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In this paper, we present a 23 year old male presenting with five days history of fever with anuria, dyspnea and hemoptysis. Leptospirosis IgM was positive. Chest Xray and HRCT scan showed diffuse bilateral infiltrates with pulmonary hemorrhage. Patient was treated with antibiotics, renal replacement therapy and steroids. However, methylprednisolone was unavailable thus, a high dose of hydrocortisone was used as an alternative.

Leptospirosis has an immune phase which damages the endothelium affects organs like the liver, kidneys, heart, lungs and meninges. Immunomodulation with high-dose steroids may be used. Methylprednisolone is the ideal steroid given and is proven to weaken the inflammatory response and ameliorate the adverse effect of immune mediated response. In our case, a hydrocortisone equivalent of methylprednisolone was used which was unconventional but is more available. On the 5th hospital day, patient had stable vital signs with no episodes of hemoptysis. Repeat chest xray was done which showed regression of opacities in both lung fields. No further abnormalities on physical examination.

Early recognition is important as administration of corticosteroid in addition to broad-spectrum antibiotics and early supportive care can lead to successful treatment, shortened hospital stays, reduction of morbidity and mortality. Hydrocortisone is more available in rural areas like ours and is also cheaper. Five doses of hydrocortisone can be given at almost the same price for a single dose of methylprednisolone. This is feasible in settings wherein patients have limited resources.

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PP151
A 10-year, single-center, retrospective, observational study of 11 patients infected with Pasteurella multocida in Japan
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Introduction Pasteurella multocida, a zoonotic gram-negative rod, causes skin and soft tissue infections and bacteremia. We retrospectively studied 11 infected patients for 10 years at a Japanese university hospital.

Results Eleven consecutive patients (5 women; 6 men) were enrolled. Average age was 68 (range: 47–79) years; 7 patients (63%) were aged >70 years. All patients had: 8 patients, cats; 2, dogs; and 1, both. Following were the materials for culture: 6, sputa; 2 wound tissue; 1, pleural effusion; and 1, ear discharge. The bitten sites were obvious in only 4 patients (36%; 2 patients, hands and 2, feet). Following were the diagnoses: 5 cases, lower respiratory infection; 3, cellulitis; 1, osteomyelitis; 1, otitis media; and 3, bacteremia. Unfavorable outcomes were observed in 2 patients (1, blindness; 1, cardiopulmonary arrest [CPA]). Mean Charlson comorbidity score (CCS) was 3.0±2.2 (range: 0–7). Two patients diagnosed with sepsis and CPA had a CCS of 7, while one patient with blindness had a CCS of 2. One patient had diabetes, 3 were receiving steroids or immunosuppressants, and 5 had cancer. Mortality was 9%; of the 11 patients, the one with bacteremia died.

Discussion P. multocida infection was associated with a relatively higher CCS, but led to unfavorable outcomes, such as blindness, even in patients with a lower CCS. A retrospective study reported that patients not been bitten by a pet developed bacteremia and were hospitalized more frequently. Our result showing mortality in patients who had not been bitten was consistent with the previous result. Some studies have shown a mortality rate of 7–31% in patients with bacteremia.

Conclusion Physicians should be aware that pets can be a vector for life-threatening P. multocida infections in immunocompromised patients, regardless of whether they were bitten by a pet.

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PP152
One Health-based control strategies for MERS-CoV
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Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is one of the major threats to the healthcare systems in some countries, especially in the Arabian Peninsula. MERS-CoV is considered an ideal example of the One Health concept. This is due to the animals especially dromedary camels play important roles in the transmission and sustainability of the virus, and the virus can be transmitted through aerosols of infected patients into the environment. The dromedary camel is the only identified animal reservoir to date. These animals play important roles in sustaining the virus in certain communities and may act as an amplifier of the virus by secreting it in their body fluids, especially in nasal and rectal discharges. MERS-CoV has been detected in the nasal and rectal secretions of infected camels, and MERS-CoV of this origin has full capacity to infect human airway epithelium in both in vitro and in vivo models. Other evidence confirms the direct transmission of MERS-CoV from camels to humans, though the role of camel meat and milk products has yet to be well studied. Human-to-human transmission is well documented through contact with an active infected patient or some silently infected persons. Furthermore, there are some significant risk factors of individuals in close contact with a positive MERS-CoV patient. Outbreaks within family clusters have been reported. Some predisposing genetic factors favor MERS-CoV infection in some patients, which is worth investigating in the near future. The presence of other comorbidities may be another factor. Overall, there are many unknown/confirmed aspects of the virus/human/animal network. Identification of the exact mechanism of transmission of MERS-CoV from camels to humans and searching for new reservoirs are of high priority. This will reduce the shedding of the virus into the environment, and thus the risk of human infection can be mitigated.

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