profile, find the link of transmission and assess control measures.

Methods: Dermatology indoor patients testing MRSA positive (Jul 06-Sep 07) were evaluated. Cultures were sent from fingertips of healthcare workers and medical equipment. Nasal swabs of patients were tested for carrier states.

Results: *Staphylococcus aureus* isolates detected MRSA positive increased to 40% as compared to 7% in previous year. In the study period, 17 patients were detected to be MRSA positive (10 males, 7 females). All the MRSA isolates were Vancomycin and Linezolid sensitive. 13 patients were on chronic immunosuppressive therapy with compromised skin barrier (Pemphigus 8, bullous pemphigoid 1, pyoderma gangrenosum 3, erythroderma 1), 3 HIV seropositive, 1 cellulitis. Only 1 patient had community-acquired MRSA while rest were hospital-acquired MRSA. Affected patients showed deterioration of pre-existing dermatosis or decreased response to therapy. MRSA positive patients were isolated in separate room and treated with oral linezolid or intravenous vancomycin, with marked clinical improvement. 2 patients were found to be nasal carriers and treated with mupirocin. Fingertip culture of 4 health care workers was positive. MRSA-positive healthcare providers were removed from direct patient care until negative culture.

Conclusions: MRSA infection is an emerging problem in indoor patients, leading to poor disease response, higher costs and increased hospital stay. Control is possible but difficult, requires high motivation and is expensive.

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Uropathogen Resistance to Aminoglycosides in a Regional Hospital in Greece

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Background: Aminoglycosides have traditionally been used in the empirical treatment of serious and complicated urinary tract infections (UTIs). Although their use has been waning, they still remain an important choice in our therapeutic arsenal.

Objectives: To study the resistance to aminoglycosides of organisms responsible for UTIs in a small regional hospital in Greece.

Methods/Results: During the period from 1/1/05 to 13/11/07 a total of 4964 inpatient and outpatient urine specimens were collected at the Argos General Hospital in Argolis, Greece. Identification and susceptibility testing was performed using the VITEK 2 compact automated (MIC) system, BioMerieux, France. Resistance to aminoglycosides was determined for the most common gram negative uropathogens. The number of isolated strains and their resistance to amikacin, garamicin, netilmicin and tobramycin is presented in Table 1.

Conclusions: Resistance of gram negative uropathogens to aminoglycosides varies, but is especially high among *K. pneumoniae* and *P. aeruginosa* isolates. However, their relative effectiveness against the most common bacteria and their possible synergistic action has preserved their role in the management of complicated UTIs.

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Risk Factors and Outcome for Nosocomial Infections in Pediatric Cardiac Surgery

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Nosocomial infections (NIs) in the pediatric cardiac surgery patients remain important and challenge prognostic problems. Compared with adult patients, few previous publications described the frequency of nosocomial infection in pediatric group who underwent cardiac surgery. So, we evaluated the NIs in pediatric patients who received cardiothoracic surgery and to recognize the related risk factors. The clinical data were retrospectively collected from January 1, 2004 to May, 31, 2007. Definition of nosocomial infections were according to the US Centers and for Diseases Control and Prevention criteria. A total 246 patients of who underwent cardiac surgery at Kaohsiung Veterans General Hospital were enrolled in the study. The average age was 5.6 year old. 205 (83.3%) of the all 246 patients received cardiopulmonary bypass during surgery. Of the 246 patients, 51 patients (20.7%) developed NIs. The sites infections involved mostly were respiratory tract. The most causative pathogen was *Staphylococcus aureus*. Important risk factors included length of preoperative days, preoperative invasive procedure, opened sternum wound after surgery, cardiopulmonary uses, and cyanotic heart diseases. The rate of NI was 3.5 per 100 days of hospitalization. The highest rates NIs lies in the patients who undergo complex surgical operations as correction of complex cyanotic heart defects. According to our results, our rate of NIs is lower than previous published series. To reduce rates of NIs, decreasing the preoperative stay, reduce preoperative invasive procedure could essentially be effective. As for opened sternum wound, related to more complex heart defects, an alternative strategy would be perhaps effective.

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