tion of their immune system due to the HAART and therefore less exposition with therapeutic antibiotics.

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39.002

Antibiotic Practices and Resistance in Genocide Areas of Darfur and Southern Sudan

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Background: Due to 21 years of civil war in southern Sudan and 5 years conflict of Darfur, health care infrastructure in southern and western Sudan was destroyed. St. Elizabeth University Tropical programmes involve 2 hospitals in South Darfur (Nyamlell, Gordim) and 2 in Bahr Al-Gazal in southern Sudan (Mapuordit, Marialou), with patient flow of 35 000 a year. Antibiotic policy is based on WHO guidelines in those hospitals but no community health service is available yet and vaccination was sporadic or none.

Methods: On the market 4 antimicrobial drugs are available as OTC - Doxycyclin, Ampicillin, Cotrimoxazole and Cloroquine. We have tested 400 isolates from patients from this area as of antibiotic free environment.

Results: All isolates of Str. pneumoniae were Penicillin susceptible, all S. aureus Oxacillin susceptible and all S. pyogenes Erytromycin susceptible. All H. influenzae isolates were susceptible to Ampicillin and all E. coli to Ciprofloxacin, all but one to Cotrimoxazole. Tetracycline resistance vice versa in S. aureus and Streptococcus spp. isolates was up to 33%.

Conclusion: Antimicrobial resistance in respiratory pathogens is extremely low due to lack of antibiotics because of isolation during civil war. Tetracycline resistance is high because Doxycycline is extremely cheap and available.

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39.003

Antibiotic Practices and Resistance in a Rural Haitian Population Isolated by Previous Civil War Conflicts

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Background: Haiti was suffering from about 40 years of focal civil war conflicts when changing the dictatorship to a democratic government until 2004 and some rural areas have been cut from supply of health care services for several years. Antibiotics for infection were used only exceptionally except of TB which was merged in specialized state supplied TB centres.

Methods: We have cultured 500 consecutive outpatient department patients from Community Health Centre in Mole St. Nicolas in north Haiti, in a rural area without road and only boat access. 139 respiratory isolates were transported by air to National Reference Laboratory of Antimicrobial Resistance in Nitra.

Results: All S. aureus isolates were Oxacillin and Rifampicin susceptible, all pneumococci were susceptible to Penicillin and 94% also to Doxycyclin. All but one of 32 Str. pyogenes were susceptible to Erytromycin.

Conclusion: The incidence of antimicrobial resistance in rural Haiti is exceptional because of limited access to pharmacy and shops or gasoline stations selling antibiotics as OTC.

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39.004

Antibiotic Practices and Policies in Slums of Nairobi and Among Economic Refugees in Turbana Area

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Background: About one third of 6 million slum population in Nairobi live without regular access to drinking water and toilets. Gastrointestinal infections (both bacterial and parasitic) and respiratory diseases due to overcrowding, pollution and malnutrition are very common. All antibiotics are OTC and available from pharmacies owned by Indian pharmacists with good education, who often supply doctor advice, because the number of doctors is very limited.

Methods: Antimicrobial resistance was surveyed regularly in 1999—2007 at Mary Immaculate Clinic in Nairobi. Swabs were transported to the reference laboratory for antimicrobial resistance in Slovak Republic at University Hospital Nitra and tested with disc diffusion method according to the NCLS standards.

Results: We discovered increasing resistance in Str. pneumoniae to Penicillin, S. aureus to Oxacillin and E. coli to Cotrimoxazole. Prevalence of HIV was 12—16% with decreasing trend and major opportunistic infection was TB, candidiasis and Salmonella/Ameoba diarrhoea.

Conclusion: Factors that contribute to unfavourable trends in antimicrobial resistance has to addressed by preventing the transmission of commonest infectious diseases and implementing proven effective rational drug use strategies (IMCI, DOTS). Unregulated drug availability, inadequate antimicrobial drug quality and surveillance must be addressed as well.

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The Role of Neutrophils in Infection (invited)

51.001

The Role of Neutrophils in Infection

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Polymorphonuclear leukocytes (PMN) represent the dominant cellular contributor to innate host response to infection, dramatically evidenced by the increased frequency and severity of infections in individuals with compromised numbers of normal PMN. In circulation, the