The aim of the present study was to investigate the prevalence of intestinal parasitic infections in a Romanian Children Care Unit. Stool examinations were performed using the iodine staining for the identification of protocozoan cysts and the Willis-Hung method, a special technique for the identification of helminth eggs. We investigated 80 institutionalized children aged 2 to 8 years. Parasitic infections were identified in 22 cases (27.5%). _Giardia lamblia_ (25%), _Blastocystis hominis_ (12.5%) and _Trichuris trichiura_ (12.5%) were also identified in adults. Association of two parasites was observed in 33.3% of the positive cases among the members of the medical staff. Clinical examinations were conducted to investigate the presence of symptoms in patients. Clinical signs (diarrhoea, weight loss, abdominal pain and cutaneous manifestations) were present in children and their medical staff as well. Our results suggest a possible transmission of the parasites within this pediatric unit.

Conclusions: Some non-pathogenic parasites are responsible of gastrointestinal symptoms when it is found in high numbers in the stool and when there no other parasites. It is important to estimate the characteristics of cases with B._hominis_ and other non-pathogenic protozoans for treatment options.

doi:10.1016/j.ijid.2008.05.1044

65.058
American Cutaneous Leishmaniasis in the Urban Area from Ilhéus Cit, Bahia State. Characterization of Autochthones Human Cases and Risk Factors Associated
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Brazil currently confronts the spreading and urbanization of American Cutaneous Leishmaniasis (ACL), in big and middle-sized cities, which is primally zoonotic and related to forest environments. The present work valued the epidemiologic aspects of ACL in Ilhéus, and the possible risk factors associated to its appearance in the urban area of this city. A revision of all investigation cards of ACL cases in Ilhéus, registered by the SVE/SMS/Ilhéus from January 2000 to December 2006 was performed, analyzing the follows information about the referred cases: age, sex, clinical forms, diagnostic date and illness evolution. A study on phlebotomine sand fly occurrence in the urban area of Ilhéus was carried out from March to August 2006, using CDC light traps. The canine infection was investigated through indirect fluorescent antibody test (IFAT) and BIOGENE enzyme-linked immunosorbent antibody test (ELISA) for calazar canine. Additionally, a matched case-control study was carried out involving the human population. Analysis of investigation records showed that ACL affects mainly adult subjects, with cutaneous lesions as the principal clinical form. The seasonality analysis showed the probable infection period to be quarter September-November (Spring). No statistically significant correlation was observed (p < 0.05) between case number and climate data (rain fall, humidity and temperature). On the other hands, periods with high rainfall and humidity showed a smaller number of cases. Lu. Cortezezii was the one species collected in urban area. Three seropositive dogs were identified by the immunofluorescence assay. The case-control study showed that the age group 13 to 44 years (p = 0.0061; OR = 0.13; 95% CI = 0.076–0.22), living close to woodlands, was associated with decreased risk; the habit of going to the rural area of Ilhéus showed to be a
66.001

Antibiotics and Resistance (Poster Presentation)

Pattern of Organism and Antimicrobial Resistance Bacterial Enteric Pathogens from Kashani Hospital of Iran

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Background: Antimicrobial resistance in enteric bacteria is increasing worldwide. Little data is available on epidemiology and the antimicrobial susceptibility pattern of enteric pathogens in Shahrekord city of Iran.

Methods: A 2-year prospective surveillance study was performed on bacterial pathogens isolated from stool specimens from community acquired gastroenteritis admitted to Kashani Hospital in Shahrekord. The isolates were identified using conventional laboratory methods. Antimicrobial susceptibility tests for Salmonella spp and Shigella were performed.

Results: There were 275 cases of bacterial gastroenteritis. Salmonella spp accounted for 42.1%, Shigella spp 33.1%, Campylobacter 24%. Resistance to ciprofloxacin was uncommon in Salmonella spp (1.8%) and not detected in Shigella spp. However, ciprofloxacin resistance was high in Campylobacter (50%). Cotrimoxazole resistance was high in Shigella spp with a rate of 92%. The pattern of infection and resistance rate was similar for adults and children.

Conclusion: The pattern of infection and antimicrobial resistance in bacterial enteric pathogens in Iran has features in common with both the developing and developed world. Cotrimoxazole should not be used as empirical therapy for dysentery. Quinolones should be used with caution as empirical therapy for gastroenteritis because of the high incidence of ciprofloxacin resistance in Campylobacter. Erythromycin remains the agent of choice for Campylobacter infection.

doi:10.1016/j.ijid.2008.05.1047

66.002

Comparison of Gatifloxacin Versus Levofloxacin in the Treatment of Adults with Bacterial Infections: A Double-Blind, Randomized Trial in China

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Objectives: Bacterial infections are a serious health problem worldwide. We compared the efficacy and safety of gatifloxacin, a new 8-methoxy fluoroquinolone, with that of levofloxacin in the treatment of bacterial infections.

Methods: A randomized controlled multicentre clinical trial was conducted, with levofloxacin serving as the control drug. A total of 506 patients were enrolled in the study, 254 in the gatifloxacin group and the other 252 in the levofloxacin group.

Results: The cure rates of gatifloxacin and levofloxacin were 84.46% and 82.73%, and the overall efficacy rates were 96.41% and 95.58% respectively. The bacterial clearance rates were 95.52% in gatifloxacin group vs 93.69% in levofloxacin group. The adverse drug reaction rates of gatifloxacin and levofloxacin were 10.63% and 10.71% respectively. There was no statistically significant difference between the two groups. The results of in vitro activities of gatifloxacin and other 4 antibacterial agents showed that gatifloxacin had good activities against Staphylococcus spp. and more potent than those of levofloxacin, ciprofloxacin, ciperoxacin and cefotaxime. The activities of gatifloxacin against Streptococcus spp. were generally higher than those of levofloxacin, ciprofloxacin, ciperoxacin, and similar to those of cefotaxime. The activities of gatifloxacin against Gram-negative organisms were similar to or better than the other antibacterial agents.

Conclusion: Gatifloxacin is an effective and on the basis of this trial, a safe broad-spectrum antibacterial agent for the treatment of bacterial infections.

doi:10.1016/j.ijid.2008.05.1048