

**Conclusions:** Although the incidence of urinary catheter-related infection rate did not get to the preset target, through conducting quality control activities and advocacy of continuing education, we could remind medical staff and care assistants the related infection control practice. We hope the project could be a reflection to other organizations and remind them to provide a good quality services.

**PS 1-031****MEES LINE OF NAILS, OSLER NODES, JANEWAY LESIONS AS EVIDENCE OF DISSEMINATED INTRAVASCULAR COAGULATION**

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**Purpose:** We described an unusual case with the specific clinical manifestation of septic emboli, purpura on the trunk and, Osler Nodes, hemorrhagic bullae on the nails, **Janeway lesions palms with multiple erythematous painless lesions**, that are compatible with the diagnosis of the disseminated intravascular coagulation. Mees Lines are the evidence of recanalization of microvessels.

**Methods:** A 14 years old girl with BH 163cm, BW 40kg, and BP 106/66mmHg had high fever for 3 days. The physical examination were unremarkable except the skin lesions shows the Osler Nodes, hemorrhagic bullae of all fingers, purpura, pigmentation and gangrene change of the fifth digit over the left foot. She was admitted under the impression of sepsis suspect of septic emboli, disseminated intravascular coagulation.

**Results:** The laboratory data showed WBC 10,900/cmm, neutrophile/lymphocyte/monocyte ratio 76/10/10, Hemoglobin 14.7gm/dl, platelet 263,000/cmm, CRP 4.9mg/dl, PT/control 12/12.3, APTT/control 35.4/32.4, Protein C 106.1%, Protein S 75.7% Fibrinogen 481 mg/dl(200-400), D-dimer test 324.33ng/ml(<250ng/ml). Urine routine revealed leucocyte +++, RBC 0-4/HPF, WBC numerous/HPF. There were no bacteria growth on both blood culture and urine culture. During the course of therapy, the skin lesions resolved gradually but a new clear bullae was found on left hand. After discharge, she had dizziness and flush skin rash on face. Therefore brain MRI and BAEP, EEG were arranged but all showed there was no specific findings. The skin lesions were fading slowly and Mees Lines regeneration of nails were found at the OPD follow-up 3 months later.

**Conclusions:** The regeneration of the new nails Mees Lines are the evidence of regeneration of nails due to the previous micro obstruction of the minute circulation and minute capillaries, and they are the definite evidence of recover from disseminated intravascular coagulation.

**PS 1-032****EDWARDSIELLA TARDA SEPTICEMIA IN A END STAGE RENAL DISEASE PATIENT PRESENTING WITH HEADACHE AND VOMITING: A CASE REPORT**

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**Purpose:** *Edwardsiella tarda*, a member of the family Enterobacteriaceae, has recently become pathogenic, especially in patients with underlying disease. *Edward* infection can manifest as bacteremia, typhoid, gastroenteritis, local infection, and asymptomatic carrier state.

**Case report:** This 68-year-old woman of ESRD on maintenance hemodialysis had severe headache and vomiting. After admission, dopamine and norepinephrine were given for unstable hemodynamic condition. Brain CT showed empty sella. Abdominal CT revealed liver cyst, uterine myoma and bilateral ESRD with cysts. Because blood lactate was 8.6 mmole/L and band, 23%, empiric antibiotic treatment with ceftriaxone was used. Steroid treatment with intravenous hydrocortisone was used for suspected adrenal insufficiency. Because two sets of the blood cultures yielded *Edwardsiella tarda*, the antibiotic treatment was changed to ceftazidime. Abdominal echo exhibited right pleural effusion and bilateral ESRD with cysts. Hepatitis markers showed positive anti-HCV. Then she was transferred to ordinary ward after hemodynamics was stable. At the ward, she received

maintenance hemodialysis. However, she complained of multiple pain and swelling of the left knee due to osteoarthritis with mild joint effusion. Joint fluid analysis via arthrocentesis showed WBC 14400/ $\mu$ L, neutrophil 97/ $\mu$ L, negative crystal and no growth of bacterial culture. After treatment, she had high blood sugar. Novonorm 1# BID was used. Then she was discharged uneventfully.

**Conclusions:** *Edwardsiella tarda* is a rare causative agent of human infection, predominantly associated with gastroenteritis commonly with watery diarrhea. Extra intestinal infections such as bacteremia with headache were reported infrequently.

**PS 1-033****A COMPARISON OF RISK PERCEPTION INFECTIONS DISEASE IN JAPAN, CHINA, AND AUSTRALIA**

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**Purpose:** Due to various developments in international transportation and communication, interaction between people of different countries is increasing. Accompany this development, the risk of outbreak of certain infectious diseases throughout the world is also increasing. Because of the many cultural and lifestyle differences between peoples of different countries, it is important to determine how infections disease spread. This study is intended to clarify and shed light on the level awareness of these infectious diseases between the countries of Japan, china, and Australia.

**Methods:** In order to better understand the variety of health related data of infectious diseases mainly avian influenza awareness, knowledge of infection and risk image, an anonymous survey was conducted.

**Results:** This survey sample Japanese 238/285(83.5%), Chinese 352/360(97.8%) and Australians 100/100(100%). In terms of knowledge regarding significant a comparison of the three countries revealed no significant difference. Significantly different diseases on the survey between japan and china were a new strain of influenza (p<.001), SARS (p < .001), HIV (p = .007), dysentery (p < 001), and avian flu (p < 001) and between Japan and Australia, avian influenza differed (p = .005). Lastly, between China and Australia, the new strain of influenza (p < 001), HIV (p < 001), and dysentery (p < 001). Furthermore, in the risk perception graphs show all three countries located in the 3rd quadrant for the seasonal influenza. However, in regard to other diseases, they were located in different quadrants.

**Conclusions:** This is where differences in infection recognition between the three countries can clearly be seen.

**PS 1-034****THE PROMOTION OF INFLUENZA PREVENTION IN A PSYCHIATRIC HOSPITAL**

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**Purpose:** Early flu prevention strategy could ensure patient and hospital personnel to obtain the appropriate and timely medical service during peak period of influenza. It can improve the quality of health care.

**Methods:** Management objectives and implementation strategies were: 1. To know well of flu trend, to start health monitoring system and mechanism includes facilities, equipment and processes, especially outpatient department for influenza. 2. to provide appropriate medical services timely, blocking clusters incident that patients in flu influenza peak of the outbreak. According to vaccination process execution, to protect the interests of the people for medical treatment, to improve health care quality. 3. Strengthen the staff, patients, community residents against influenza the prevention and treatment knowledge, to complete the education and training of influenza vaccination and field exercises; provides a perfect influenza pandemic contingency plans and the response of standard operating procedures, as well as early prevention, to avoid the risk of infection with severe complications or death.

**Results:** Totally held 4 sessions training course to the hospital staff and the public health for respiratory infections (including influenza and respiratory