Conclusion: Our results confirm that critically ill patients in whom HSV from BALF is isolated, have higher risk of disease severity and fatal outcome mainly because underlying disease and comorbidities and HSV detection appears related to several laboratory findings (leukocyte and lymphocyte counts, haemoglobin values and ESR). Further studies are needed to ascertain whether HSV presence in BALF can be predictive of poorer outcome in critically ill patients.

http://dx.doi.org/10.1016/j.ijid.2016.02.711

Type: Poster Presentation

Final Abstract Number: 42.250
Session: Poster Session II
Date: Friday, March 4, 2016
Time: 12:45–14:15
Room: Hall 3 (Posters & Exhibition)

An outbreak of 19 cases of Serratia marcescens meningitis after spinal anesthesia

M. Yousfi∗, A. Abdellah, L. Hadj ali, K. Saighi, A. Meftah, N. Ait kaci, F.Z. Mechtoub, A. Baba ami, F. Madi, K. Lassas

Boufarik Hospital, Algiers, Algeria

Background: Bacterial meningitis is a rare but serious complication of spinal anesthesia (lower incidence of 4.5 cases per 100 000 spinal anesthesia), although individual cases have been reported in the literature, the occurrence of an epidemic remains an exceptional event. Serratia marcescens is an enteric bacterium that causes a variety of infections and nosocomial outbreaks including meningitis. She is mainly encountered in neonatology and neurosurgery. Our goal is to describe the epidemiological, clinical and evolutionary an outbreak of Serratia marcescens meningitis in a private clinic medical and surgical patients who received spinal anesthesia.

Methods & Materials: We report an outbreak of 19 cases of meningitis hospitalized in our department of infectious diseases EPH Boufarik (Algeria) between 18 December 2012 and 15 Jan 2013. All cases underwent spinal anesthesia performed by the same anesthesiologist in same private clinic. A case was defined by the appearance of meningeal symptoms after spinal anesthesia with LCR disturbed.

Results: A total of 19 cases of bacterial meningitis was diagnosed. The attack rate was 14 meningitis / 100 spinal anesthesia. The median age was 33 years (23–77), the interval between onset of symptoms and spinal anesthesia was 4 days (1–6). The most found symptoms were headache, fever, vomiting and neurological disorders. CSF findings: white blood cell count mean 716 cells / mm³ (32–2000), neutrophil predominance (52.63%), hypoglycorachie (58%). S.marcescens was isolated from the CSF of 9 patients and 2 blood cultures. All patients received treatment with ceftriaxone 4 g / day with a minimum of 21 days. The outcome was: favorable for 84.21% of cases, 2 neurological complications, 2 deaths (10.52%) and 1 relapse (5.26%). The epidemiological investigation revealed a failure in hygiene and inadequate products or procedures (hand carriage offending) measures S.marcescens was identified on a catheter collected in a waste for quills.

Conclusion: This epidemic exceptionally large in number of cases and duration. It has initiated us to implementing more strict hygiene measurements and improving the quality of infection control.

http://dx.doi.org/10.1016/j.ijid.2016.02.713

Type: Poster Presentation

Final Abstract Number: 42.251
Session: Poster Session II
Date: Friday, March 4, 2016
Time: 12:45–14:15
Room: Hall 3 (Posters & Exhibition)

Risk factors associated with outbreak of methanol poisoning in southern districts of Ondo State Nigeria, May 2015

A. Adewole

Nigeria Field Epidemiology and Laboratory Training Programme, Abuja, Nigeria

Background: On the 13th of April three people from Irele LGA, Ondo State Nigeria were reported having symptoms of headache, blurring of vision, respiratory symptom and loss of consciousness/death all resulting to death within 24–72 hours of onset. The State ministry of health was alerted and we investigated to characterize the outbreak in terms of time place and person, identify the causative agent, source and mode of transmission and to identify the possible risk factors responsible.

Methods & Materials: A community based case control study was done with a suspect case as any person with headache, blurring of vision and/or blindness, and/or respiratory distress with or without loss of consciousness within 24–48 hours of onset of symptoms beginning from 12th April 2015 in Ode-Irele LGA. Confirmed case as any person who met the ‘suspect case’ criteria with laboratory confirmation of methanol blood and urine levels. Control as any person without the above symptoms residing in Irele LGA of Ondo State. Nineteen cases and 57 controls (1 case to 3 un-matched controls) were interviewed using a semi-structured interviewer administered questionnaire. Data were analyzed using Epi-info statistical software.

Results: A total of 39 cases were line-listed with 29 deaths with the case fatality rate of 74.4%. Mean age was 40.4 ± 12.5 years. Almost all the cases were males 38 (97.4%) and mostly farmers 16 (57.1%), 32 (94.1%) claimed to have consumed local gin prior to development of symptoms. The most common symptoms were blindness 29 (82.9%) and blurring of vision 28 (82.3%). Risk factors for the outbreak were consumption of local gin [17.2:4.6–84.0] and alcohol consumption [24.2:4.0–555.6]. Laboratory findings revealed methanol toxicity in both blood and urine samples as well as toxicology result of the local gin sample.

Conclusion: Local gin contaminated with methanol was the major risk factor for the occurrence of the outbreak.

http://dx.doi.org/10.1016/j.ijid.2016.02.713