Introduction Neonatal septicemia is life-threatening emergency that demands urgent management and leading cause of neonatal mortality accounting nearly half of all neonatal deaths. Blood culture is gold standard method for diagnosis but changing pattern of organisms and frequent emergence of resistant bacteria causes difficulty in treatment. Non-specificity of symptoms creates difficulty in diagnosis of infections in the early stage. Present study was conducted with the objectives of isolation of bacteria from blood, their sensitivity and resistance pattern, correlation of maternal and fetal risk factors.

Methods Study was conducted in tertiary care centre on 210 cases of clinically diagnosed neonatal septicemia admitted in NICU. Blood culture was positive in 49.05% cases. Klebsiella Pneumoniae was frequently isolated pathogen (63.11%), followed by Escherichia coli (12.62%) and Staphylococcus aureus (10.68%). Gram negative isolates from enterobactericeae were 100% sensitive to imipenem followed by amikacin and cefotaxime. S aureus isolates were 100% sensitive to vancomycin followed by amikacin and cloxacillin. The commonest maternal risk factors were muconium stained amniotic fluid (42.72%), premature rupture of membrane (33%), History of fever (20.39%). Fetal risk factors commonly present were 79.61% low birth weight, 67.96% neonates were preterm and birth asphyxia (65.08%).

Results Blood culture was positive in 49.05% cases. Klebsiella Pneumoniae was frequently isolated pathogen (63.11%), followed by Escherichia coli (12.62%) and Staphylococcus aureus (10.68%). Gram negative isolates from enterobactericeae were 100% sensitive to imipenem followed by amikacin and cefotaxime. S aureus isolates were 100% sensitive to vancomycin followed by amikacin and cloxacillin. The commonest maternal risk factors were muconium stained amniotic fluid (42.72%), premature rupture of membrane (33%), History of fever (20.39%). Fetal risk factors commonly present were 79.61% low birth weight, 67.96% neonates were preterm and birth asphyxia (65.08%).

Conclusion There is a need of continuous surveillance of the bacteriological profile and antimicrobial sensitivity pattern of neonatal septicemia in each and every NICU.
The main outcome measure was a weight gain of $\geq 10$ kg or a body mass index (BMI) of $\geq 25$ kg/m$^2$ (obesity) calculated from self-reported height and weight. We used logistic regression analyses to derive ORs and 95% CIs adjusted for sex, age, BMI, education, smoking, alcohol drinking, occupation, marital status, menopausal status, and caffeine beverage consumption.

**Results** We observed no association between sleep duration and risk of weight gain and obesity. Multivariate ORs for weight gain were 1.14 (95% CI 0.70 to 1.78) for short sleep and 1.16 (95% CI 0.90 to 1.51) for long sleep. Multivariate ORs for obesity were 0.98 (95% CI 0.62 to 1.55) for short sleep and 1.05 (95% CI 0.83 to 1.33) for long sleep.

**Conclusion** Sleep duration does not affect the risk of weight gain or obesity.

**Methods** We used data from a sample of 81,449 adults from 24 low- and middle-income countries who took part in the World Health Survey, a population-based survey of adults in 2002–2003, to examine the multilevel association between trade [ie, levels of trade, imports, and foreign direct investment (FDI)] and individual-level weight status.

**Results** The prevalence of underweight ranged from 2.51% (SE=0.85) in Bosnia-Herzegovina to 34.03% (SE=1.05) in India and the prevalence of overweight ranged from 7.74% (SE=0.69) in India to 49.08% (SE=1.98) in Russia. Marital, economic, and health statuses were among the most important individual-level predictors of weight. At the macro-level, FDI as a percent of GDP was associated with lower odds of underweight relative to normal weight for rural and urban residents, independently of individual-level covariates and country-level GDP and urbanisation. However, among rural men and women, FDI was positively associated with overweight compared to normal weight; a one unit increase in net inflow of FDI as a percent of GDP was associated with a 15% higher odds of overweight relative to normal weight among rural men (OR=1.15, 95% CI 1.08 to 1.26) and women (OR=1.15, 95% CI 1.07 to 1.23).

**Conclusion** Trade may be associated with individual weight status.

**Introduction** Rotavirus-attributed diarrhoea is a major cause of death in young children. The WHO-Eastern Mediterranean Region, with a population over 590 millions, is a diverse area in terms of socio-economic status and health indicators. This study aimed to evaluate the burden of rotavirus-associated mortality in order to encourage implementation of rotavirus vaccine.

**Methods** Based on rotavirus-associated mortality in the pre-vaccination period, the effect of rotavirus vaccine to avert children deaths was calculated.

**Results** In the Eastern Mediterranean Region more than 61,000 children aged <5 years died of rotavirus in 2004. Pakistan and Afghanistan, each with more than 15,000 deaths per year, were the countries with the highest rates of rotavirus-associated mortality; followed by Iraq, Somalia, Sudan, Yemen, Egypt and Morocco, Bahrain, Kuwait and Qatar with less than 10 deaths per year were the countries with the highest rates of rotavirus-associated mortality.

**Conclusion** Rotavirus-attributed mortality and morbidity varies considerably in the region. While in some countries reducing rotavirus-associated mortality is a great concern, in others reducing rotavirus-attributed morbidity is the main benefit of rotavirus immunisation. Implementing comprehensive strategies to facilitate usage of rotavirus vaccine in the region is encouraged.

**Introduction** Few empirical studies have investigated the relation between trade and individual weight status.

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**Conclusion** Trade may be associated with individual weight status.

**Introduction** Tuberculosis (TB) is highly prevalent in Mongolia, where approximately 4000 TB cases reported each year. The goal of this study is to determine the incidence of tuberculosis particularly MDR-TB cases reported in Mongolia.

**Methods** A descriptive method was used to study the incidence of MDR-TB reported in Mongolia. The information including age, gender, date of diagnosis, type of drug resistance, treatment outcomes were taken from national report.

**Results** Since the first diagnosis of MDR-TB in Mongolia, a total of 419 MDR-TB cases or 1.6 per cases per 10,000 population were registered to date, which indicates the increasing tendency in the recent years. Average age (±SD) of 419 MDR-TB cases was 32.3±10.9, and 245 (58.5%) were males. The highest MDR-TB morbidity reported in Selenge, Darhan-Uul, Dornod provinces. More than 60% of all MDR-TB cases were reported in Ulaanbaatar city. One hundred seventy nine (42.7%) patients out of all confirmed MDR-TB cases are enrolled in treatment, 133 (51.7%) are died prior to start treatment, 5 (1.2%) are treated in non NTP units, 3 (0.7%) are refused to receive MDR-TB treatment, 59 (23.6%) patients are in waiting list. The deaths are highly reported (61.8%) since 2003 while the management of MDR-TB cases was in beginning stage and Second-line drugs was not procured.

**Conclusion** Incidences of tuberculosis as well as MDR-TB have been increasing during the last years in Mongolia so that early diagnosis and proper management is urgently required in this regard.