

pefloxacin respectively. None of *S. Paratyphi A* isolates were susceptible to ciprofloxacin.

Conclusion: Enteric fever may pretence as a multiplicity of separate diseases whose clinical features vary considerably, ranging from mild fever with abdominal pain to fulminant hepatitis or encephalitis. Children of <5 years bear a substantial proportion of disease burden in endemic areas. Thus, it is imperative that a high index of suspicion for the disease is maintained particularly in endemic areas.

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0383

***Streptococcus intermedius* is the most common streptococcus in soft tissue infections in injection drug users**



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Background: There have been reports of “*Streptococcus milleri*” group (now *Streptococcus anginosus* group) SAG, in soft tissue infections in iv drug users (IVDU). However, the significance of *Streptococcus intermedius* (SI) has not been reported. In our study of 1321 streptococcal isolates SI was the predominant *Streptococcus* in IVDU soft tissue infections. Other 2 members of the group, *S. constellatus* (SC) and *S. anginosus* (SA) were less frequent.

Methods and materials: We studied 1321 Streptococcal isolates from different body sites admitted to our 10 network hospitals during a 3 year period ending in December 2019. There were 125 (9.5%) group A, 481 (36.4%) group B, 78 (5.9%) group C, 83 (6.3%) group G, 335 (25.4%) *Streptococcus anginosus* group (SAG) and 45 *S. gallolyticus* and 174 others. There were 335 *Streptococcus anginosus* group (SAG) isolates from 167 males and 166 females, with ages ranging from 1 month to 90 years, consisting of 151 (84 M/67F) *S. anginosus*, 107 (56 M/51F) SI and 77 (47 M/30F) *S. constellatus* (SC). We reviewed the clinical presentation, lab results, and susceptibilities of all streptococcal isolates. There were 32 drug users in patients culture positive for streptococci.

Results: Streptococcal infections in 32 IV drug users were: 15 (46.9%) SI, 9 (28.1%) group A, 4 (12.5%) SA, 3 *Streptococcus constellatus* (9.4%), 1 each group C, group F, *S. dysgalactiae* and alpha *Streptococcus* sp. There were no group B or G infections associated with IVDU. Majority were in the upper extremity 24/31 (77.4%), with 4/31 (12.9%) lower extremity, 1 pneumonia and 1 line infection. Other oral bacteria present in mixed infections were *Prevotella oralis*, *P. denticola*, *P. intermedius*, *Eikenella corrodens*, *Haemophilus para influenzae* and group C *Streptococcus*. Of 7 positive blood cultures in IVDU 5 were group A, one SI and 1 SC.

Conclusion: SAG was common in soft tissue infections in IVDU with SI being the predominant *Streptococcus*. In IVDU with bacteremia, group A *Streptococcus* was the most common blood isolate. Mixed infections with other oral bacteria were often present. Group B and group G Streptococci were not isolated in IVDU in this study.

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0385

Effect of pneumococcal conjugate vaccination on radiological findings in infants hospitalized with community acquired pneumonia in northern India



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Background: The burden of community acquired pneumonia (CAP) in infants is high in India and *Streptococcus pneumoniae* is stated to be an common etiological agent for it. Hence Pneumococcal Conjugate Vaccination (PCV) has been introduced in India since 2017 in a phased manner. The objective of this study was the effect of PCV on radiological findings of chest in infants hospitalized with WHO-defined CAP.

Methods and materials: This prospective hospital-based pneumonia surveillance is ongoing since 2015–2016 in Lucknow and Etawah districts of Uttar Pradesh and Patna and Darbhanga districts of Bihar, India, after institutional ethical approvals. Recruitments were done from a network of hospitals formed especially for the project. Infants (2–11 months) hospitalized with WHO-defined CAP from index districts with < 14 days of symptoms were recruited after parental consent. Clinical data was abstracted. Chest X-rays (CXRs) were digitalized and interpreted by a panel of three independent blinded radiologists.

Results: From May 2017 to October 2018, 282 (22.7% females) infants with PCV vaccination (cases) and 570 (29.8% females) without PCV vaccination (controls) with interpretable CXRs were analyzed. Primary end point pneumonia (PEP) + other infiltrate (OI) were found in 43 (15.2%) cases and 140 (24.7%) controls ($p = 0.001$); OI in 30 (10.6%) cases and 69 (12.1%) controls ($p = 0.5$) and normal CXR in 209 (74.1%) cases and 361 (63.3%) controls ($p = 0.001$). There was one death among cases whose CXR showed OI. There were 22 deaths among controls whose CXRs showed PEP + OI in 12 (54.6%); OI in 3 (13.6%) and normal 7 (31.8%). Crude odds ratio for death among cases was 0.088 (95% CI 0.012–0.66).

Conclusion: Among hospitalized patients of CAP, radiological findings differ by PCV vaccination status in infants.

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