samples from asymptomatic subjects (34.3% [62/181] vs. 25.4% [114/449]; p=0.03). Potential pathogens in symptomatic subjects were more likely to be treated than were pathogens in asymptomatic subjects (83.9% [52/62] vs. 26.3% [30/114]; p<0.0001).

Conclusions: The majority of surveillance BAL cultures were non-diagnostic and the results rarely altered the management of asymptomatic lung transplant recipients. Routine mycobacterial culture and PCP staining were of particularly low yield.

32 Impact of Drug Interactions on Choice of Antifungal Therapy in Treating IFI. A Case Report of Use of Posaconazole to Treat Fusarium Soft Tissue Infection in a Liver Transplant Patient on Sirolimus

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Background: Fungal infections are the most common cause of cutaneous infections in solid organ transplant patients. We describe a case of soft tissue infection of the toe caused by Fusarium chlamydosporum and Candida guilliermondii in a liver transplant patient on sirolimus, and discuss the pharmacokinetic interactions of sirolimus and the new triazoles and their impact on treatment choices.

Case: A 57 year old male post liver transplant in 2005 for Budd Chiari Syndrome on Sirolimus 2mg daily, ccelcept 750mg po bid, developed an invasive soft tissue infection of his 5th toe after spending a few weeks at his cottage walking bare feet. He noted marked swelling and purple discoloration of his 5th toe two weeks after returning from his cottage in the summer of 2007 (Figure 1). A biopsy of the toe was done and identified on culture Fusarium chlamydosporum and Candida guilliermondii. Susceptibility testing for both isolates was done (Table 1). Patient was treated with posaconazole 400mg po bid for 6 months with complete resolution of infection. Sirolimus was dose adjusted to 1mg every other day due to significant incr. in AUC of Sirolimus through the CYP450 isoenzymes.

Discussion: This case illustrates the benefits of new triazoles in treating IFI, but highlights the drug interactions of the new triazoles: voriconazole and posaconazole on treatment choices with a review of the literature around these drug interactions.

33 Respiratory Viral Infections in Renal Transplant Recipients

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Background: Solid organ transplant (SOT) recipients are particularly susceptible to community-acquired respiratory viruses and they also appear more likely to experience pulmonary and extrapulmonary complications. Atypical clinical presentation caused by influenza virus A and B or other virus are increasingly recognized as a cause of morbidity including recipients rejection and chronic allograft dysfunction.

Objectives: To determine the frequency and clinical aspects including allograft complications of influenza A and B infection and influenza-like illness caused by respiratory syncytial virus (RSV), adenovirus, parainfluenza virus 1, 2 and 3 in renal transplant recipients.

Methods: 434 nose-and-throat wash specimens were prospectively collected from each patient every three weeks (5.78 samples per patient) as well as clinical signs and symptoms of respiratory viral infections on 75 renal transplanted patients during six months. Direct immunofluorescence (DiF) was the virological method used for detecting respiratory virus.

Results: Influenza and flu-like symptoms were observed in 23.5% of the subjects, including fever (temperature higher than 37.8°C), nasal congestion, sore throat, cough, sneezing, headache, myalgia, weakness, fatigue and loss of appetite. Diagnosis of symptomatic and asymptomatic patients with virus isolation collected from nose-and-throat washes was able to detect only six episodes of virus infection: 2 RSV, 2 parainfluenza, 1 influenza A and 1 influenza B. No significant difference was observed when serum creatinine at six month was compared with baseline serum creatinine (1.7±0.65, 1.84±0.55, p=0.312) and there were no serious complications after virus infections during the six months period of follow up.

Conclusion: Respiratory virus infections were not associated with significant morbidity in renal transplant recipients.

34 Characteristics of Transplant Recipients who Developed Influenza in 2007-08 Despite Influenza Vaccination

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Background: Influenza vaccination is less immunogenic in transplant recipients than healthy people. Influenza A (H1N1) and B circulating viruses during the 2007-2008 epidemic were different from those contained in this season’s vaccine.

Objective: To describe clinical and immunological characteristics of 15 transplant recipients who developed influenza despite influenza vaccination (group A), and compare them to 6 transplant recipients who developed influenza in the absence of influenza vaccination (group B), 13 transplant recipients who did not develop...