

S. aureus. Phylogenetic analysis showed that hand hygiene has a direct impact on the clonality of MRSA hospital origin.

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Morbidity, mortality, and seasonality of influenza hospitalizations in Egypt, november 2007 - november 2014



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Background: Influenza typically comprises a substantial portion of acute respiratory infections, a leading cause of mortality worldwide. However, influenza epidemiology data are lacking in Egypt. We describe seven years of Egypt's influenza hospitalizations from a multi-site influenza surveillance system.

Methods & Materials: Syndromic case definitions identified individuals with severe acute respiratory infection (SARI) admitted to eight hospitals in Egypt. Standardized demographic and clinical data were collected. Nasopharyngeal and oropharyngeal swabs were tested for influenza using real-time reverse transcription polymerase chain reaction and typed as influenza A or B, and influenza A specimens subtyped.

Results: From November 2007–November 2014, 2,936/17,441 (17%) SARI cases were influenza-positive. Influenza-positive patients were more likely to be older, female, pregnant, and have chronic condition(s) (all $p < 0.05$). Among them, 53 (2%) died, and death was associated with older age, five or more days from symptom onset to hospitalization, chronic condition(s), and influenza A (all $p < 0.05$). An annual seasonal influenza pattern occurred from July–June. Each season, the proportion of the season's influenza-positive cases peaked during November–May (19–41%).

Conclusion: In Egypt, influenza hospitalizations cause considerable morbidity and mortality and its seasonality mirrors Northern Hemisphere patterns. Additional assessment of influenza epidemiology in Egypt may better guide disease control activities and vaccine policy.

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Fecal microbiome therapy in relapsing Clostridium difficile infection – long-term results



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Background: Fecal microbiome therapy (FMT) has become an accepted rescue treatment for relapsing or recurring Clostridium difficile infection (CDI). While short-term effectiveness of this treatment approach is high, no data on the long-term efficacy are available.

Methods & Materials: From 17 patients (median age 84, range 55–93 years) who underwent 18 FMT procedures for relapsing or recurring CDI long-term outcomes were analysed.

FMT was done via endoscopically placed jejunal tube using 500 ml (0.1 g/ml) of sterile prepared donor stool suspension from healthy first-degree relatives ($n = 15$) or spouses ($n = 3$).

Results: All patients had a Charlson comorbidity score > 10 indicating multiple comorbidities. Median number of treatment courses for CDI before FMT was four (range 3–7). Postprocedure efficacy for FMT was 17/18 (94.4%). At day 30 14/18 (77.8%) were without clinical symptoms or signs of relapse, by day 180 7/10 (70%) were free from CDI, and after one year 6/9 (66.7%).

Leukocyte counts, albumin, clinical response measured by the use of the Bristol Stool Chart (BSC) or stool lactoferrin at baseline were not predictive for long-term response whereas a $> 75\%$ decrease after FMT in stool lactoferrin concentrations by day 7 compared to day 0 was indicative.

Conclusion: Even in elderly patients with severe or multiple comorbidities and high risk of recurring CDI the use of FMT protects a substantial number of patients over more than one year.

The decrease in stool lactoferrin concentrations within one week after FMT remained the only predictive biomarker for long-term response in these patients.

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