Methods & Materials: For the duration of one year, all patients who had been hospitalised abroad in the two months prior to visiting our hospital were screened for carriage with MDRO according to national guidelines. We determined associations between MDRO carriage and demographic characteristics, region and country of hospitalisation abroad, and type of intervention abroad.

Results: Between July 2012 and July 2013, 194 patients had been hospitalised abroad; screening results were available for 148 patients. Nineteen patients carried a MDRO (12.8%; 95% CI 8.1-19.0%); 3 MRSA and 16 multidrug resistant gram negative bacteria, including Acinetobacter baumannii XMR, Klebsiella pneumoniae Oxa 48, and ESBL positive bacteria. Risk factor analysis showed MDRO carriage was highest in patients who were hospitalized in Asia or the Middle East (7/35; 20.0%) and Southern or Eastern Europe (4/24; 16.4%) and lowest in patients hospitalised in western European countries. Twenty-four percent of the outpatients were hospitalized within three months of outpatient visit; among them were 6 MDRO carriers. Risk factor analysis of type of intervention abroad is awaiting.

Conclusion: This study shows that the risk of MDRO carriage depends on the country of hospitalisation, which probably reflects geographical differences in MDRO prevalence. Determining the risk associated with type of intervention abroad (e.g. invasive vs. non-invasive, or admission to an intensive care unit) will be of additional value. To prevent hospital transmission of MDRO in low- and middle-income countries, targeted MDRO screening may be a feasible and cost-effective strategy if patients transferred from countries or settings with higher endemic MDRO levels are admitted. In high resource settings patients visiting the outpatient department should also be considered as target population for MDRO screening.

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Time: 12:45-14:15
Room: Ballroom

A Risk assessment and safe practices study at Tygerberg Hospital, November 2013

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Background: The outbreak and increasing of healthcare associated infection were reported since last year and up to now at Tygerberg Hospital. However, the healthcare workers hands are the most common vehicle for the transmission of healthcare-associated pathogens from patients and within the healthcare environment.

Risk assessment approach was used to understand a risk of infection transmission in six wards.

Methods & Materials: A Descriptive study design and structured audit form were used to collect the data from six wards. The wards were randomly selected and study start from 9 September to 8 November 2013.

Results: Infection Prevention and Control (IPC) best practice measured according the IPC standard the overall marks were 86% of good IPC practices from six wards. The highest score of good IPC practices was found in A5 Intensive Care Unit and lowest score in C2A gynecology ward. The most common risk of infection transmission were: patient toilets, linen management, sluice area and intravenous-care.

Conclusion: The risk factors of infection transmission were identified and the results revealed compliant of good IPC practice. However, some improvement should be made for intravenous-care, at sluice area, patient toilet and linen management in purpose to reduce risk infection transmission at lowest level.

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Assessment of infection control knowledge and compliance among health workers in government and primary health care facilities in Esan North East LGA, Edo State, Nigeria

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Background: Nosocomial transmission of emerging diseases, such as Lassa fever, can be prevented even in resource poor settings by strict adherence to infection control standards. The study sought to assess the knowledge, attitude and compliance with infection control among health workers in Primary and Secondary health care facilities in Esan North East Local Government Area of Edo State, Nigeria.

Methods & Materials: The descriptive cross sectional study was carried out in 2013, in fourteen Primary health centres and one Government hospital in the LGA. One Hundred and fifty three consenting health workers comprising Doctors, Nurses, Laboratories Scientist, Community health workers and Health Assistance were interviewed using structured pre-tested questionnaires. Data collected was analyzed using Statistical Package for Social Sciences (SPSS) version 16. Knowledge, attitude and practice were graded as good, fair and poor. Results were presented as tables and charts; and associations tested with Chi-square test, with p set as <0.05. Ethical clearance was obtained from the Ethical review board of the Teaching hospital.

Results: Ninety one (59.6%) respondents had good knowledge of infection control. Knowledge was significantly associated with profession as doctor (p = 0.00), being of female gender (p = 0.03), and duration of work > 10 years (p = 0.00). Fifty four (25.3%) respondents were assessed to have good practice, and 26 (17.0%) poor practice. Practice was significantly associated with age > 50 years (p = 0.00), being of male gender (p = 0.03), duration of service > 10 years (p = 0.00) and being a doctor (p = 0.00). Good compliance with infection control was significantly associated with good knowledge (p = 0.00).

Conclusion: There is need to develop a system of continuing medical education on infection control in government owned health facilities, that will target all categories of health providers,