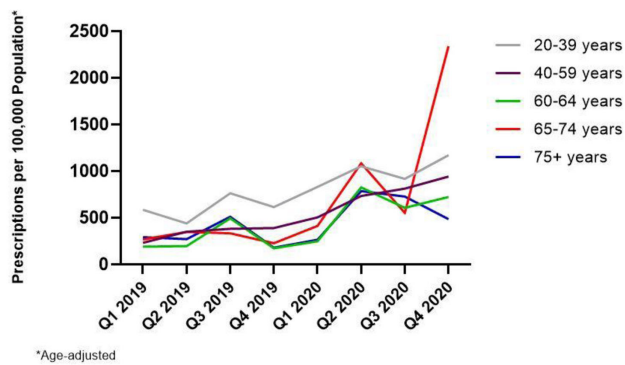


Figure 1: Outpatient Azithromycin Prescriptions in Brazil by Age



aged 65–74 years. Prescribing of levofloxacin or moxifloxacin decreased for most ages, ranging from –39.1% (95% CI, –39.4% to –38.8%) in those aged 20–39 years to –16.9% (95% CI, –18.1% to –15.7%) in those aged 60–64 years. For those aged ≥75 years, prescribing of amoxicillin-clavulanate and levofloxacin or moxifloxacin increased by 13.2% (95% CI, 11.9%–14.5%) and 43.1% (95% CI, 41.7%–44.5%), respectively. In Q4 2019 and Q4 2020, the 2 most common prescribing specialties for azithromycin were general practice (48%–50% of prescriptions) and gynecology (19%–25%). Compared to Q4 2019, infectious disease specialists in Q4 2020 saw the largest decline in percentage of azithromycin prescriptions (10% to 1%) and surgeons saw the largest increase (0% to 7%). General practitioners were also the most common prescribers of the remaining antibiotics (43%–54%), followed by gynecology for levofloxacin or moxifloxacin (25%–29%) and otolaryngology for amoxicillin-clavulanate (14%–20%).

Conclusions: Despite decreases in prescribing of amoxicillin-clavulanate and respiratory fluoroquinolones for most adults, azithromycin prescribing increased dramatically across all adults during the COVID-19 pandemic. Targeting inappropriate outpatient antibiotic use in Brazil, particularly azithromycin prescribing among general practitioners, gynecologists, and surgeons, may be high-yield targets for antibiotic stewardship.

Funding: None

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2022;2(Suppl. S1):s48–s49

doi:10.1017/ash.2022.149

Presentation Type:

Poster Presentation - Poster Presentation

Subject Category: Infection Control in Low and Middle-Income Countries
Virtual assessments of infection prevention and control practices in African neonatal facilities: A pilot study

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Background: Evidence-based infection prevention and control (IPC) practices to reduce healthcare-associated infections in low- and middle-income countries may be difficult to implement due to lack of resources. We pilot-tested the feasibility of virtual assessments of IPC practices in African facilities caring for small and/or sick neonates for opportunities to improve IPC. **Methods:** We created a checklist (in English and French) to assess IPC practices in African facilities caring for small and/or sick neonates. **Results:** In total, 10 sites participated in this pilot study. Among them, 3 sites had unreliable Internet connections, and all checklist items could be observed and scored in these videos and photos. The lowest scores occurred for kangaroo mother care (KMC) spacing and presence of screens

Table 1. Scores for Checklist Item

Domain	Mean ¹
Crowding	
Crib sharing	1.6
Crib spacing	1.4
KMC spacing	1.1 ²
HH resources	
Running water, disposable towels, soap	1.8 ³
Access to sinks	1.5
Patient-care environment	
Presence of window screens	0.7
Sharps container without overflow	1.4
Rubbish bin access/without overflow	1.9
Procedure area clutter	1.3 ⁴
Bedside clutter	1.3

¹Each item scoring range 0–2

²N=9 sites

³All 3 resources=3, (range 0–3)

⁴N=6 sites

(Table 1). **Conclusions:** This pilot study demonstrated the feasibility of using virtual assessments of IPC practices. We identified several potentially low-cost opportunities to improve IPC. We are recruiting additional sites to confirm the findings of this pilot study.

Funding: Bill and Melinda Gates Foundation

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2022;2(Suppl. S1):s49

doi:10.1017/ash.2022.150

Presentation Type:

Poster Presentation - Poster Presentation

Subject Category: Infection Control in Low- and Middle-Income Countries

Disruptions to essential health services in Kenya during the COVID-19 pandemic — February 2020–May 2021

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Background: The COVID-19 pandemic disrupted essential health services (EHS) delivery worldwide; however, there are limited data for healthcare facility (HCF)–level EHS disruptions in low- and middle-income countries. We surveyed HCFs in 3 counties in Kenya to understand the extent of and reasons for EHS disruptions occurring during February 2020–May 2021. **Methods:** We included 3 counties in Kenya with high burden of COVID-19 at the time of study initiation. Stratified sampling of HCFs occurred by HCF level. HCF administrators were interviewed to collect information on types of EHS disruptions that occurred and reasons for disruptions, including those related to infection prevention and control (IPC). Analyses included descriptive statistics with proportions for categorical variables and median with interquartile range (IQR) for continuous variables. **Results:** In total, 59 HCFs in Kenya provided complete data. All 59 HCFs (100%) reported EHS disruptions due to COVID-19. Among all HCFs, limiting patient volumes was the most common disruption reported (97%), while 56% of HCFs reduced staffing of EHS and 52% suspended EHS. Median duration of disruptions ranged from 7 weeks (IQR, 0–15) for inpatient ward closures to 25 weeks (IQR, 14–37) for limiting patient volumes accessing EHS. Among HCFs that reported disruptions, the most

