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Relation of risk factors and mortality in the Carbapenem-resistant *Klebsiella pneumoniae* infection: Case control study



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Background: Epidemiological importance of Carbapenem-resistant *Klebsiella pneumoniae* (CRKP) is to be a nosocomial pathogen, which has come to be known for the last 10 years in our country and for 20 years in the world. Infections developing with CRKP has been threatening the community health care due to limited treatment options and high mortality rates in despite of the whole improvements in the field of medicine at the present time.

Methods & Materials: Our study was carried out between the dates January 2010- September 2014. Patients, who were hospitalized at least for 72 hours in the hospital, are 18 years old or older, have CRKP growth and are admitted as active and are given treatment, were included in the study. In the same period patients, who hospitalized in the same ward and have not CRKP growth, have been selected as the control group as well.

Results: In our study, it was determined that glycopeptide and steroid use, absence of tracheostomy inhibited the development of CRKP as mechanical ventilation, tracheostomy, urinary catheter presence, central venous catheterization, nasogastric tube placement, advanced age, Acute Renal Insufficiency (ARI), Total Parenteral Nutrition (TPN), carbapenem, glycopeptide, piperacillin tazobactam use was being detected as risk factor in terms of CRKP.

Conclusion: As a result, to remove risk factors in order to minimize CRKP infection with rational use of antibiotics for preventing infections developing with CRKP should be aimed.

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Contact isolations in South India: Guidelines vs practice



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Background: Infection control guidelines recommend implementation of standard and transmission-based precautions to

Contact isolation Policy	No of hospitals following/ Total No of hospitals surveyed	Percentage
Policy on contact isolation	10/20	50%
Isolation in single room	4/20	20%
Sign board at the entrance	6/20	30%
Availability of gowns, gloves, hand rubs outside the room	5/20	25%
Monitoring adherence	2/20	10%

control multidrug resistant organisms (MDROs) within the hospitals. However, gaps between evidence-based guidelines and practice of contact precautions in the developing world were not assessed. We report the practices of contact precautions in South Indian hospitals.

Methods & Materials: A survey and nonparticipant observation study was carried out during October 2015, using a questionnaire on contact isolations such as availability of policy on contact isolation, isolating in a single room/cohorting in ward, displaying isolation sign on the entrance of the room, availability of gowns, gloves, and hand rubs outside the room and monitoring the adherence of policy by health care workers entering the room.

Results: During study period contact isolation practices of 20 institutions were observed. Policy on contact isolation was there in 50% of the hospitals, other results are shown in [table-1](#) below

Conclusion: Despite fifty percent availability of contact isolation policy, there is big gap existing in implementing the policy in South Indian hospitals. Our findings suggest that there is a need for regular auditing the practices of contact isolation policy is urgently required.

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Consistent use of LLINs among household members of Kersa, Eastern Ethiopia



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Background: Though several studies have been conducted on insecticide-treated nets (ITNs) and long-lasting insecticide nets (LLINs) use in sub-Saharan Africa, the actual consistent use of mosquito nets is hardly studied. Most studies on mosquito net use also have been cross sectional surveys. The aim of this study was to measure changes of the number of LLIN consistent user individuals and its predictors among household members of Kersa.

Methods & Materials: A longitudinal study was conducted among the household members in Kersa Demographic Surveillance and Health Research Center (KDS-HRC) from November 15 to