

O060

2-hour Oral Session

Severe infections in children

***Streptococcus pneumoniae* causing infection in children less than 60 days of age: serotypes and antimicrobial susceptibility**

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**Objectives.** *Streptococcus pneumoniae* infections in small children are relatively unusual events, around 1-11% of neonatal sepsis, but are associated with substantial morbidity and mortality. The aim of this study was to determine the distribution of pneumococcal serotypes and antimicrobial susceptibility of invasive and non-invasive pneumococcal diseases in infants younger than 60 days of life in 16 Mexican hospitals that participate in the SIREVA network. **Methods.** An eleven year retrospective study was conducted during the period 2000-2013. Pneumococcal isolates were serotyped by the Quellung reaction with type and factor specific antisera (Statens Seruminstitut, Copenhagen, Denmark). Susceptibility testing was conducted by broth microdilution, in accordance with the Clinical and Laboratory Standards Institute (CLSI 2013) procedures for penicillin, cefotaxime, vancomycin, erythromycin, cholamphenicol and trimethoprim/sulfamethoxazole (TMP/SMX). **Results.** A total of 120 pneumococcal isolates were collected from which 68% (81/120) were from male children. Pneumonia was the most frequent diagnose 41% (49/120), followed by meningitis 26% (31/120), septicemia 19% (23/120) and others like otitis and conjunctivitis 14% (17/120). The most frequent serotypes were 19F, 23F, 6B, 14, 7F and 35B. Serotype 19A was isolated in 4/12 meningitis and 4/12 pneumonia cases. After introduction of pneumococcal conjugate vaccines in 2008, serotypes 10A, 12F, 15A, 15B and 23B were more frequently found. Except for TMP/SMX, most strains were susceptible to the antimicrobial tested. **Conclusion.** Laboratory surveillance of pneumococcal serotypes causing invasive and non-invasive diseases in children less than 60 days of life is important, considering they are not protected by any vaccine.