Results 209 patients were treated for Brucellosis during the study period; (45% inpatients and 55% of them were outpatients). 96% percent of the patients had history of direct animal contact (Cattle, Goats and Camels). Raw milk was ingested regularly by 46% of the patients. Fever was the most common (100%) manifestation, followed by sweating (63%), limb pain (57%) and arthropathy (49%), splenomegaly (23%) and hepatomegaly (19%). Detected hematological findings included leucopenia (21%), anemia and thrombocytopenia in 20% and erythrocyte sedimentation rate was high in 82% of our cases. Confirmatory tests included the standard agglutination test (positive in 97% of cases) and blood culture (positive in 43% of cases). The main subtypes detected by blood culture were: *Brucella Melitensis* (74%) and *Brucella Abortus* (26% of them). Antibiotic treatment differed according to age as: Rifampicin + TMP/SMX for patients ≤ 8 years old (66.5%) and Rifampicin + Doxycycline for those > 8 years old (33.5% of cases). The duration of treatment continued for 6 weeks (95%) increased to 12 weeks (5% of patients), with satisfactory clinical and laboratory response. The mean duration of hospital stay was 7.3 days.

Conclusion In conclusion, brucellosis is an important public health problem in Al-Baha area and there is great need for raising the public awareness regarding its seriousness. To combat this preventable disease, the following steps must be taken: (1) Eradication of brucellosis in animals, 2) Pasteurization of milk and dairy products,

3) Health education specially to highlight the importance of boiling raw milk before drinking.

P379.1 COMPARATIVE ANALYSIS ON THE EFFICACY OF ANTI-BACTERIAL VERSUS NON-ANTIBACTERIAL DETERGENT AFTER 24-HOURS OF DUTY ON RESIDENTS OF PERPETUAL HELP MEDICAL CENTER BIÑAN

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Objective To compare the effectiveness of bacterial growth between anti-bacterial detergent versus non anti-bacterial detergent in the disinfection of white coats of resident doctors.

Design This was a blinded experimental study of 30 white coats from residents. The white coats were randomly grouped: the first used an anti-bacterial laundry detergent, and the second used a regular detergent. Each coat was sampled from three areas, the dominant hand's (1) lapel, (2) cuff, and (3) pocket areas. Samples were taken three times (1) after at least 24 hours of duty (2) after machine-washing the white coat; and (3) after machine-washing and after another at least 24-hour duty of the participant. The swabs were directly inoculated into agar and isolated bacteria were assessed thru biochemical reaction.

Setting The study was done in a tertiary hospital in Binan, Laguna, Philippines

Participants Total enumeration of 30 resident physicians participated in the study.

Main Outcome Measure It was hypothesized that an antibacterial detergent would be more effective than a non-antibacterial one in the disinfection.

Results There was no significant difference in the disinfection when using either antibacterial versus non-antibacterial detergent. Majority of the white coats have an isolated growth in at least one area (53.3%), however growth was mostly none when compared to each area. Few isolates of *Streptococcus* and fungal growth were noted ($p.269>0.5$). Moreover, out of the 27 microorganisms isolated only two were noted to be non-pathogenic.

Conclusions In the white coats investigated for the effect of antibacterial detergent versus non-antibacterial detergent yielded no significant difference, suggesting that the isolates were considered to be relatively insignificant and that no variations existed as to the choice of detergent for washing the white coat.

P380 TIME TO ANTIBIOTICS IN PAEDIATRIC FEBRILE NEUTROPENIA – EXPERIENCE OF A REGIONAL UNIT

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Aim The aim of this study was to identify the mean Time To Antibiotics (TTA) for children with cancer who present with Febrile Neutropenia to a regional paediatric unit, and explore the barriers to achieving a TTA <60 minutes. Research has shown an increase in mortality and adverse outcomes when delays occur (M, 2013).

Methods All eligible children admitted with Febrile Neutropenia between 1st January 2016 and 31st March 2017 were identified. Both the median and logarithmic mean times to clinical assessment, investigation and TTA were calculated using MedCalc. Medical staff completed a survey to identify barriers to achieving the TTA.

Results Ten children were admitted with febrile neutropenia during the timeframe of the study. Three children did not have their arrival time recorded, therefore were excluded (N=7). All were successfully treated.

The mean time to phlebotomy was 35 minutes (median 25; range 5–135). The mean time to clinical assessment was 72 minutes from arrival (median 60; range 10–135 mins), and mean time to peripheral culture was 77 minutes (median 70; range 20–155). Our primary outcome, Time to Antibiotics, was calculated as a mean of 144 mins (median 135; range 60–225).

20 medical staff members were surveyed. 19/20 (95%) agreed that Febrile Neutropenia was a medical emergency. 17/20 (85%) correctly identified the target of Time To Antibiotics (TTA) as <60 minutes. Respondents identified workload and lab turnaround times as factors adversely affecting the TTA.

Conclusion A TTA of <60 minutes can be difficult to achieve. These results suggest an opportunity to improve the timeliness of clinical assessment and peripheral culture. The views of nursing staff and parents would provide further insight.

This study is limited by the small sample size and lack of standard data recording – specifically related to timing of task completion.

REFERENCES

1. M, F. (2013). Prompt administration of antibiotics is associated with improved outcomes in febrile neutropenia in children with cancer. *Pediatric Blood & Cancer*, 60(8), 1299–306.