Table 1
Responsible microorganisms of catheter-associated urinary tract infections: 2008-2013[*]

	2008 n (%)	2009 n (%)	2010 n (%)	2011 n (%)	2012 n (%)	2013 n (%)
A. baumannii and other *Acinetobacter* spp.	1 (1,4)	3 (6,1)	1 (2,3)	1 (1,1)	4 (4,2)	2 (2,7)
Candida albicans andnonalbicans *Candida*	14 (20,9)	7 (14,3)	7 (16,3)	16 (17,6)	29 (30,8)	27 (36,0)
Enterococcus spp.	4 (5,9)	4 (8,2)	4 (9,3)	8 (8,8)	17 (18,1)	16 (21,3)
Enterobacter cloacae, Enterobacter spp.	3 (4,4)	–	1 (2,3)	1 (1,1)	2 (2,1)	1 (1,3)
Escherichia coli	21 (31,3)	13 (26,5)	13 (30,2)	36 (39,6)	16 (17,0)	11 (14,7)
Klebsiella oxytoca and *Klebsiella pneumoniae*	15 (22,4)	–	10 (23,2)	17 (7,7)	13 (13,8)	7 (9,3)
Pseudomonas aeruginosa	7 (10,4)	7 (14,3)	5 (11,6)	8 (8,8)	6 (6,4)	9 (12,0)
Other[**]	2 (2,9)	2 (2,2)	2 (4,6)	4 (4,4)	7 (7,4)	–
Total	67 (100,0)	49 (100,0)	43 (100,0)	91 (100,0)	94 (100,0)	75 (100,0)

[*]Data for 9 months in 2013[**]*S. marcescens:* 1in 2008, *M. morganii*:1, *Citrobacter* spp:. 2 in 2012, *Proteus mirabilis* and *Proteus* vulgaris: 1 in 2008, 2 in 2009, 2 in 2010, 4 in 2011, 4 in 2012.

Type: Poster Presentation

Growing fungal etiology in catheter-associated urinary tract infection: 2008-2013

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Background: Catheter-associated urinary tract infections (CA-UTI) are among the most common hospital-acquired infections. The first responsible microorganism of these infections has been *Enterobacteriacea* till recently. Fungi and gram-positive microorganisms are reported increasingly in recent years. Our aim is to evaluate trends regarding this issue in our hospital.

Methods & Materials: The study was conducted in 600-bed Ankara Ataturk Training and Research Hospital. Centers for Disease Control and Prevention (CDC) definition was used to diagnose CA-UTI. The microorganisms responsible for CA-UTI between 2008 and 2013 were evaluated retrospectively. Our hospital's network data that were reported to Ministry of Health by national surveillance program were used.

Results: The numbers of reported CA-UTI were between 43 and 94. The distribution of first three microorganism as follows in 2008; *Escherichia coli*:31.3%, *Klebsiella* spp.:22.4%, *Candida* spp.:20.9%. *E. coli was* detected as the most common pathogen from 2008 to 2011 in the rates between 26.5% and 39.6%. In the last two years *Candida* spp. were appeared as the most common etiologic agent as 30.8% in 2012 and 36.0% in 2013. The second etiologic agent was found as *Enterococcus* spp. in these years (Table 1).

Conclusion: It was detected that *E. coli* kept their first order until 2012. After that, *Candida* spp. and *Enterococcus* spp. are the most common etiologic agents. The coverage of fungi and *Enterococcus* spp. should be considered anymore for empirical therapy of CA-UTI.

Type: Poster Presentation

In-hospital contact investigation among healthcare workers after exposure to pulmonary tuberculosis

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Background: Healthcare workers(HCWs) are considered at risk for occupational transmission of *Mycobacterium tuberculosis* infection. We carried out an in-hospital contact investigation of index patient with pulmonary tuberculosis, and analyzed the prevalence of latent tuberculosis (LTB) and LTB conversion rate among HCWs in tertiary hospital of intermediate TB endemic area.

Methods & Materials: A prospective study was conducted 583 HCWs who were exposed 34 patients with active pulmonary tuberculosis. Contacts were evaluated using questionnaire, tuberculin skin test (TST) and chest X-ray at the time of enrollment (baseline) and 12 weeks after exposure.

Results: At the time of exposure, 58.8% (n = 343) and 78.9% (n = 460) of 583 HCWs were performed TST and chest X-ray, respectively. No HCWs showed active pulmonary tuberculosis in baseline chest X-ray, however 37 contacts (10.8%) had a positive TST results. After 12 weeks exposure, 58.1%(n = 178) and 67.6%(n = 207) of 306 HCWs with negative TST were performed TST and chest X-ray, respectively. Seven (3.9%) contacts had positive TST result after 12 weeks exposure. Among a total of 538 HCWs, 0.19% (1/538) developed to secondary case of active pulmonary TB after exposure.

Conclusion: In our center, LTB prevalence in HCWs was 10.8%, and TST conversion rate after exposure was 3.9%. Overall, the probability of relevant nosocomial transmission for the index case appears to be low.