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, Macroldes, 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)**

Daisuke Yamasaki, PhD1; Masaki Tanabe, MD, PhD2; Yuichi Muraki, PhD3; Yoshiki Kusama, MD2; Masahiro Ishikane, MD, PhD2; Chika Tanaka, BPharm2; Norio Ohmagari, MD, MSc, PhD3; Mie University Hospital, Tsu-shi, Mie, Japan; 2National Heart and Lung Institute, Tokyo, Japan; 3National Center for Global Health and Medicine, Chinjuku-ku, Tokyo, Japan; 4Asia Pacific Medical Center Global City, Muntinlupa City, National Capital Region, Philippines; 5University of Antwerp, Antwerp, Belgium, Wilrijk, Antwerp, Belgium

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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 measure of antibiotic use. We investigated how age influenced AMU in Japan 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) and ratio (DID/DOTID) between DID and DOTID in children (8.16%) was the most common amongst reserve antimicrobials. Out of all the prescriptions only 7.67% had indications documented. Documented errors of prescription (8.16%) was the most common amongst reserve antimicrobials.

**Methods.** The DOT value was calculated by the same method in our previous 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 80.0% of prescriptions. However, in case of 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 fed back to the Department of Health, medical societies, and hospitals for prioritization of targets and policies toward the improvement of the Philippine antimicrobial stewardship program.

**Disclosures.** All authors: No reported disclosures.

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

Shilpa Prakash, Pharm D; Arun Wilson, MD; Anup R. Warrier, DNB Medicine; Rachana Babu, MD Microbiology; Sonya Joy, MD Microbiology; Balram Rathish, MBBS; Astre Medcity, Kochi, Kerala, 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 alternative feasible tool 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 6.73% 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 prescription was β-lactam –β-lactamase inhibitors (BL/BLI) 27.3% while Carbapenems (18.16%) 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.