history of urinary catheterization was frequent (35 %). Patient's death occurred within 7 days after diagnosis in 8.2 % of BSI cases; 20 out of the 159 cases were associated with an ESBL-producing *E. coli* isolate (12.6 %).

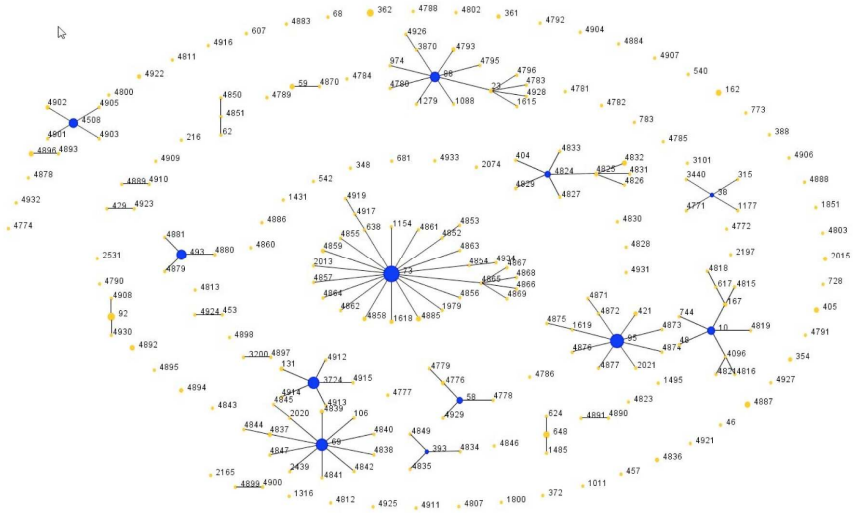

Figure 1. eBurst distribution of the *E coli* isolates

MICROBIOLOGICAL DATA

412 *E. coli* BSI isolates were studied.

Antimicrobial susceptibility. 31 isolates were ESBL-producers (7.5 %), most being of CTX-M15 (42 %) and CTX-M1 (23 %). 16 % of isolates were Ciprofloxacine^{R}, 23 % TMP/SXZ^{R} and 16 % Gentamicine/Tobra^{R} .

Genetic diversity. Using MLST, 102 STs were recovered for the 412 isolates. The pattern obtained with the concatenated fragment with eBurst (figure 1) revealed 12 majors ST

648, 38, 388, 4892 and 46 in elderly males.

STC 131 and 12 were associated with patients hospitalized into RC/LSU rather than in SSU ($p<0.001$) and with HCA-BSIs rather than with CA-BSIs.

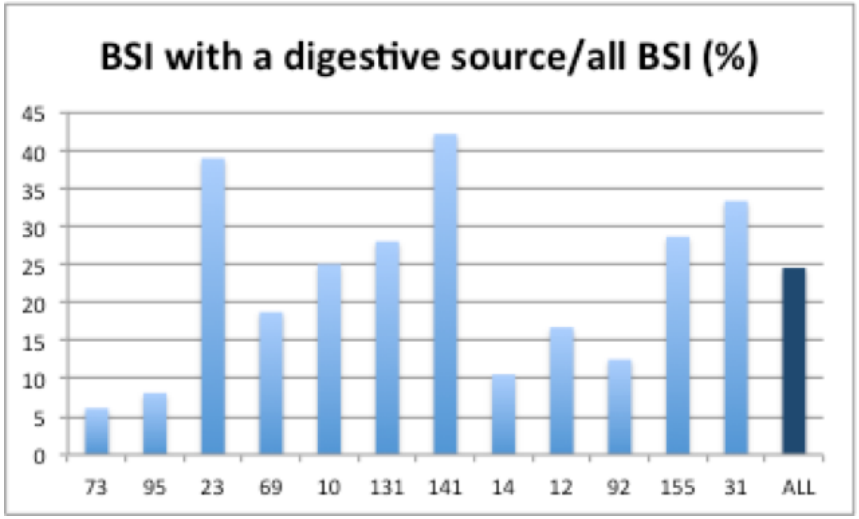

Figure 2. Prevalence of digestive source of the BSI according to E. coli STC

Out of the 936 food products analyzed during the study period, 42 (4.5 %) were found with an *E. coli*. Out of the 42 isolates, 13 were recovered from dairy (30.9 %), 26 from raw meat products (61.9 %) and three from ready-to-eat products (7.1 %). Isolates were sent to the central laboratory for molecular characterization such as the one conducted with human isolates.

Antimicrobial susceptibility. Out of the 42 isolates, 40 were WT (95.2 %), one was amoxicillin^{R}