risk factor to ACL ($p = 0.003$; OR = 5.5; 95%; CI = 1.75—17.29). With these results, we can conclude that ACL in Ilhéus is not urban, since no typical vector species were found, and the human cases were associated to the habit of going to the rural area. Additionally, the case profiles, adult males, showed that the subjects exposed demonstrate non-compatible characteristics with a wider-ranging exposure, as should be expected to happen if the illness transmission cycle took place in Ilhéus urban area. We also note the importance of maintaining a strict registry of human cases, with maximum rigidity, to guarantee specific diagnostic for ACL, making possible epidemiological analysis more trustworthy.

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Antibiotics and Resistance (Poster Presentation)

66.001

Pattern of Organism and Antimicrobial Resistance Bacterial Enteric Pathogens from Kashani Hospital of Iran

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Background: Antimicrobial resistance in enteric bacteria is increasing worldwide. Little data is available on epidemiology and the antimicrobial susceptibility pattern of enteric pathogens in Shahrekord city of Iran.

Method: A 2-year prospective surveillance study was performed on bacterial pathogens isolated from stool specimens from community acquired gastroenteritis submitted to Kashani Hospital in Shahrekord. The organisms were identified using conventional laboratory methods. Antimicrobial susceptibility tests for Salmonella spp and Shigella were performed.

Results: There were 275 cases of bacterial gastroenteritis. Salmonella spp accounted for 42.1%, Shigella spp 33.1%, Campylobacter 24%. Resistance to ciprofloxacin was uncommon in Salmonella spp (1.8%) and not detected in Shigella spp. However ciprofloxacine resistance was high in Campylobacter (50%). Cotrimoxazole resistance was high in Shigella spp with a highest rate in S. Sonnei(92%). In Salmonella spp cotrimoxazole resistance was 6.3%. Erythromycine resistance in Campylobacter was uncommon. The pattern of infection and resistance rate were similar for adults and children.

Conclusion: The pattern of infection and antimicrobial resistance in bacterial enteric pathogens in Iran has features in common with both the developing and developed world. Cotrimoxazole should not be used as empirical therapy for dysentery. Quinolones should be used with caution as empirical therapy for gastroenteritis because of the high incidence of ciprofloxacin resistance in Campylobacter. Erythromycin remains the agent of choice for Campylobacter infection.

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66.002

Comparison of Gatifloxacin Versus Levofloxacin in the Treatment of Adults with Bacterial Infections: A Double-Blind, Randomized Trial in China

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Objectives: Bacterial infections are a serious health problem worldwide. We compared the efficacy and safety of gatifloxacin, a new 8-methoxy fluoroquinolone, with that of levofloxacin in the treatment of bacterial infections.

Methods: A randomized controlled multicentre clinical trial was conducted, with levofloxacin serving as the control drug. A total of 506 patients were enrolled in the study, 254 in the gatifloxacin group and the other 252 in the levofloxacin group.

Results: The cure rates of gatifloxacin and levofloxacin were 84.46% and 82.73%, and the overall efficacy rates were 96.41% and 95.58% respectively. The bacterial clearance rates were 95.52% in gatifloxacin group vs 93.69% in levofloxacin group. The adverse drug reaction rates of gatifloxacin and levofloxacin were 10.63% and 10.71% respectively. There was no statistically significant difference between the two groups. The results of in vitro activities of gatifloxacin and other 4 antibacterial agents showed that gatifloxacin had good activities against Staphylococcus spp. and was more potent than those of levofloxacin, sparfloxacin, ciprofloxacin and cefotaxime. The activities of gatifloxacin against Streptococcus spp. were generally higher than those of levofloxacin, sparfloxacin, ciprofloxacin, and similar to those of cefotaxime. The activities of gatifloxacin against Gram-negative organisms were similar to or better than the other antibacterial agents.

Conclusion: Gatifloxacin is an effective and on the basis of this trial, a safe broad-spectrum antibacterial agent for the treatment of bacterial infections.

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