Online-Only Abstracts: Population-based burden of bloodstream infections in Finland

Nosocomial transmission of NDM-1-producing *Escherichia coli* within a non-endemic area in France

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**Abstract**

Two patients with no travel history and sharing the same room were colonized by the same strain of New Delhi metallo-β-lactamase 1 (NDM-1)-producing *Escherichia coli* within a geographical area not endemic for this highly multidrug-resistant bacterium. It was documented an absence of an epidemiological and bacteriological link with a third patient returning from India after surgery and found to be infected by an NDM-1-producing *Citrobacter* strain during the same period. Despite extensive investigation, the source of contamination of the two former patients was not elucidated. This case report illustrates the need of investigating rapidly the emergence of highly multidrug-resistant *Enterobacteriaceae*, to stop their dissemination in a nosocomial setting.

The use of *rpoB* sequence analysis in the differentiation of *Mycobacterium abscessus* and *Mycobacterium chelonae*: a critical judgement in cystic fibrosis?

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Abstract

Individuals suffering from fibrocystic disease may acquire non-tuberculous mycobacteria as colonizing or infecting organisms. Mycobacterium abscessus is of particular concern because it may be very difficult to eradicate and may mitigate against lung transplantation. However, this species may be difficult to reliably differentiate from the closely related M. chelonae. We have developed a rapid, low-cost, short sequence-based technique to confirm species identity by analysis of a segment of the RNA Polymerase B (rpoB) gene.

Isolation of *Kingella kingae* in the oropharynx during *K. kingae* arthritis in children


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Abstract

*Kingella kingae* arthritis in children is now mainly diagnosed by PCR, which has surpassed conventional culture of joint fluid. As oropharynx colonization is the first step of *Kingella kingae* invasion, we prospectively investigated the possibility of cultivating it from throat swabs, in children hospitalized for *K. kingae* arthritis. Throat culture was 5.6-fold more sensitive than joint fluid cultures in isolating *K. kingae* (66.7% vs. 11.9% respectively, p <0.001) and may be used to perform antibiotic susceptibility testing.