

boxes of antibiotics were recycled. All of 32 boxes of medicine could be classified into 19 specific types, of which there were 8 (42.1%) types of antibiotics, belonging to four broad categories: Cephalosporins, Penicillins, Macrolides, and Nitroimidazoles. In addition, there were also antifungal drug, antiviral agent, anti-inflammatory drug, and paracetamol tablets handed over by the villagers as antibiotics.

Conclusion. Using leaflets and social media to promote health education can reduce the risk of keeping antibiotics at home. Rural residents could not identify commonly used antibiotics even after health education. To conduct a broader intervention to recycle antibiotics, further study needs to focus on improving the antibiotic identification among the rural residents.

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2017. Age-specific Distribution of Antimicrobial Days of Therapy (DOT) Using National Database of Health Insurance Claims and Specific Health Checkups of Japan (NDB Japan): Comparison with Defined Daily Doses per 1,000 Inhabitants Per Day (DID)

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Background. Nationwide surveillance of antimicrobial use (AMU) is often assessed by defined daily doses per 1,000 inhabitants per day (DID) as a measurement unit. We previously reported the age-specific distribution of AMU using National Database of Health Insurance Claims and Specific Health Checkups of Japan (NDB Japan), which archives e-claim big data (*Infection*. 2018 46:207–214). The estimated AMU assessed by DID could be underestimated in patients with diminished renal function and in pediatric patients. Our objective was to analyze days of therapy (DOT) using NDB and to evaluate its utility by comparing with DID.

Methods. The DID value was calculated by the same method in our previous study. The DOT values were extracted from data in NDB and were standardized by a population and were described as per 1,000 inhabitant days (DOTID). The values of DID, DOTID and the ratios (DID/ DOTID), the indicator for reflecting the extent of daily dosage were compared between three groups stratified by age groups (younger than 15 years: children, 15–64 years old: productive age, and older than 64 years: elderly).

Results. The total DID (oral, parenteral) from 2013 to 2016 in three age groups was shown in the following table. The total DID (oral, parenteral) in three age groups in 2016 were 16.31, 0.27 in the children, 12.82, 0.39 in productive age, and 15.91, 2.13 in elderly, respectively. Similarly, the total DOTID (oral, parenteral) in three age groups in 2016 were 36.15, 1.20 in the children, 16.48, 0.80 in productive age, and 23.52, 3.62 in elderly, respectively. The total DID/DOTID (oral, parenteral) in three age groups in 2016 were 0.45, 0.23 in the children, 0.78, 0.49 in productive age, and 0.68, 0.59 in elderly, respectively. The gap between DID and DOTID in children was much larger than that of other age groups regardless of dosage form, suggesting that AMU assessed by DID could be underestimated, especially in children. The gap between DID and DOTID in elderly was comparable with that in productive age, suggesting that daily dosage in the elderly is similar to that in productive age.

Conclusion. These results demonstrated the utility of AMU surveillance using the DOTID as a tool and benchmark to assess the AMU, especially in children, and the ratio of DID to DOTID could be useful as an indicator for reflecting the extent of daily dosage.

	year	Oral			Parenteral		
		0-14y	15-64y	65y-	0-14y	15-64y	65y-
DID	2013	14.58	11.28	15.44	0.24	0.33	1.89
	2014	14.52	11.80	15.51	0.25	0.36	2.00
	2015	15.80	12.75	16.28	0.27	0.39	2.11
	2016	16.31	12.82	15.91	0.27	0.39	2.13
DOTID	2013	33.84	14.57	22.84	1.16	0.72	3.41
	2014	33.43	15.34	23.07	1.17	0.77	3.56
	2015	35.61	16.46	23.99	1.24	0.81	3.68
	2016	36.15	16.48	23.52	1.20	0.80	3.62
DID/DOTID	2013	0.43	0.77	0.68	0.21	0.47	0.55
	2014	0.43	0.77	0.67	0.22	0.48	0.56
	2015	0.44	0.77	0.68	0.22	0.48	0.57
	2016	0.45	0.78	0.68	0.23	0.49	0.59

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2018. The Global Point Prevalence Survey of Antimicrobial Consumption and Resistance: Quantity and Quality of Antimicrobial Prescribing for Inpatients with Pneumonia in the Philippines in 2018

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Background. Pneumonia is the most common indication for prescription of antibiotics in hospitals in the Philippines. We describe the quality and quantity of antibiotic prescribing for hospitalized pneumonia patients in the Philippines in 2018 (www.global-PPS.com).

Methods. A point prevalence survey was performed from September to December 2018 in 28 public and private hospitals in Luzon, Mindanao, and Visayas regions. Ward- and patient-level data were collected using a standardized methodology and entered through a web-based application. We analyzed all antibiotic (ATC J01) prescriptions for inpatients with pneumonia.

Results. Of all hospitalized patients, 16.2% (n = 1516) received one or more antibiotic (J01) for treatment of pneumonia, majority (78.3%) of which were for community-acquired pneumonia (CAP). In adults, the most commonly used antibiotics were azithromycin (19.5%), ceftriaxone (19.0%), and piperacillin/enzyme inhibitor (13.2%) for CAP and meropenem (19.8%), piperacillin/enzyme inhibitor (18.9%), and levofloxacin (8.6%) for healthcare-associated pneumonia (HAP). In neonates and children, cefuroxime was used most often (20.1%) for treatment of CAP, followed by ampicillin (16.7%) and amikacin (15.3%). Children and neonates with HAP were most commonly treated with amikacin (18.7%), meropenem (15.7%), and ampicillin (10.4%). Overall, 16.0% of all antibiotic prescriptions for pneumonia were based on microbiological results, 11.3% for CAP and 33.9% for HAP. Microbiology-based prescriptions were most commonly targeted at ESBL-producing Enterobacteriaceae (8.4%). Further analysis of quality indicators showed that up to 80.0% of all prescriptions for pneumonia were compliant to local guidelines and reason in notes was documented for 81.0% of prescriptions. However, the stop or review date of antibiotic treatment for pneumonia was less documented (27.8%).

Conclusion. Global-PPS data provided valuable insights into the quantity and quality of antibiotic prescribing for pneumonia inpatients. These results will be feedback to the Department of Health, medical societies, and hospitals for prioritization of targets and policies toward the improvement of the Philippine antimicrobial stewardship program.

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2019. Multicentric Antimicrobial Point Prevalence Survey in Four Tertiary Care Hospitals in Southern India

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Background. Antibiotic consumption data are scarce in the subcontinent. Defined Daily Doses (Doses) and Days of Therapy (DOT)-based metrics both have inherent disadvantages limiting their application in resource-limited settings primarily in terms of resource hours. Point Prevalence Study (PPS) offers an offer an initial feasible step for describing antimicrobial use and identifying targets to reduce inappropriate use. Aim of the present study was to use PPS to identify quantitative and qualitative aspects of antimicrobial consumption.

Methods. A cross-sectional hospital-based PPS was conducted in 4 tertiary care hospitals—Aster Medcity (Kochi, Kerala), Aster MIMS (Calicut, Kerala), Aster Ramesh (Guntur, Andhra Pradesh), and Aster CMI (Bengaluru, Karnataka)—based on a standardized format derived from the GLOBAL-PPS initiative and WHO resources.

Results. The total number of patients surveyed was 944.42.7% patients had a standing antibiotic order, out of which 19.80% patients were receiving reserve antimicrobials (WHO classification). 76.23% of prescriptions were used empirically, 16.08% were used as prophylaxis meanwhile 7.67% had a culture-based indication. The overall DOT (per 1000 patient-days) for all antimicrobials in the 4 centers were 86.54, 64.19, 93.71 and 85.93 respectively with a cumulative mean DOT of 82.59. Reserve antimicrobials DOT were 26.28, 14.83, 28.08 and 19.61, respectively, with a mean of 22.2. The most common class of antimicrobial prescribed was β lactam -β lactamase inhibitors (BL/BLI) 27.3% while Carbapenems (8.16%) was the most common amongst reserve antimicrobials. Out of all the prescriptions only 7.67% had indications documented. Documented errors of dosing were seen in 8 patients. Adherence to monitoring for ADE was done in 92.57%.

Conclusion. The study reveals antibiotic use in almost 40% of patients under survey with a DOT of 82.59 per 1000 patient-days. Improving empirical use of antimicrobials, BL/BLI focused intervention and improved documentation has been identified as potential areas for intervention based on this study. The study also highlights the scope of PPS as an effective tool in resource-limited setting to define and refine antimicrobial use and contribute toward antimicrobial stewardship as well as other activities aimed reducing antimicrobial resistance across a range of settings.