1146. Lactococcus species Catheter-Related Bloodstream Infections in Pediatrics: A Case Series
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Session: P-64. Pediatric Bacterial Studies (natural history and therapeutic).

Background. Central venous catheters (CVC), may lead to central-line-associated bloodstream infections (CLABSIs). In the past, Lactococcus species have been seldom considered pathogenic. However, clinically significant infections have been reported, of which few are pediatric cases, all outside the United States.

Methods. We retrospectively identified pediatric patients with bacteremia secondary to Lactococcus spp. admitted to a tertiary pediatric hospital from January 1, 2016 - December 2020. We reviewed the PubMed database for cases of pediatric Lactococcus spp. infections in English, peer-reviewed literature.

Results. We identified 3 patients with Lactococcus spp. bacteremia. The average patient was 17 months old (range, 6-24 months). All had a CVC; two had short bowel syndrome and I had nephrotic syndrome. None received prophylaxis. Empiric treatment for all included vancomycin. Two of 3 patients were de-escalated to ceftriaxone. All isolates were susceptible to penicillin. Duration of treatment was 10-14 days. Two of 3 patients were discharged from the hospital in 12 cases (25.5%), and Spn14 in 4 cases (8.5%). The presence of Spn19A has increased infections in English, peer-reviewed literature.

Conclusion. To the best of our knowledge, these are the first reported pediatric cases of Lactococcus infections in the United States and suggests Lactococcus spp. should be considered pathogenic in the appropriate circumstances. This series adds cases of Lactococcus spp. to the limited literature, including AST. Continued accrual of susceptibility data may raise the possibility of using a 3rd generation cephalosporin as empiric therapy for Lactococcus bacteremia.

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1147. Sentinel Surveillance of Bacterial Pneumonia in Children Under 5 years Treated in HOMI - Fundación Hospital pediatrico la Misericordia in Bogotá, Colombia 2016-2020
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Background. Pneumonia is one of the leading causes of hospitalization and death in children under 5y. The main causes of bacterial pneumonia (BP) are Streptococcus pneumoniae (Spn) and Haemophilus influenzae (Hi), Colombia implemented the Hib vaccine in 1997 with a 3 + 0 scheme and the PCV10 vaccine in 2012, using a 2 + 1 scheme. Sentinel surveillance of BP is carried out at HOMI - Fundación Hospital Pediátrico La Misericordia, which is part of the invasive bacterial vaccine preventable diseases surveillance network.

Methods. A daily active search for cases that met the definitions established in the protocol of the Pan American Health Organization was carried out. All hospitalized patients under 5 years of age with a diagnosis of community acquired pneumonia (ICD10 J10 to J22) were classified as suspected cases, while all suspected cases in which chest X-ray showed a radiological pattern compatible with bacterial pneumonia were considered a probable case. Blood cultures were taken from probable isolates and results were positive (Spn, Hi), the samples were sent to the district and national reference laboratories for confirmation and serotyping. The data obtained in the period January 2016 to December 2020 were analyzed.

Results. 5272 suspected cases of bacterial pneumonia were found, of which 60% were < 2 y. The highest incidence occurred from March to June (Figure 1). Blood cultures were performed in 2223 (92%) of the 2432 (46.1%) probable cases, confirming 127 (5.2%) cases. Spn, Hi, and other bacteria were found in 55, 27, and 28 cases, respectively (Table 1). Serotyping was performed in 85.4% of the Spn isolates and 72.7% of Hi isolates. The most frequent Spn serotypes were Spn19A in 19 cases (40.4%), Spn3 in 12 cases (25.5%), and Spn14 in 4 cases (8.5%). The presence of Spn19A has increased infections in the United States and suggests Lactococcus spp. are still observed. Sentinel surveillance allows measuring the impact of public health interventions on this disease.

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1148. Duration of Antibiotic Therapy in the Treatment of Bacterial Meningitis in Young Infants: A Systematic Review and Narrative Synthesis
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Session: P-64. Pediatric Bacterial Studies (natural history and therapeutic).

Background. IDSA recommendations of 14-21 days of parenteral therapy for bacterial meningitis are based predominantly on expert consensus. Parenteral durations consistent with these recommendations are sometimes provided even when meningitis is suspected but not confirmed. We aimed to systematically review the literature on duration of parenteral antibiotic therapy and outcomes in bacterial meningitis in infants < 3 months of age.

Methods. We searched PubMed, Embase, and the Cochrane Central Register of Controlled Trials for publications up until May 11, 2021. Eligible studies were published in English and included infants < 3 months of age with bacterial meningitis for which route and duration of antibiotic therapy and outcomes were reported. We excluded case reports and infants with birth weight < 1500g, major congenital malformations, or