

Conclusion: Appropriate antibiotic prophylaxis significantly reduced UTI within 30 days of elective TURP. Obtaining pre-op urine culture and prescribing an active prophylactic agent are critical for preventing post-TURP UTI in the era of antibiotic resistance.

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100. Effect of Disinfection Tracking System on Cleaning Events of Portable Medical Equipment

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Session: O-19. HAI Prevention: SSIs, Disinfection, and Hand Hygiene

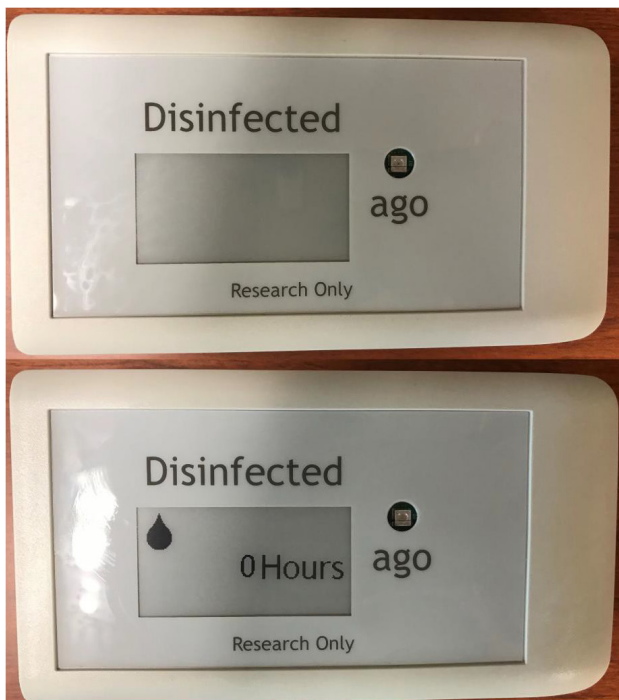
Background: Portable Medical Equipment (PME) can play a vital role in transmission of multidrug-resistant organisms. Cleaning PME is challenging and protocols vary by institution. Tracking of PME cleaning events is usually performed manually and demonstration of compliance with protocols is difficult. We studied a Disinfection Tracking Systems (DTS) to understand its potential role in tracking disinfection events of PME and whether its implementation led to improvement in the number of cleaning events. The DTS device was designed to automatically register several types of disinfection events and could be set to display time since last disinfected on the screen.

Methods: For a 25-day period, a single acute care unit received a DTS device with the display screen off but with the ability to detect and log disinfection events in a database from a disinfectant wipe. After the 25-day screen-off period the DTS units screen was turned on to display the number of hours since the last recorded disinfection event (Figure 1) for a 42-day period. DTS devices were placed on 10 computer-on-wheels (COW) and 5 vitals machine (VM). An interrupted time series analysis, using a Bayesian model compared the number of events in the display screen-off to the screen-on period.

Disinfection Tracking System with Screen-off and Screen-on

Results: During the 25-day screen-off period, there were a total of 345 events captured with 61 events on VM and 284 on COWs averaging 0.49 and 1.26 cleaning events for VM and COWs respectively per day. During the 42-day screen-on period, there were 845 total disinfection events with 104 events on VM and 741 events on COWs with 0.50 and 1.76 mean events for VM and COWs respectively per day. The mean events per device per day in the screen-on period for COWs were 1.32 (1.10 – 1.57) times greater than those in the screen-off period. The mean events per device per day in the screen-on period for VM devices was 1.37 (0.89 – 2.01) times greater than those in the screen-off period.

Conclusion: Disinfection events for COWs and VMs were found to be above the local policy requirements. Implementation of a DTS device was able to increase the rate of disinfection events for COWs potentially due to the prompt on the screen. Additionally, it captured disinfection events successfully on the database demonstrating its effective to be a tool for demonstration of compliance.



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101. Who Does Not Show up for Followup in an HIV Prep Clinic?

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Session: O-20. HIV PrEP Prevention: Improving Uptake and Persistence

Background: Understanding real-life HIV pre-exposure prophylaxis (PrEP) care is key to address HIV infection. An HIV PrEP clinic was started in Providence, RI in 2013, performing outreach to men who have sex with men (MSM) and other high-risk individuals. Our prior clinical studies and other literature have shown that many high-risk patients do not return for followup PrEP visits. We sought to better identify correlates of patients who were lost to follow up (LTFU), with implications for improving PrEP care retention.

Methods: Data was collected from all cis-gender patients who first presented to the RI PrEP Clinic from 2013 to mid-2019. Correlations in demographic information and behaviors related to PrEP care were demonstrated through descriptive analysis. A multivariate analysis was then performed to elucidate possible predictors. LTFU was defined as having no subsequent visit within six months of the initial appointment after being prescribed PrEP.

Results: Of 570 patients, most identified as male (96%), White (65%), and non-Hispanic (82%). 65% of patients made one followup appointment within six months of intake, and 35% were LTFU. The following characteristics correlated with higher rates of LTFU: being below 25 years of age (17% vs 27%; p=0.002), illicit drug use (42% vs 53%; p=0.02), and having both same and opposite-sex partners (7% vs 16%). Characteristics which correlated with lower rates of LTFU included only having same-sex partners (88% vs 74%; p<0.001), alcohol use (86% vs 80%; p=0.04), and bachelor's degree completion (71% vs 49%; p<0.001). Race, gender, and risk behavior showed no correlation.

Conclusion: A clear understanding of mechanisms of retention is high priority for forming care protocol interventions. Given trends with age, education, and PrEP indication, targeted interventions are needed to improve retention in HIV PrEP care and reduce incidence in at-risk communities.

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102. Improving Implementation of HIV Pre-exposure Prophylaxis: Lessons Learned from Young Women in Rural South Africa

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Session: O-20. HIV PrEP Prevention: Improving Uptake and Persistence

Background: Young women in South Africa are at particularly high risk for acquiring HIV, yet implementation of HIV prevention programmes in rural settings lags. We examined the experiences and perceptions of young women initiating pre-exposure prophylaxis (PrEP) in a rural setting under real-world programmatic conditions, in order to strengthen future PrEP delivery to this population.

Methods: Young women initiating PrEP in Msinga, a municipality in KwaZulu-Natal province, were interviewed about their motivation to start PrEP and their experiences in taking PrEP. Interviews were conducted at PrEP initiation and longitudinally as they returned to clinic monthly for medication refills.

Results: Among seventeen sexually active at-risk young women (IQR 18–22.5 years old) who initiated PrEP, 71% lived in a household receiving a government grant, 24% had history of an STI and 71% reported inconsistent condom use. All participants disclosed PrEP use to a family member, but only 20% informed their male sexual partner. All expressed uncertainty regarding their partners' sexual activities as a primary motivation for PrEP initiation. Social support from family and friends as well as interacting with other young women taking PrEP were identified as important facilitators. Barriers to PrEP included lack of community awareness about PrEP, limited clinics offering PrEP, HIV stigma, and logistics of accessing healthcare facilities. Young women valued a peer PrEP champion to facilitate and maintain successful engagement in care, as well as patient-centered PrEP delivery models that allow for care outside traditional clinic facilities.

Conclusion: Input from young women has the potential to significantly enhance and expand PrEP implementation. Tailored implementation efforts should include strengthening the role of community health workers, improving community-wide PrEP education, empowering women within their relationships, facilitating skill building for PrEP disclosure to partners, incorporating community PrEP champions, and developing alternative PrEP delivery models including community-based delivery.

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