

Fig. 1.

diagnostic techniques. **Results:** There were 90 responses from 18 states in 65 ZIP codes. They had median of 187.5 beds (IQR, 40–470). Representative responders had a median age of 40 years (IQR, 31–53). Among the responders, 73 (81%) were men. Of the 90 responses, 48 providers (52%) practiced solely in ICUs (medical and surgical) and 40 providers (45%) practiced solely on the medical ward or floor, with the rest practicing in other units. In total, 31 centers (34%) reported full access to electronic medical records, and 53 centers (59%) had access to wi-fi or Internet. Interestingly, 27 centers (30%) needed to use personal provider phone data for Internet access. Only 26 centers (29%) had electronic microbiological data. Also, 63 respondents (70%) agreed to de-escalation behavior after receiving microbiological data. In addition, 55 respondents (61%) agreed that patients have easy access to outpatient antibiotics without an appropriate prescription, over the counter. Furthermore, 58 responders (64%) said that antibiotic resistance was a major problem at their center, and 61 responders (68%) were familiar with antimicrobial stewardship programs. Among the centers, 69 (77%) had no access to formal infectious disease programs at their center. Only 27 centers (30%) had a formal *Clostridium difficile*-associated infection reporting and control program. Only 28 centers (31%) had a formal occupational health program. **Conclusions:** In a large-scale, semistructured, online survey, most issues related to easy availability of antibiotics and lack of “electronization” of medical and microbiological records. It was reassuring that most providers

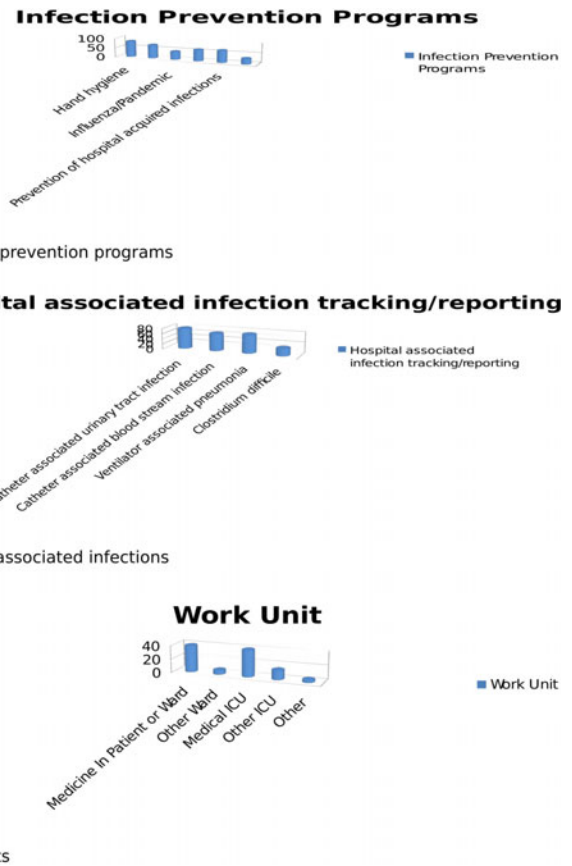


Fig. 2.

expressed knowledge of the existing antimicrobial stewardship program.

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### Inequities and Barriers to Routine Immunization Coverage in Urban and Rural Areas of Sindh, Pakistan

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**Background:** Child mortality has remained a major challenge in developing countries. Annually, many children <5 years of age die prematurely due to vaccine-preventable diseases. In South Asia, Pakistan has struggled to achieve global standards of vaccination. **Objective:** Therefore, we sought to determine barriers to vaccination coverage among children aged 12–23 months and inequities in rural and urban settings of the Sindh province of Pakistan. **Methods:** We conducted a cross-sectional study in the rural and urban settings of the Sindh province of Pakistan. A 30-cluster household survey was conducted following the WHO guidelines, and 300 children were recruited from each study setting: Lyari, Karachi (urban area) and Umerkot (rural area). Information on the pretested questionnaire

was obtained from consenting parents of the children in the study area. The multivariable logistic regression model was used to identify the determinants of vaccination. **Results:** In total, 600 children from both urban and rural settings were included in the analysis. The mean age was 17.70 months (SD,  $\pm 3.46$ ), and 50.2% children in the study were boys. Overall, 62.8% children were vaccinated in both settings. Moreover, ~80.3% children were fully vaccinated in the urban part compared with 45.3% in the rural part. The dropout rates for BCG and measles 1 were 17% and 29% in urban and rural areas, respectively. The dropout rates for Penta 1 to Penta 3 were 7% in Lyari and 38% in Umerkot. The penta 1–measles 1 dropout rates were 15% in Lyari and 37% in Umerkot. In multivariable analysis, parental knowledge about vaccination (OR, 9.77; 95% CI, 1.76–54.28), access to a vaccination center (OR, 2.51; 95% CI, 1.19–5.26) and mother's tetanus vaccination: 1 dose (aOR, 4.27; 95% CI, 1.84–9.93) and 2 doses (OR, 12.43; 95% CI, 7.71–20.04) were associated with vaccination. **Conclusions:** We identified inequities in vaccination status among the populations of rural and urban areas of Pakistan. Vaccination coverage was higher in an urban setting than in a rural setting of Sindh province. Parental knowledge about vaccination, access to a vaccination center, and mother's tetanus vaccination status were the major factors of low vaccination coverage among these children.

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#### Infection Control Center of Excellence Experience

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**Background:** In 2018, the Ministry of Health (MOH) in Saudi Arabia launched the Infection Control Excellence Center (ICEC) program among healthcare governmental institutions to create an exceptionally high concentration of expertise and resources within the infection prevention and control discipline to afford the best patient outcomes possible. King Saud Medical City (KSMC), one of the main healthcare institutions in Riyadh, was selected to be among the 10 facilities participating in ICEC 2019 competition. It is expected to qualify the facility to lead the Kingdom infection prevention and control as well as sharing expertise at regional and international levels. **Methods:** The infection control team at KSMCA used a business model canvas to present the project vision, resources, partners, values, and revenue streams (Fig. 1). All project stakeholders were engaged, including core infection control team, various hospital departments as internal partners, along with the MOH team as external partners. The ICEC program was presented at the KSMC executive council to earn leadership support. The following assessment areas were included in the presentation: (1) quality assurance and patient care through sustain basic infection control standards and improve key performance indicators (KPIs); (2) enhance the development and structure of the infection control team; (3) pursue innovative ideas in infection control practices. Overall, 17 projects arranged into 4 programs have been proposed (Fig. 2). **Results:** The institution successfully passed the eligibility criteria assessment in the first quarter of 2019. Infection control KPIs have been corporatized with KSMC strategic KPIs that support infection control improvement initiatives. The infection control team continues to grow in function and capacity. Also, 4 additional were awarded CIC certification in 2019 to reach total of 11 CICs, which represent 30% of

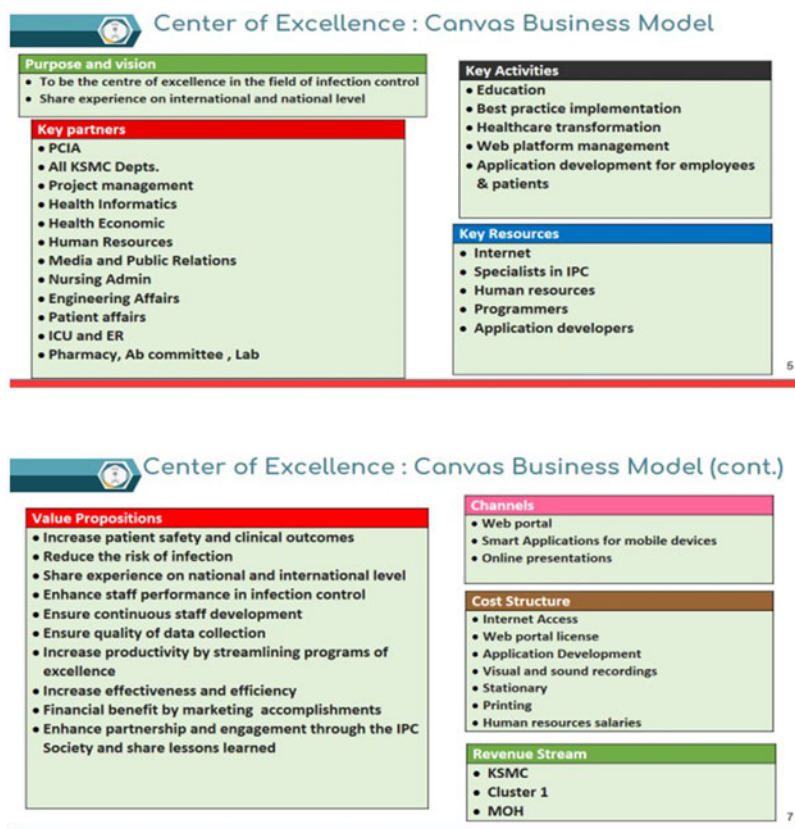


Fig. 1.