**Conclusion:** The HPV-16/18 AS04-adjuvanted vaccine had a good safety profile and was immunogenic in 15-45 year old Chinese women.

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PP-188   **Prevalence of hepatitis A, B and C in a semi-urban area in Nigeria**

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**Background:** Viral hepatitis is a term used to denote hepatitis caused by hepatotrophic viruses (hepatitis A-G) and causes liver cirrhosis and hepatocellular carcinoma, this gives the infection an important cause of mobidity and major concern to public health. This study investigates prevalence of Hepatitis A, B, and C in a semi urban area in Nigeria.
**Method:** 660 blood samples from apparently healthy individuals were screened for the presence of hepatitis A antibody (IgG and IgM), hepatitis B surface antigen and hepatitis C antibody (IgG) using Enzyme linked immunosorbent assay (Elisa).
**Result:** Our study showed that 82.3%, and 0.8% were positive for hepatitis A, and C antibody respectively while 10.8% was positive for hepatitis B surface antigen. There is higher prevalence of hepatitis A virus in females (87.2%) than in males (76.4%), and in hepatitis B there is higher prevalence in males than in females (11.1% and 10.5% respectively), while for hepatitis C the prevalence is 1.4% in male and 0% in females. Also highest prevalence rate for hepatitis A and C is within the age group >51years while for hepatitis B it is ≤20 years.
**Conclusion:** We concluded in our study that there is high prevalence of hepatitis A and B in the area studied while hepatitis C is of low prevalence.

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PP-189   **Epidemic prevention and infection control of a field dressing station in Wenchuan earthquake areas**

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**Background:** The objective of this article was to summarize the experience on epidemic prevention and infection control in field dressing station following the Wenchuan Earthquake on 12 May 2008.
**Methods:** A set of protocols were followed systematically to stop the epidemic of communicable diseases and nosocomial infection from happening. These protocols include the setting and layout of the camps, enforcement of personal and environmental hygiene rules in the aid camp, the food-handling procedures in the area where the rescue teams worked, getting a better understanding of the epidemic status in quake area in recent years, special clinic for fever and diarrhea, management of the camps and locality disinfection, pesticidal methods for the prevention of vector-borne diseases, antisepsis and management of the operating room and ward, and proper use of antibacterial.
**Result:** During 2 months of operating in the disaster area, no vector-bone disease occurs among the team members, but 9 of 101 team members suffered from dermatitis caused by insect bite (8.91%), two of 101 team members had non-infectious diarrhea. A total of 4,738 patients were triaged at our aid, 110 case of diarrhea, about 40 of them were diagnose as infectious diarrhea, 468 (11%) case of trauma victims were hospitalized. The total wound infection rate were 15.69% (743/4378), and the postoperative infections reached 10.8%. No cross-infection was reported in the field dressing station.

**Conclusion:** Sufficient preparation and enforcement of related rules are crucial for epidemic prevention and infection control in field dressing station.

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PP-190   **Basic health units (BHUs): a basic tool in filling health gaps in the developing world**

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**Objective:** Objective of this study is to optimize basic health in the developing world, by improving the basic health facilities, exclusively the BHUs. More than 50% of the rural population in the developing countries is deprived of sustainable access, to the improved sanitation, and BHUs are mostly located in these peripheries. Thanks to more modern means of travel, now an outbreak or epidemic in any part of the world is only a few hours away from becoming an imminent threat somewhere else.
**Methods:** Five BHUs located in the outskirts of Islamabad were selected for this study, with the permission from the district health office. Data about staff, basic health facilities, immunization coverage and number of patients who visited these health posts per day and role of these facilities in delivering both curative and preventive health services was analysed.
**Results:** Almost no facilities for basic diagnostic tests, lack of auxiliary staff and unavailability of medicines, largely due to resource constraints and lack of political will made these facilities ineffective.
**Conclusion:** BHUs are primary option for the poor in the developing countries, and represent a crucial arm of the health system and population that go beyond the treatment of the individual patients. Concerted efforts are needed to make this primary part of the health care system to work properly, with special emphasis on improving and protecting the lives of the healthcare workers in these facilities.

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PP-191   **Compliance to antibiotic prophylaxis in clean surgeries**

Anup Warrier*, Aisha Mubarak. KIMS

**Objective:** To assess the compliance to antibiotic prophylaxis in clean, elective surgeries in a tertiary care centre in South India.
**Methods:** Data regarding choice of antibiotic, timing of administration and duration was collected retrospectively from examination of 100 case records of clean, elective surgeries during the year 2008.
**Results:** The compliance was 8% for choice of antibiotic (Cefazolin/Cefuroxime), 12% for timing of administration (30 to 60 minutes before incision) and 10% for duration of antibiotics (less than 24 hours after surgery).
**Conclusions:** In spite of evidence based guidelines for use of antibiotics in surgical prophylaxis, there is a vast difference in individual practices and compliance to all three measures of successful prophylaxis remains poor in most parts of the world.

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PP-192   **Post-operative infections in coronary artery bypass graft surgeries**

Khalid Mohammed Ali*. KIMS

**Objectives:** To identify incidence of postoperative infections in coronary artery bypass graft (CABG) patients and to identify the site and microbiology of these infections.
**Methods:** All patients who had undergone CABG surgeries in the year 2008 were included; retrospectively the case records were examined for postoperative fever beyond 48 hours and within thirty days of surgery.
The culture reports and radiological reports of the patients were traced to identify the site and the organism responsible.