

Results: Repigel™ treatment showed no recovery of *P. aeruginosa* biofilm material (>5 Log reduction vs. untreated controls) at both the commercial concentration and 1:10 dilution at both time-points. Topical preparations containing mupirocin 2% and fusidic acid 2% showed no difference vs. controls at 1:10 dilution. Four hours of treatment did not significantly reduce the biofilm load, but a >1 Log reduction in *P. aeruginosa* biofilm material was demonstrated after 24 hours. Treatment of mixed *C. albicans*/MRSA biofilms with Repigel™ resulted in a 5 Log reduction in biofilm material at both time-points. The 1:10 dilution of Repigel™ produced a >1 Log reduction in mixed biofilm material at both time-points, similar to findings with the other topical preparations.

Conclusions: Repigel™ at commercial concentration and 1:10 dilution prevented the recovery of viable *P. aeruginosa* biofilm material and reduced the recovery of viable organisms from multispecies biofilms of *C. albicans* and MRSA. The efficacy of Repigel™ in this *in vitro* model supports its potential antiseptic effectiveness against multiple bacterial strains in exuding chronic wounds.

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PS 1-068

THE FIRST ISOLATE OF *KLEBSIELLA PNEUMONIAE* CARBAPENEMASE (KPC)–PRODUCING *KLEBSIELLA PNEUMONIAE* AT A REGIONAL HOSPITAL

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Purpose: To report an isolate of *Klebsiella pneumoniae* with *Klebsiella pneumoniae* carbapenemase (KPC), which is the first isolate of KPC-producing strain at a regional hospital.

Methods: The *K. pneumoniae* was isolated from sputum specimen in a patient who came from nursing home. The antimicrobial susceptibility testing was performed by disk diffusion test and the Phoenix NMIC/ID-32 identification system (Becton Dickinson Diagnostic Systems, Sparks, MD). The results were interpreted according to the criteria recommended by the Clinical Laboratory Standards Institute 2014. The modified Hodge test (MHT) was performed for the presence of carbapenemase. The carbapenemase genes were confirmed at the Centers for Disease Control (CDC), Taiwan.

Results: The *K. pneumoniae* was susceptible to gentamicin, amikacin, and trimethoprim-sulfamethoxazole, but resistant to piperacillin-tazobactam, levofloxacin, cefuroxime, ceftriaxone, ceftazidime, imipenem, and meropenem. The MHT revealed the presence of a carbapenemase, and then the CDC confirmed that the carbapenemase was KPC.

Conclusions: This was the first isolate of KPC-producing strain in this hospital. Especially, the strain was not a hospital-acquired strain, but a nursing home-acquired strain. Infection control measures are recognized the important measure to prevent the spread of multidrug-resistant (MDR) strains. In order to reduce the incidence of MDR strains, herein, we suggest that both monitoring MDR strains and infection control measures should be performed not only in hospitals but also in long-term care facilities.

PS 1-069

EFFECT OF POSITIVE-NEGATIVE SYMPTOMS OF PATIENTS WITH SCHIZOPHRENIA AFTER SURGERY COMORBIDITY PHYSICAL: EVISERASI BULBI THAT INSTALLED IN PREVENTION EVENT URINARY CATHETER URINARY TRACT INFECTIONS

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Purpose: To provide an overview of the effects are positive symptoms of schizophrenia with negative post-surgical physical comorbidity eviserasi bulbi were catheterized urine in preventing urinary tract infections.

Methods: The observations were made during 30 days on 7 September 2014 through October 6, 2014, to study the development of up and down his negative positive symptoms of schizophrenia patients every day. Measurement of symptoms using the PANSS instrument Indonesian version by Salan, et al (1994).

Results: Measurement of preoperative obtained a Score PANSS Positive Scale 13, a Score Scale negative 47, a Score General Pathology 73. Patients were given oral psychiatric therapy Risperidone 1x1 mg and Trihexyphenidyl 2x2mg. Measurements obtained a Score after surgery PANSS Positive Scale 17, a Score Scale negative 47, a Score General Pathology 73 Risperidone administration increased to 2x2mg and Trihexyphenidyl 2x2 mg. After this dose increase the patient becomes calm and cooperative. In preventing urinary tract infections for 19 days, patients were given life skills training, namely: how to care for themselves, maintaining the integrity of the catheter position and report to the nurse if there are any changes or problems related to the urinary catheter and hand hygiene compliance through procedures for officers. Results of laboratory tests of blood and urine analysis dated 6 October 2014 declared the results within normal limits and no signs of infection.

Conclusion: The success of the process of post-surgical treatment of patients with schizophrenia: Eviserasi Bulbi that gets action urinary catheter for 19 days with uncomplicated urinary tract infections declared successful. The success is supported by adequate medical management and life skills training provision by Tim Nursing optimum

Keyword: Schizophrenia, Preventing urinary tract infections, Catheterized urine.

PS 1-070

THE PROJECT TO IMPROVE T.B. CASES TO RETURN TO CLINIC FOR TREATMENT

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Purpose: The rates of TB cases returned clinics are 78% in 2011 and 79% in 2012. The pretest was 65.2% health care workers for tuberculosis. The knowledge deficits in Tuberculosis (T.B.) and side effects of medications .We strengthened in cases education, family members and health workers about the knowledge of T.B. We provide transport for T.B. patient, improve process and public health cooperation, increase patient medication compliance.Return to clinic rate for treatment reach to 100%.

Methods: To elevate return rate, methods are following. (1) patient and family: the Tuberculosis case manager changed the way of health education by using language that patients understand. (2) We strengthen staff to guide educational resources related to internet search, to sharing case. Cognitive test score was improved to 95.4%. (3) Modify health education leaflets. Provides bus schedules to increase willingness to back to hospital. (4) the T.B. case manager calls case back for treatment and provides public nurse contact.

Results: In 2013 year , return to clinic rate for treatment(after hospital discharge diagnosis) can reach 100%, no loss of any patients; another found by telephone to ask drug side effects more frequently than 2012 year 20%, medication compliance of patients are 100%. Last year, We lost 15 cases ,the treatment course of 9 months estimated annual loss of health insurance of approximately 321060NT \$.

Conclusions: Enhance cognitive education, hospitals and public cooperation in the management of T.B. Patients improve medication compliance with complete and effective course of treatment. Thereby reducing community cluster infections with multiple drug-resistant T.B. .Reducing government cost and improving the quality of patient care.

We lost 5 cases, but we do cooperate with public nurse to lead cases to follow-up . We suggest that hospital can afford a private education room to patient to have consult in the future.

PS 1-071

USE ENVIRONMENTAL CLEAN PROJECT TO IMPROVE HEALTHCARE-ASSOCIATED INFECTION IN THE HOSPITAL

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Purpose: The sanitary of hospital environment is the most important factor to provide the clean healthcare. It's also related to health care associated

infection. We use environmental clean project to improve healthcare-associated infection in the hospital.

Methods: The infection rate of critical patients is relatively higher because of their poor immunity and invasive procedures of treatment. In 2012, 2 of top 5 ward with high resistant area are MICU and RICU. Therefore, we choose these two units to join this project—"Introduction of disposable cleaning wipers". We collected the sample at the time of before introduction and after introduction of disposable cleaning wipers; comparing ATP and Bacterial culture (Qualitative) results.

Results: The ideal rate of ATP pretest is increasing from 27.5% to 39.5%, the result shows the environment cleanness level improved even before wiping; Re-education to housekeeping staff and introducing disposable cleaning wipers, 8 weeks later, ATP ideal rate improved from 55% to 65.8%.

Conclusions: It showed the cleaning wipers work is effectively in decreasing strains colonization and causing infection.

PS 1-072

DELAYED VERSUS IMMEDIATE INOCULATION OF SPUTUM MEDIA FOR DIAGNOSIS OF PNEUMONIA

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Purpose: Proper collection of specimens is important to maximize the outcome of laboratory test for the diagnosis of infectious disease. For urinalysis and culture and sensitivity testing, CLSI guideline recommends testing within two hours of collection. In this study, we will discuss the impact of the delayed inoculation.

Methods: A total of 40 consecutively collected midstream and/or catheter-catch urine samples from patients were cultured in medium. The samples were inoculated immediately, one hour, two hours and 4 hours separately.

Results: The culture result yields that the difference between the immediate cultures and delayed inoculations were influenced by the period of delaying.

Conclusion: Direct sample inoculation into selective growth medium may improve the likelihood of detecting real pathogen.

PS 1-075

ANTIMICROBIAL SUSCEPTIBILITY AMONG HOME CARE CASES WHO WERE HOSPITALIZED DUE TO URINARY TRACT INFECTION AT A TERTIARY CARE HOSPITAL

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Purpose: The surveillance of antimicrobial resistant pathogens among the home care group was rare discussed in past literature. This study was designed to evaluate antimicrobial resistant pathogens among home care cases who were hospitalized due to urinary tract infection at a tertiary care hospital.

Methods: We prospectively collected the bacterial isolates from home care cases who had been hospitalized due to UTI at a tertiary care hospital during 2013/1/1 ~ 2014/9/30. Only first episode of UTI during study period would be enrolled. The distributions of bacterial isolates and their antimicrobial resistance were analyzed. Rates of susceptibility to imipenem, ceftriaxone, ceftazidime, levofloxacin, trimethoprim/sulfamethoxazole and amikacin were measured using 2014-CLSI breakpoints.

Results: Total 85 isolates were collected from 59 cases who had been hospitalized at least once due to UTI. Gram negative bacilli (75.3%) were dominant pathogens. The ranking top six of gram negative bacilli and their susceptibility data were listed in table1. As for gram positive bacteria, *Enterococcus spp* occupied 47.6% and one isolate was vancomycin-resistant enterococcus. Two isolates of oxacillin-resistant *S. aureus* were also noted.

Conclusion: The dominant pathogens of UTI in home-care cases were *E. coli*, *P. aeruginosa*, *K. pneumonia* and *Enterococcus spp*. High ratios of MDR Enterobacteriaceae (53.8%) were noted in our study. Only imipenem and amikacin were active against > 90 % GNB isolates. Ratio of ampicillin resistant enterococcus (10%) was low, and only one VRE was noted. Thus, when facing UTI issue from home-care cases, it is important to early identify the isolates by gram stain in order to choose appropriate antimicrobial agents.

Table 1 (PS 1-075)

Pathogens	Total Number (%)	CRO	CAZ	LVX	SXT	AN	IPM	#MDR ratio
1 <i>E. coli</i>	18(28.1)	10(55.6%)	X	6(33.3%)	8(44.4%)	18(100%)	18(100%)	61.1%
2. <i>P. aeruginosa</i>	11(17.2)	X	10(90.9%)	8(72.7%)	X	10(90.9%)	9(81.8%)	18.2%
3 <i>K. pneumoniae</i>	10(15.6)	4(40%)	x	6(60%)	4(40%)	10(100%)	10(100%)	60.0%
4 <i>C. koseri</i>	6(9.4)	4(66.6%)	X	3(50%)	4(66.6%)	4(66.6%)	6(100%)	50.0%
5 <i>P. mirabilis</i>	5(7.8)	4(80%)	X	4(80%)	4(80%)	4(80%)	5(100%)	20.0%
6 <i>A. baumannii</i>	4(6.3)	X	3(75%)	1(25%)	1(25%)	3(75%)	4(100%)	75.0%

MDR: multidrug resistant; non-susceptible to ≥ 1 agents in ≥ 3 antimicrobial categories

CRO: Ceftriaxone, CAZ: Ceftazidime; LVX: Levofloxacin, SXT: Trimethoprim/sulfamethoxazole, AN: Amikacin, IPM: Imipenem

PS 1-074

THE EVALUATION OF THE ANTIMICROBIAL SUSCEPTIBILITY OF THE CLINICAL ISOLATES WITH THE AUTOMATED SYSTEM

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Purpose: The VITEK 2 is a new version of the automated system for organism identification and susceptibility testing. It's very powerful to

Methods: Case control study. Case: Vitek 2 automated machine.

Control group: True MIC: Sigma standard powder for MIC test.

Results: The sensitivity rate of Proteus showed major difference in Imipenem result. False negative rate is about 20%.

Conclusion: Our data suggest that disk diffusion, especially with meropenem disks, may be used to confirm a carbapenem nonsusceptible result in *K. pneumoniae* isolates, which would warrant further testing. If treatment failure with carbapenems is observed for isolates of *K. pneumoniae* that were previously reported as susceptible to carbapenems, repeat testing with a nonautomated method, such as disk diffusion, may be warranted.

PS 1-076

CLINICAL AND MICROBIOLOGICAL ANALYSIS OF ACINETOBACTER BAUMANNII BACTEREMIA IN NEONATAL INTENSIVE CARE UNITS

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Objective: *Acinetobacter baumannii* is one of the most common bacterial pathogens to cause nosocomial infections, pneumonia and bacteremia in particular, in patients admitted in intensive care units. There have been few studies on *A. baumannii* infection in neonates. The study aimed to characterize the clinical manifestations and outcomes of patients with *A. baumannii* bacteremia in the neonatal intensive care units (NICUs). Molecular epidemiological analysis on the *A. baumannii* isolates derived from the neonatal patients was also carried out.

Methods: All patients with *A. baumannii* bacteremia in NICUs of a medical center from 2004 to 2014 were reviewed. We analyzed the clinical manifestations,