The susceptibilities of gram-positive organisms towards beta-lactam were low. Susceptibilities of cloxacillin, ampicillin and penicillin were 60% (9/15), 26.3% (5/19) and 34.8% (8/23) respectively. Among all gram-negative organisms, only 13 (65%) of them were sensitive to ceftazidime during the whole study period. Such susceptibilities were observed to be decreasing from 75% in 2001-2004 period to 58.3% in 2005-2008 period. This is closely related to the emergence of extended-spectrum beta-lactamase (ESBL). On the other hand, amikacin enjoyed a reasonably high susceptibilities rate of 82.1% (23/28).

Underlying disease, duration and severity of neutropenia, use of antibiotic prophylaxis or steroid, infective focus are not associated with the type of organism.

**Conclusion:** In contrast to worldwide trend, gram-negative bacteremia is increasingly more common. Ceftazidime monotherapy may be insufficient as the empirical antibiotic due to rising resistance among gram-negative organisms. Moreover, most gram-positive organisms are resistant to beta-lactam. Therefore, the combination of beta-lactam/beta-lactamase inhibitor and an aminoglycoside, is a reasonable choice that cover most of the pathogens causing bacteremia in our paediatric oncology centre.

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