



ESCAIDE

ABSTRACT BOOK



European Scientific Conference on Applied Infectious Disease Epidemiology 2017

Stockholm Waterfront Congress Centre
6-8 November 2017
Stockholm, Sweden



EUROPEAN CENTRE FOR
DISEASE PREVENTION
AND CONTROL

www.escaide.eu



ESCAIDE is organised by the European Centre for Disease Prevention and Control, ECDC, in collaboration EAN (EPIET Alumni Network) and TEPHINET Europe (Training Programmes in Epidemiology and Public Health Interventions NETWORK).

The ECDC works in three key strategic areas: it provides evidence for effective and efficient decision-making, it strengthens public health systems, and it supports the response to public health threats. ECDC coordinates the EPIET/EUPHEM fellowship programme and works with TEPHINET and EAN to make ESCAIDE an even more successful event! Find out more at ecdc.europa.eu

www.escaide.eu

[#ESCAIDE2017](https://twitter.com/ESCAIDE2017)

[@ESCAIDE](https://twitter.com/ESCAIDE)

www.twitter.com/escaide

www.facebook.com/escaide

Table of Contents

3	WELCOME		
4	SCIENTIFIC COMMITTEE		
6	ABSTRACT REVIEWERS		
8	INFORMATION STANDS		
12	INVITED SPEAKER BIOGRAPHIES		
17	PLENARY SESSION ABSTRACTS		
18	PLENARY SESSION A	DAY 1, MONDAY 6 NOVEMBER	9:15-10:30
18	PLENARY SESSION B	DAY 1, MONDAY 6 NOVEMBER	17:00-18:30
19	PLENARY SESSION C	DAY 2, TUESDAY 7 NOVEMBER	9:00-10:30
19	PLENARY SESSION D	DAY 3, WEDNESDAY 8 NOVEMBER	9:00-10:30
20	PLENARY SESSION E	DAY 3, WEDNESDAY 8 NOVEMBER	17:00-18:30
21	PARALLEL SESSION ABSTRACTS		
22	PARALLEL SESSION PROGRAMME	DAY 1, MONDAY, 6 NOVEMBER	11:00-12:40
22	Parallel Session 1: Antimicrobial resistance and healthcare-associated infections		
24	Parallel Session 2: Influenza and other respiratory viruses (1)		
27	Parallel Session 3: HIV, sexually transmitted infections and viral hepatitis (1)		
29	PARALLEL SESSION PROGRAMME	DAY 1, MONDAY, 6 NOVEMBER	14:30-15:30
29	Parallel Session 4: Emerging and vector-borne diseases (1)		
31	Parallel Session 5: Food- and waterborne diseases and zoonoses (1)		
32	Parallel Session 6: Vaccine- preventable diseases (1)		
33	PARALLEL SESSION PROGRAMME	DAY 2, TUESDAY, 7 NOVEMBER	11:00-12:40
33	Parallel Session 7: Evaluation of Surveillance		
36	Parallel Session 8: Food- and water-borne diseases (2)		
38	Parallel Session 9: Vaccine-preventable diseases (2)		
41	PARALLEL SESSION PROGRAMME	DAY 2, TUESDAY, 7 NOVEMBER	14:30-15:30
41	Parallel Session 10: Food- and water-borne diseases (3)		
42	Parallel Session 11: HIV, sexually transmitted infections and viral hepatitis (2)		
44	Parallel Session 12: Tuberculosis and other respiratory diseases (excluding viruses)		
45	PARALLEL SESSION PROGRAMME	DAY 2, TUESDAY, 7 NOVEMBER	17:00-18:30
45	Parallel Session 13: Vaccine-preventable diseases (3)		
47	Parallel Session 14: Food- and waterborne diseases and zoonoses (4)		
50	Parallel Session 15: Late breakers (1)		
53	PARALLEL SESSION PROGRAMME	DAY 3, WEDNESDAY, 8 NOVEMBER	11:00-12:40
53	Parallel Session 16: Emerging and vector-borne diseases (2)		
55	Parallel Session 17: Influenza and other respiratory viruses (2)		
58	Parallel Session 18: Vaccine- preventable diseases (4)		
60	PARALLEL SESSION PROGRAMME	DAY 3, WEDNESDAY, 8 NOVEMBER	14:30-15:30
60	Parallel Session 19: HIV, sexually transmitted infections and viral hepatitis (3)		
62	Parallel Session 20: Food- and waterborne diseases and zoonoses (5)		
63	Parallel Session 21: Late breakers (2)		

65	POSTER ABSTRACTS		
66	MODERATED POSTER SESSION A	DAY 1, MONDAY, 6 NOVEMBER	15:40-16:40
66	Track 1: Antimicrobial resistance (1)		
69	Track 2: Healthcare-associated infections (1)		
71	Track 3: Food- and waterborne diseases and zoonoses- Salmonella		
74	Track 4: Hepatitis B & C		
77	Track 5: Influenza and other respiratory viruses (1)		
80	Track 6: Emerging and vector-borne diseases (1)		
83	Track 7: Food- and waterborne diseases and zoonoses (1)		
86	Track 8: Vaccine- preventable diseases (1)		
89	MODERATED POSTER SESSION B	DAY 2, TUESDAY 7 NOVEMBER	15:40-16:40
89	Track 9: Antimicrobial resistance (2)		
92	Track 10: Emerging and vector-borne diseases (2)		
95	Track 11: Food- and waterborne diseases and zoonoses (2)		
98	Track 12: Hepatitis A in MSM		
100	Track 13: Sexually transmitted infections (STI)		
102	Track 14: Vaccine- preventable diseases (2)		
105	Track 15: Influenza and other respiratory viruses (2)		
108	Track 16: Late breakers		
111	MODERATED POSTER SESSION C	DAY 3, WEDNESDAY 8 NOVEMBER	15:40-16:40
111	Track 17: Food- and waterborne diseases and zoonoses (3)		
114	Track 18: Emerging and vector-borne diseases (3)		
117	Track 19: Healthcare-associated infections (2)		
119	Track 20: HIV and viral hepatitis		
122	Track 21: Vaccine- preventable diseases (3)		
125	Track 22: Vaccine effectiveness and impact studies		
128	Track 23: Influenza and other respiratory viruses (3)		
132	Track 24: Tuberculosis and other respiratory diseases (excluding viruses)		
135	INDEX		
135	INDEX BY SUBJECT		
142	INDEX BY PRESENTING AUTHOR		
145	INDEX BY KEYWORD		

A 2.5 **Late breaker: Management of Pocket Clinical Devices by Nurses: determinant factors and microbiological assessment**

João Graveto (1), P. Costa (1), H. Albano (2), C. Santos (1), E. Fernandes (1), N. Osório (3), S. Alarico (4), V. Oliveira (3)

1. Nursing School of Coimbra, Coimbra, Portugal
2. Catholic University of Portugal - Centre for Biotechnology and Fine Chemistry, Porto, Portugal
3. Coimbra Health School, Coimbra, Portugal
4. University of Coimbra - Center for Neuroscience and Cell Biology, Coimbra, Portugal

Background

Clinical devices (CDs) are often kept and carried in nurse's uniform pockets, frequently used in patient care, becoming contaminated with organic fluids and infectious agents. Thus, it is intended to understand how nurses in medical units from a hospital in the central region of Portugal manage these specific CDs.

Methods

Descriptive-correlational and cross-sectional study. Target population corresponds to all nurses who provide direct patient care in the referred setting. Data was analyzed with IBM SPSS Statistics version 20.

Results

Fifty nurses were included, with 383 observations of CDs kept in their uniform pockets. One hundred microbiological samples were taken. Nurses often share these devices with other nurses (90%), physicians (52%) and assistants (40%). They reuse CDs between patients and during complex procedures/techniques, such as peripheral vein catheterization/optimization, wound treatment or nasogastric intubation. Regarding decontamination practices, 77.6% disinfect these devices, although only 14% clean it before this process. Lack of training (42%) and access/knowledge to/of institutional guidelines regarding CDs management (82%) emerged as gaps.

Concerning microbiological results, 53% of the CDs were contaminated. Coagulase-positive (32%) and negative (27%) *Staphylococcus* colonies were identified, varying between 0.1×10^2 and $>1.5 \times 10^3$ CFU/mL (respectively), as well as *Enterococcus* spp. (8%) varying between 0.1×10^2 and 3.0×10^2 CFU/mL. In relation to *Staphylococcus* isolates, 66.6% were Methicillin-Resistant *Staphylococcus aureus*. Significant statistical association between the microbiological incidence in nurses' pocket CDs, nurses' uniforms and hands was verified ($p = 0.048$; $p = 0.009$).

Conclusion

Results evidence the competence, ethical responsibility and technical role of nurses in the management of CDs. However, it highlights the need for further research in other clinical contexts, in order to compare results and produce guidelines that fill some of the witnessed information gaps.

Keywords: Device, Medical, Infection Control, Nurses, Nursing Care

ABSTRACT ID: 1372

PRESENTED BY: João Graveto (paulocosta.15@gmail.com)