacter baumannii* are the predominant bacterial pathogens. Most gram-negative bacteria, except *Acinetobacter baumannii*, have high susceptibility to Meropenem. The bacterial pathogens have the highest susceptibility to Meropenem and the lowest susceptibility to Penicillins.