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, PhD2; Masaki Tanabe, MD, PhD2; Yuchi Muraki, PhD2; Yoshiki Kasama, MD2; Masahiro Ishikane, MD, PhD2; Chika Tanaka, BPharm3; Norio Ohmagari, MD, MSC, PhD2; Mie University Hospital, Tsu-shi, Mie, Japan; 2Kyoto Pharmaceutical University, Yamashina-ku, Kyoto, Japan; 3National Center for Global Health and Medicine, Shinjuku, Tokyo, Japan; 4National Center for Global Health and Medicine, Shinjuku-ku, Tokyo, Japan; 5Kyoto Pharmaceutical University, Y amashina-ku, Kyoto, Japan; 6National Center for Global Health and Medicine, Shinjuku, Tokyo, Japan

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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 activity. Recently we reported the age-specific distribution of AMU using 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 was extracted from data in NDB and were standardized by a population 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.

Results. The total DID (oral, parental) from 2013 to 2016 in three age groups was shown in the following table. The total DID (oral, parental) 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 DOT (oral, parental) in three age groups in 2016 were 15.94, 1.89 in the children, 15.51, 2.00 in productive age, and 23.52, 3.62 in elderly, respectively. The total DID/DOT (oral, parental) 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 DOT 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 DOT was 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 DOT in elderly was comparable with that in productive age, suggesting that daily dosage in the elderly is similar to that in productive age.

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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. Mari Rose Aplasca De los Reyes, Doctor of Medicine1; Maria Charmian M. Hufano, MD2; Ines Paewels, Master of Pharmaceutical Sciences3

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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 microbiologic results and 11.3% for CAP patients. 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 44.2% 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 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.

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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 Rabu, MD Microbiology; Sonya Joy, MD Microbiology; Balram Rathish, MBBS; Aster 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 initial useful approach 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 Research Institute for Tropical Medicine, Muntinlupa City, National Capital Region, Philippines, and Aster Medical Center Global City, Muntinlupa City, National Capital Region, Philippines. 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. 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 prescriptions was β-lactamase inhibitor (BL/BLI) focused intervention and improved documentation has been identified as potential areas for intervention based on the PPS. 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.

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