Conclusions: Clinical symptoms of influenza A (H1N1) in Xinjiang are same as other region in China and the world. The severe cases have more myocardial enzyme and ECG abnormalization, which means that H1N1 influenza A may results in cardiac damage.

Free Paper Presentation 8: Bacterial Infections  
Saturday, July 16, 2011, 15:30–17:00  
Meeting Room 311B

**PL-008 Risk factors of multi-drug resistant Acinetobacter baumannii outbreak in a teaching county hospital**

A. Heidari1 *, M. Tang1, K. Khamooshian1, R. Johnson1.  
1Kern Medical Center – UCLA, USA

**Background:** Over the last four decades, many nosocomial outbreaks of Multi-Drug Resistant *Acinetobacter baumannii* (MDR-AB) have been reported. In the spring of 2009, an outbreak of MDR-AB at Kern Medical Center (KMC) was detected. The purpose of this study was to perform an outbreak investigation and to identify risk factors of acquiring MDR-AB.

**Methods:** Retrospective study utilized microbiology and infection control data listing during the outbreak at KMC (April 2009-January 2010). MDR-AB was defined as resistant to three main antibiotic classes (Cephalosporins, Fluoroquinolones and Carbapenems). Demographics, co-morbidities and potential risk factors were evaluated.

**Results:** During this outbreak total of 43 cases (N = 43) were identified. Among these 63% were male. Age group of 40–60 years old had the highest incident. The first positive culture in 65% of cases developed during admission to Intensive Care Unit (ICU). The majority of cultures (72%) were from respiratory tract followed by urine and wound. Microbiological findings revealed identical susceptibility pattern to antibiotics among all the isolates of MDR-AB (Susceptible to Tigecyclin and Colistine and resistant to all other classes of antibiotics). Subsequently, Pulse Field Gel Electrophoresis study of isolates from 13 patients plus 6 environmental cultures confirmed an indistinguishable clone of MDR-AB.

81% of cases had endotracheal intubation. 72% had exposure to operating room. 60% had admission to ICU and 51% to surgical services. Admission to ICU [RR: 2.7 (95%CI: 1.3–5.7); (P < 0.01)] and endotracheal intubation [RR: 15 (95%CI: 1–233); (P = 0.05)] were significant risk factors for acquisition of MDR-AB in this outbreak.

**Conclusion:** Admission to Intensive Care Unit and endotracheal intubation were statistically significant risk factors for acquisition of Multi-Drug Resistant *Acinetobacter baumannii*. Careful attention to risk factors in conjunction with infection control interventions resulted in complete control of this outbreak.

**OL-057 Brain abscess; epidemiology, clinical manifestations and management: a retrospective 5 year study**

M. Besharat1 *, F. Abbasi2.  
1Infectious Disease and Tropical Medical Research Center, Shaheed Beheshti Medical University, Tehran, Iran, 2Bushehr University of Medical Sciences, Bushehr, Iran

**Objectives:** Infection involving the cerebrum is a true neurosurgical emergency that requires rapid diagnosis and appropriate surgical and medical intervention to achieve good clinical outcome.

**Methods:** In this study we evaluated 41 patients with brain abscess during 2006–10. Demographic information, predisposing factors, clinical manifestations, laboratory data and managements were evaluated.

**Results:** In this study 53.6% of patients were 15–29 years old, 26% were 30–49 and 17% were 50–70 years old. Clinical manifestation was as follow in our study: Headache 92.6%, nausea and vomiting 73.1%, meningeal signs 17%, drowsiness 12%, decreased level of consciousness 9.7%, fever 9.7%, urinary and fecal incontinency 7.3%, visual disturbance 7.3%, chills 4.8%. Predisposing condition leading to brain abscess in our study were sinusitis in 9.17%, otitis in 12%, CSF rhinorrhea in 2.4%, mastoiditis in 7.2%, neurosurgery in 17% and endocarditis in 2.4%. 20% of our patients had no risk factor. Antibiotics used in our study were ceftriaxone, metronidazole and vancomycin. Mortality rate was 12% in this study. 9.7% of our patient that were admitted with diagnosis of brain abscess finally diagnosed as they had acute demyelinating encephalomyelitis (ADEM).

**Conclusion:** With prompt diagnosis and treatment most cases of brain abscess survived. Few cases initially diagnosed as brain abscess may have other diagnosis like acute demyelinating encephalomyelitis (ADEM).

**OL-058 Increasing resistance and clonal transmission of Shigella sonnei in diarrheal patients between 2002 and 2007 in Beijing**

F. Qu1 *. 1302 hospital of People’s Liberation Army, China

**Background:** Shigellosis causes diarrhea in humans from both developed and developing countries. Specially S. sonnei has increased obviously and become the dominant serotype in Asia recent years. In this study, we evaluated the antibiotic resistance and prevalence clonal as well as its related risk factors of S. sonnei so that provide baseline data for developing treatment and prevent guidelines appropriate in the future.

**Methods:** From January 2002 to December 2007, a total of 362 S. sonnei strains were isolated from diarrheal patients in Beijing of China.

**Results:** Total 272 S. sonnei strain isolated from 272 diarrheal patients including 52 inpatients and 220 outpatients, whose age is from 1–88 years old and average is 17.2+15.9 years old. S. sonnei serotype was responsible for 24.5% in 2004 and 55.29% in 2007 of episodes. Antimicrobial susceptibility tests revealed high resistance levels were sulfamethoxazole/trimethoprim (43.8%), ampicillin (43.8%), piperacillin (41.9%) and ceftriaxone (18.0%). Among 272 S. sonnei isolates, 263 (96.7%) were determined to be susceptible to gentamicin, ciprofloxacin, ofloxacin and ceftriaxone (P < 0.0001) and ceftriaxone (P = 0.0310) of S. sonnei were statistically related to the A2 genotype clonal transmission.

**Conclusion:** This study shows shigellosis are becoming the dominant pathogen of diarrhea in Beijing of China. The high resistant rate of antibiotic was sulfamethoxazole/trimethoprim, ampicillin, piperacillin and ceftriaxone. There are clonal are spreading in Beijing, which is related to the resistant patterns to ampicillin and ceftriaxone of S. sonnei.