

technology are uncertain. HAI surveillance and prevention should be made available also for outpatient care both in clinics and homecare.

Disclosure of Interest

None Declared

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Use of primary health centres as Directly Observed Treatment (DOTS) centres; a contributing factor to development of multidrug resistant tuberculosis in Nasarawa State, Nigeria

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Introduction: Primary Health Centres (PHC) found at various Local Government Areas (LGAs) cannot really be called care centres [1]. Multidrug Resistant Tuberculosis (MDR-TB) has been established to develop in cases where patients do not adhere due to lack of transport fare, fear of stigmatization and long duration of therapy.

Objectives: This study seeks to determine another salient contributor to development of MDR-TB in patients; use of PHCs run by non-Pharmacists as DOTS centres.

Methods: Twelve (12) Pharmacists and one lab scientist comprising of three females and ten males from the thirteen (13) LGAs in the State were randomly selected. These participants were questioned during a focus group discussion.

Results: The focus group discussion arrived at the following: Primary health centres had no Pharmacist at their DOTS centres which results at TB drugs being managed by non-Pharmacists. During stock-out, TB drugs are rationed by reducing the required dose given to patients.

Conclusion: Primary Health Care Centres without Pharmacists contribute to development of multidrug resistant tuberculosis in Nasarawa State because the healthcare workers currently handling TB therapy at such PHCs do not understand the effects of under-dosing, non-adherence, improper drug management and storage on development of MDR-TB

Disclosure of Interest

None Declared

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Application of good hygiene practices and prevention of healthcare associated infections outside health establishments

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Introduction: Healthcare associated infections (HAI) occurring outside of health establishments are characterized by absence of controlled and organized prevention strategy with lack of structured epidemiological surveillance system which contributed to their underestimate.

Objectives: The objective was to specify degree of good hygiene practices (GHP)'s application among practitioners at their medical offices in a coastal town of Tunisia (second large Tunisian town after the capital Tunis).

Methods: A descriptive cross-sectional study was conducted in 2016 using a self-administered and pre-tested questionnaire to all physicians in private practice of a coastal town in the Tunisian center.

Results: Response rate was 93.1%. Majority of respondents (75.92%) have an updated vaccination status. Hydro-alcoolique solution is adopted by 53.7% of respondents for hands hygiene. "Autoclaving"

for equipment sterilization is reported in 12.12% of cases. 98,14% wear gloves while acts of invasive care. The waste arising from involving infectious risks' care activities are classified with the regular waste in 87,96% of cases.

Doctors of less than 50 years are significantly more sorter of waste arising from their care activities, moreover, they have also a more updated vaccination status than those older than 50 years (respectively 36.61% versus 16.21%; $p = 0.027$ and 83,09% versus 62.16%; $p = 0.016$).

Conclusion: HAI are likely to rise with the healthcare increasing in liberal sector and specificities of the medicine in the current city. Knowledge of the professional practices specificities and care organization in medical office with identification of obstacles to achieve better observance of GHP application allows choice's adaptation of the precautions to be taken in this sector. To be able to fill in the gaps of training, information and awareness, and to organize the fight and the prevention of structured HAI in liberal sector, willingness to improvement of care's quality and safety in this sector is required with concrete involvement of several stakeholders.

Disclosure of Interest

None Declared

Inpatient antibiotic use and antibiotic stewardship

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Antibioprophylaxis in cesarean section: what are the current practices in four hospitals in Benin?

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Introduction: Cesarean delivery is free for the patients in Benin since 2009 and therefore, this practice is increasing. Good practice of antibioprophylaxis for cesarean delivery has been shown to reduce the incidence of postoperative infectious morbidity.

Objectives: To assess the quality of antibioprophylaxis in cesarean section according to the "five conventional criteria of antibioprophylaxis" (i.e.: right indication, molecule, dose, timing, duration).

Methods: We conducted a prospective observational study in four hospitals in the south of Benin over a period of 1 month. Data was collected by trained survey teams and was analyzed using SPSS v. 24 software.

Results: 141 cesareans (81.56% emergency cases, $n = 115$) were observed. 99.29% ($n = 140$) of women undergoing cesarean intervention received an antibiotic in the hour before the incision or after the cord clamping. The antibiotics used in the hospitals (metronidazole, ampicillin, gentamicin, ciprofloxacin, ceftriaxone, amoxicillin + clavulanic acid, ceftriaxone + sulbactam) were not those recommended by the guidelines (cefazolin). In the same hospital, three to sixteen different regimen were prescribed. Patients received up to five antibiotics. Only 50.71% ($n = 71$) of them received the recommended dose of antibiotic for the first administration. Moreover, the antibioprophylaxis period was continued for more than the recommended 48 hours in 31.42% patients.

Conclusion: In the four hospitals, the practices of antibioprophylaxis in cesarean intervention were not uniform and the use of the antibiotics was not as recommended. Broad-spectrum antibiotics were used in prophylaxis, increasing the risk of selection antibiotic resistance, which is an important threat to public health. Further investigations are needed to understand the reasons of this practice and to develop solutions to improve antibioprophylaxis in cesarean section and other interventions in Benin.

Disclosure of Interest

None Declared