Conclusion: Identification of a population of carriers of Salmonella spp. in an endemic region would provide evidence for a targeted means of transmission containment and prevention, including sensitization and sanitation enforcement followed by potential vaccination of at-risk populations.

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Type: Poster Presentation

Prevalence of scabies and strongyloidiasis before and after MDA in a remote Aboriginal community in Northern Territory, Australia

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Background: Hypothesis: Mass drug administration (MDA) will be an effective public health measure to reduce the prevalence of scabies and strongyloidiasis in a remote Aboriginal community in Australia where both parasitic infections are endemic.

Methods & Materials: A population census and MDA was conducted in 2010 and 2011 to screen participants for scabies and strongyloidiasis and administer medications. Scabies was diagnosed clinically, strongyloidiasis serologically or from coprological examination. Participants were administered a stat dose of 200 μg/kg ivermectin unless their weight was <15 kg or pregnant. Participants diagnosed with scabies and/or strongyloidiasis were given a 2nd treatment 2-3 weeks after the first medications were administered.

Two cross sectional surveys were conducted 6 months after the MDA to follow-up participants who had been diagnosed with scabies and/or strongyloidiasis to determine treatment failures. Disease acquisition was measured from a sample of participants who had no scabies or strongyloidiasis at the population census 6 months prior.

Results: At the population census and MDA in 2010, 1012 (80%) participants were screened from 127 (80%) houses in the remote community and 7 surrounding homelands. Scabies prevalence was 4% and strongyloidiasis was 21%. In 2011, 1060 participants were screened, 702 that had been seen previously and 358 new entries. The prevalence of scabies increased to 9% for participants seen previously with strongyloidiasis prevalence decreasing to 6%.

At the cross sectional surveys, 80% of participants were followed up. The treatment failures remained constant at 6% (2010) and 7% (2011) for scabies increasing slightly but not significantly from 17% (2010) to 23% (2011) for strongyloidiasis. Scabies acquisition increased but not significantly from 3% (2010) to 8% (2011) and decreased from 4% (2010) to 1% (2011) for strongyloidiasis. Scabies prevalence decreased significantly at both cross sectional surveys from 4% to 1% in 2010 and 9% to 2% in 2011. Strongyloidiasis prevalence decreased significantly from 21% to 6% which was sustained for the duration of the project.

Conclusion: Scabies and strongyloidiasis are neglected tropical diseases that contribute to the significant morbidity experienced by Australian Aboriginals in remote communities. MDA is an effective public health measure to reduce the prevalence of both parasitic infections.

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Type: Poster Presentation

Measles-mumps-rubeola (MMR), varicella, and hepatitis A (HAV) seroprevalences among healthcare workers and their compliance to vaccination

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Background: In this study, we aimed to determine the Measles-Mumps- Rubeola (MMR), Varicella, and Hepatitis A (HAV) seroprevalences among the healthcare workers (HCWs) and also their compliance to vaccination.

Methods & Materials: The health records of 5040 HCWs, who admitted to the Vaccination Clinic for HCWs, were evaluated retrospectively. Seropositivity rates to MMR, Varicella, and HAV were calculated. HCWs’ compliance to the vaccinations were investigated. Statistical package SPSS version 15 was used to conduct analysis.

Results: The HAV, MMR and Varicella seropositivity rates, among the HCWs, were 70, 6%, 81, 5%, 83, 8%, 94, 7% and 95, 2%, respectively. Anti-HAV positivity was found higher in nurses and doctors than the nursing and medical students (p < 0,001). Seropositivity rate to measles was found lower in students, young and female personnel (p < 0, 01). No association was found between a history of infection and the seropositivity (Table 1). Compliance rates to vaccination were found between 33, 5% and 63, 3%. Compliance was higher in females, younger than 20 years, and students (p < 0,001).

Conclusion: In the past, HAV seropositivity rates among HCWs were reported higher than the community (90, 4%-99, 5% vs. 40%-80, 8%) in Turkey. In our study, HAV seropositivity (70, 6%) was not found different from the community’s rates. This could be explained with the improvement in the condition of hygiene in the commu-

<table>
<thead>
<tr>
<th>Infection (Total Number)</th>
<th>Seropositivity (%)</th>
<th>History of illness (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rubella (2451)</td>
<td>2321</td>
<td>(94,7)</td>
</tr>
<tr>
<td>Measles (1538)</td>
<td>1269</td>
<td>(81,5)</td>
</tr>
<tr>
<td>Mumps (5010)</td>
<td>846</td>
<td>(83,4)</td>
</tr>
<tr>
<td>Varicella (852)</td>
<td>811</td>
<td>(95,2)</td>
</tr>
</tbody>
</table>

Seropositivity rates due to the history of illness.