prefer private medical facilities. Assessment of morbidity profiles will help in timely application of correct intervention/strategies to improve the health status & quality of life of the community.

doi:10.1016/j.ijid.2008.05.1267

68.009

Investigation of (DMF) Index in First and Second Grade of Elementary School in Fars Province, Iran, (2006-7)

R. Bahadorikhalili

Shiraz University of Medical Scienses, Shiraz, Iran (Islamic Republic of)

Introduction: Tooth decay is one of the afirmanth of catching cold among students. Controlling this problem is one of the duties of Health and Safety Administrators. DMF index is very important index both regional and nationally. This index should not exceed than at 3 age at twelve. In this study the DMF index is being investigated particularly in tooth number six.

Methods: in this study 2000 first and first and second grade elementary students were piched randomly according to cluster random sampling. Their teeth, beginning of tooth decay and DMF index of tooth number 6 were investigated

Results: Among all these students only 19% didn’t have tooth decay. 40.9% of them have decay for tooth number 6.DMF index for number six tooth among these students were 0.87. 47.2% of them have between one to four decayed tooth. Based on place living (Rural or City), sex, occupation of father, no meaningful differences were found in DMF and tooth decay.

Discussion: Epidemy of teeth decay and DMF index of tooth number 6 is an indication of the lack of knowledge and attention among parents at these students. Even though the dentists and health workers have been active for decades the problem still exists because it is mostly based on cultural backwardness and there is no differences between rural and city students. Most parents don’t know that teeth number 6 is a permanent teeth. We believe that a grate educational program is needed to teach both parents and their children. This education should be administrated by employees of Ministry of Health, particularly health instructors, the mass media also could play a major role in this education.

doi:10.1016/j.ijid.2008.05.1268

68.010

Knowledge, Attitudes and Behavior Towards Antibiotic Use Among Parents in Al-Ain City, United Arab Emirates

A. Tenaiji1, K. Al Redha1, F. Khatri1, S. Darmaki1, S. Hosani1, M. Al Neaimi1, A. Khan2, R. Hashmey2

1 United Arab Emirates University, Al Ain, United Arab Emi-
rates
2 Tawam Hospital in affiliation with Johns Hopkins Medicine, Al Ain, United Arab Emirates

Introduction: Unnecessary antibiotic use is a well-documented risk factor for infection with resistant bacteria. There are increased concerns about antibiotic-prescribing patterns worldwide. With a goal of changing the present beliefs and practices about antibiotic use, the aim of this study is to assess the current knowledge, attitudes and behavior towards antibiotic use among parents in Al-Ain city, United Arab Emirates.

Methods: A cross-sectional study involving 250 parents of children <13 years visiting primary health centers from September 17 to October 12, 2006. An interviewer-administered questionnaire was used and data was analyzed using SPSS

Results: Knowledge Assessment: Fifteen percent of participants knew that antibiotics are used to treat bacterial infections. 71% percent had no concept of antibiotic resistance and those who knew the concept were of higher educational levels (p=0.001). Half of the participants did not know that using antibiotics in every febrile illness could lead to antibiotic resistance. The study showed that the main source of information about antibiotic use was from leaflets (84%). Knowledge score increased with increasing age and educational level. Attitude Assessment: Forty-eight percent thought that antibiotics are always or usually needed for common cold symptoms and they were the least satisfied when not prescribed antibiotics. 38% had requested antibiotics and 20% had consulted another doctor to get antibiotics. Behavior Assessment: Twenty-one percent had given their children antibiotics without doctor’s prescription. 31% did not follow their doctor’s instructions, 24% did not complete the full course and 21% shared antibiotics between their children. Those who receive information about antibiotics had a higher behavior score (p=0.002).

Conclusion: This study showed that parents often have inadequate knowledge regarding antibiotic use. Providing antibiotic awareness was found to significantly improve parents’ behavior.

Therefore, improved public and parental education is needed to reduce unnecessary antibiotic prescription and antimicrobial resistance in the community.

doi:10.1016/j.ijid.2008.05.1271

68.011

Prescribing Habits and Associated Factors in the Event of the New Antimalarial Treatment Policy in a Rural Ugandan Hospital

J.A. Achan1,∗, P. Ucakachon2, J. Nakayaga3

1 MU-UCSF Malaria research collaboration, Kampala, Uganda
2 Makerere university department of Pharmacy, Kampala, Uganda

Objectives: We sought to describe the prescribing habits of health care providers for malaria treatment in a rural Ugandan hospital following implementation of a new antimalarial policy and to determine factors associated with these prescribing habits.

Methods: A review of 715 prescriptions for patients clinically diagnosed as having malaria during the months of October 2006 to January 2007 was done. The prescriptions were selected using systematic sampling from the Outpatients register. We collected data on patient demographics, prescriber factors and prescription patterns. Prescriptions
were considered to conform to the 2005 antimalarial policy if Artemether- Lumefantrine (AL) was prescribed for uncomplicated malaria or if Quinine was prescribed for treatment failure or complicated malaria.

Results: The most prescribed antimalarials for uncomplicated and complicated malaria were Coartem (n = 564, 88.5%) and Quinine (n = 66, 84.6%) respectively. Chloroquine, SP, Chloroquine + SP, Coartem + QNN were prescribed in some cases. Prescribers converged to the 2005 antimalarial treatment policy in 88.1% (n = 630) of the prescriptions. Independent predictors of conformity to the 2005 antimalarial treatment policy were: duration in service of more than 6 years (OR = 3.40, CI = 1.24–9.33), prescriber’s level of training (OR = 97.51, OR = 27.29–348.34) and diagnosis of uncomplicated malaria (OR = 1.99, 1.22–3.26).

Conclusions: The majority of health workers conformed to the new treatment policy, however, a few prescriptions were contrary to the treatment guidelines. It is important to ensure that pertinent information, education and communication with health workers is done to promote behavior change and effective uptake of policy changes.

doi:10.1016/j.ijid.2008.05.1272

68.012

Comprehensive Family Hygiene Promotion in Peri-Urban Cape Town: Gastrointestinal and Skin Disease Reduction in Children Under Five

E. Cole1,∗, M. Hawkley1, J. Rubino2, K. McCue2, B. Crookston3, J. Dixon1

1 Brigham Young University, Provo, UT, USA
2 Reckitt Benckiser, Montvale, NJ, USA
3 University of Utah, Salt Lake City, UT, USA

Previous studies have confirmed effectiveness of handwashing on diarrheal reduction in developing countries, yet few are comprehensive in addressing a spectrum of gastrointestinal, skin, and respiratory illnesses that mark the burden of infectious disease for families, especially children <5 years. Addressing illnesses through a program of family hygiene promotion (education plus the regular use of key hygiene products) could result in marked reduction of morbidity and mortality, fewer healthcare visits, and related costs.

Effects of intensive hygiene education alone and in combination with the use of hygiene products (soap, surface cleaner/disinfector, and antiseptic) were assessed. Four communities, 685 households participated: two of government (RDP) housing (indoor tap/flush toilet) and two of informal (INF) housing (communal tap/latrines). Community facilitators monitored illness symptoms weekly and reinforced disease-prevention behaviors established through participatory learning and action focusing on handwashing/bathing with soap, cleaning toilet and food surfaces, and treating skin problems with antiseptic. RDP and INF communities were co-located in two geographic areas, with one area receiving education and products (intervention), and the other receiving education only (control). Illness data were gathered from Jun-Nov 2006 (baseline), and for the same 2007 period following education and product introduction (intervention). Children <5 in all communi-

ties had significant reductions in gastrointestinal and skin illnesses over time. RDP controls were more likely to experience gastrointestinal (HR = 1.27, CI: 1.10–1.46) and skin (HR = 1.26, CI: 1.10–1.44) illnesses at follow-up than intervention counterparts. INF controls were more likely to experience gastrointestinal (HR = 1.43, CI: 1.26–1.62) and skin (HR = 1.46, CI: 1.29–1.66) illnesses at follow-up than intervention counterparts. While hygiene education alone showed meaningful reduction of gastrointestinal and skin diseases across all communities, families with education plus the use of key hygiene products saw significant illness reduction in children <5.

doi:10.1016/j.ijid.2008.05.1273

68.013

Knowledge, Attitudes and Intended Behaviour of Hospital Health Care Workers Around Pandemic Influenza

H. Seale1,∗, C.R. MacIntyre1, R. Booy2, J. Leask2

1 University of New South Wales, Sydney, Australia
2 National Centre for Immunisation Research and Surveillance of Vaccine Preventable diseases, Sydney, Australia

Background: Hospital health care workers (HCW) are key to effective pandemic response. Important issues including the behavioral responses of HCW in the event of an outbreak of pandemic influenza have the potential to undermine current plans for disease control and health care delivery. Work attendance and avoidance, staff quarantine, limited supplies of vaccine and antivirals and sharing of prescribed antivirals with family members may all impact on the workforce. Understanding their attitudes and intended behaviour in a pandemic will assist with workforce issues around pandemic planning.

Methods: A cross sectional survey was conducted between May and November 2007, among a sample of hospital staff working at two tertiary-referral hospitals (one adult and one paediatric) in Sydney, New South Wales, Australia.

Results: The overall response rate was 63% (885/1400). The majority (863/885) surveyed considered that pandemic influenza (PI) would be ”very serious” if one were to occur. In the event of PI, 83% (734/885) of respondents indicated that they would work if a patient in their department had an influenza-like illness. 80% (716/885) of respondents indicated that they would properly adhere to procedures regarding antiviral medications which may be provided to them, with only 6.9% (73/1069) indicating that they would divert the medications to family members. However, only 42.7% (377/885) of respondents considered that antiviral medications would protect them. During a PI, 73% (646/885) of respondents intend to comply with quarantine measures; although 38% (336/885) would be ”very unhappy” about cooperating with the measures.

Conclusion: Work attendance, staff quarantine, limited supplies of vaccine and antivirals and sharing of prescribed antivirals with family members may all impact on the workforce. It is apparent from our findings that there are several issues that must be addressed as part of health system preparedness for a coming influenza pandemic.

doi:10.1016/j.ijid.2008.05.1274