

Results: Of the 162 patients of CABG surgeries, 54 had post operative infection, 30 had positive cultures.

There were 5 patients with Blood stream infection (*Escherichia coli* (*E. coli*), *Candida*, *Enterobacter species*, *Acinetobacter baumannii*, coagulase negative staphylococcus and *Staphylococcus aureus*), 8 with urinary tract infection (*E. coli*, *Candida*, *Klebsiella pneumoniae*, *Enterococcus* and *Acinetobacter baumannii*), 8 with surgical site infection (*E. coli*, coagulase negative Staphylococcus, *Acinetobacter baumannii*, *Candida*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa* and *Enterococcus*) and 6 cases of pneumonia. 8 patients had evidence of infection at multiple sites.

Conclusion: The rate of postoperative infection in CABG surgeries at our center was 33.3%. 18.5% of all surgeries had culture proven infections. Surgical site infection was the commonest (8.6%) infection.

The commonest organism isolated in all cases of post operative infections was *E. coli* and all of them were multi-drug resistant (resistant to more than 3 classes of drugs).

PP-193 Recruitment & retention strategies of high risk urban youth in an HIV/STD randomized controlled trial (RCT) in post-conflict Liberia

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Objective: There are significant international efforts to reach high risk urban youths with effective HIV/AIDS prevention programs. However, such efforts have been hampered by challenges associated with the recruitment and retention of high risk urban youths in post-conflict environments. In this presentation, we provide recommendations for effective program implementation in Sub-Saharan Africa.

Methods: We conducted a community-based randomized controlled trial (RCT) of an HIV prevention program to that of a comparison health program among 709 high risk urban youths in Monrovia, Liberia. Recruitment and retention strategies were based on community norms and cultural acceptance, and further driven by the inputs of the targeted population.

Results: Of 709 participants recruited into the RCT, we successfully retained 98% after one month, 94% after 3 months, and 95% after 6 months, respectively. We expect to retain about 94% after 12 months.

Conclusion: Community-based participatory-driven research method is an important strategy to promote, support and sustain the recruitment and retention of high risk populations in post-conflict environments.

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PP-194 Hanta virus outbreak in Benton-Franklin counties, Washington State?

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Objective: Since 1993, only 35 cases of Hantavirus cardiopulmonary syndrome (HPS) have been reported in the state of

Washington with a fatality rate of 31.4%. In the years of 2005 and 2007, 10 total cases of HPS were reported in Benton and Franklin Counties. It is the objective of this study to describe this outbreak.

Methods: We reviewed the charts of 10 patients reported to have HPS. All cases were reviewed and data were collected to gather the epidemiology, clinical manifestations, diagnosis, treatment, and outcome of each patient. Data were then statistically analyzed with EpiInfo 6.

Results: Only 3 of 10 reported Hantavirus infections were confirmed to be *Sin Nombre* strain (SNV) positive via Enzyme Linked ImmunoSorbent Assay (ELISA). The 3 confirmed cases were Hispanic and had high SNV IgM levels. 2 of these had elevated SNV IgG levels. The 3 patients had fever, breathing difficulty, and bilateral infiltrates. One died of respiratory failure within 24 hours of admission. The 7 unconfirmed cases had lower IgM levels and only 1 had elevated IgG levels. Their signs and symptoms were less severe than the confirmed 3.

Conclusion: Moderately elevated IgM levels could represent other Hanta virus strains or false positive results. The 3 confirmed positive cases in the Benton-Franklin Counties in 2 years may represent a higher incidence of Hanta virus infection compared to the Hanta Virus infection rate of Washington state.

Poster Presentation – Travel Medicine and Tropical Diseases

PP-195 Severity of acute hepatitis and outcome in patients with dengue fever at a tertiary care center

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Background: Liver injury due to dengue infection is not uncommon. Acute liver injury is a severe complicating factor in dengue, predisposing to life-threatening hemorrhage, DIC and encephalopathy. So we compared the outcome (length of stay, mortality, complications) between patients of Dengue who have mild/moderate v/s severe acute hepatitis (*Mild-Moderate Acute Hepatitis*: SGPT 23-300 dl, *Severe Acute hepatitis*: SGPT > 300 dl).

Methods: An analytical crosssectional study at Aga Khan University Hospital Karachi. All patients (≥ 14 yrs age) admitted with diagnosis of DF, DHF or DSS were included.

Results: 699 patients were enrolled. 86% (604) patients had DF. Mean SGPT was 194.87 ± 351.93 ; 72% (496) had mild to moderate hepatitis, 15% (103) had severe hepatitis. Mean SGOT was 436.76 ± 987 , Mean T.Bil was 1.52 ± 2.59 , Mean GGT was 149.65 ± 161.44 and ALK.Phos 118.47 ± 18 . Mean length of stay (LOS) in patients with mild/moderate hepatitis was 3.63 days v 4.3 days in those with severe hepatitis (P value 0.002). Mortality was 33.3% (6) in mild/moderate hepatitis v 66.7% (12) in severe hepatitis group (p value <0.001). Complications between mild/moderate and Severe hepatitis were; Bleeding 30% v 70% (P value < 0.001), Renal failure (RF) 1.6% v 8% (P value 0.002), Acalculous cholecystitis 66.7% v 33.3% (P value 0.047) and encephalopathy 64.1% v 38.9% (P value 0.02), Shock 75% v 25% (p value 0.4)

Conclusion: Severe hepatitis (SGPT>300mg/dl) in Dengue is associated with prolonged LOS, mortality, bleeding and RF.