Public Health and Prevention (Poster Presentation)

68.001

Impact of a Community-Based Hand Hygiene and Safe Water Campaign on Knowledge and Practices of Caregivers, Fayoum Governorate, Egypt, 2006

W. El-Shoubary[1,*], A. Lohiniva[1], M. Saied[2], N. El-Sayed[3], M. Talaat[1]

[1] *U. S. Naval Medical Research Unit No. 3 (NAMRU-3), Cairo, Egypt*
[2] *Fayoum Health Directorate, Fayoum, Egypt*
[3] *Ministry of Health and Population (MOHP), Cairo, Egypt*

Background: Typhoid fever remains a serious public health problem in Egypt. In Fayoum governorate, where the annual incidence is 0.1%, population-based studies showed that unsafe water storage and lack of hygienic practices are risk factors for infection. To reduce transmission, a community-based intervention campaign was implemented in 12 randomly selected villages in Fayoum to promote safe water storage and hand hygiene practices. The campaign included personal communications, village-wide meetings, and distribution of educational materials. The objective was to measure the impact of the campaign on the knowledge and behavior of caregivers in the household.

Methods: Two separate random samples of households were chosen and surveyed before and after the community intervention. Caregivers within the selected households were interviewed in each targeted village. Data was collected on knowledge of typhoid fever symptoms, methods of prevention and proper management of illness. Household water storage and hand hygiene practices were observed

Results: We interviewed 942 caregivers at baseline and conducted a final evaluation of 764 caregivers in the same villages. In the pre-intervention survey, 36% of caregivers reported proper knowledge of symptoms and management of typhoid compared to 94% following the intervention ($P < 0.0001$). Similarly, the proportion of caregivers who demonstrated proper hand washing technique increased from 2% to 42% ($P < 0.0001$). The proportion of caregivers who stored water safely increased from 3% to 19% ($P < 0.0001$).

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68.002

Seroprevalence of Blood-Borne Infections Among Blood Donors in Venezuela, 2001—2002

J.A. Benitez[1], A.J. Rodriguez-Morales[2,*]

[1] *Ministry of Health, Maracay, Venezuela*
[2] *Universidad de Los Andes, Trujillo, Venezuela*

Background: From the data collected at the Ministry of Health from whole nation public and private blood banks (BB) find out the proportion of blood units discarded for being seropositive HBV, HCV, HIV, syphilis and *Trypanosoma cruzi*, and the seroprevalence of these infections among their donors.

Methods: ELISA serological testing was done with 715, 393 donors seen at 535 blood banks between 2001 and 2002. Samples that were repeat reactive (RR) with the ELISA underwent supplementary Western blot (WB) testing.

Results: Of the 715, 393 blood banks donors, 9,294 of them (1.3%) were positive for syphilis (VDRL), 6,107 (0.85%) for HBV (anti-HBc), 4,825 (0,67%) for *T. cruzi*, 3,859 (0.54%) for HCV and 1, 870 (0.26%) for HIV. In the Figure a summary of the seroprevalence of these infections, among public and private blood banks, per year, is presented.

Conclusion: Although syphilis or *Treponema pallidum* infection was the most important blood-borne disease found in this study, the seroprevalence found is lower than others reported in other countries in the region (e.g. Goiânia, Brazil, 1989, 4.1%). For HBV and HCV, the seroprevalence estimates were also similar than those found in other countries in the region (such as Río de Janeiro, Brazil, where in 2005 the anti-HBc was 2.05% and 0.79% in 2004 for HCV), indicating high rates of infection by HBV and HCV and a persistent risk of HBV and HCV transmission by transfusion. For Chagas disease is also lower than others reported in other countries in the region (e.g. Goiânia, Brazil, 1989, 3.3%). Finally for HIV the found seroprevalence is similar to that reported in Mexico (Irapuato, Mexico, 2003,0.24%). But as seen herein, those seroprevalences are regional, and our report is nationwide. Further epidemiological research is expected.

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68.003

Progress Towards the Global Prevention of Hepatitis

B S.T. Wiersma[1,*], M. Gacic-Dobo[2], C. Shapiro[2]

[1] *CDC, Atlanta, GA, USA*
[2] *WHO, Geneva, Switzerland*

Background: In 1992, the World Health Assembly passed resolution 45.17 calling for Member States, ''. . .to integrate cost-effective new vaccines, such as hepatitis B vaccine, into national immunization programs in countries where it is feasible. . .'' The same year, the World Health Organization (WHO) recommended that all countries integrate hepatitis B vaccine (HepB) into national immunization programs by 1997. Unfortunately these goals were not met, mostly due to financial barriers; by 1997 only 65 Member States had introduced HepB nationwide. Following creation of the GAVI Alliance in 2000, financial support was made available to the less developed member states and Alliance partners set new milestones calling for HepB to be introduced in these countries 2007.

Methods: We reviewed programmatic data reported to WHO as part of the Joint Reporting Form to determine the number of countries that provide HepB and the coverage of this vaccine. Data were analyzed to provide information on program achievements over time

Results: As of 2006, 164 of 193 (85%) WHO Member States reported having integrated HepB into their routine infant immunization schedules. The remaining 29 countries include those with historically low HBV prevalence and those countries gradually introducing HepB. The remaining countries include 14 GAVI-eligible countries, of which the majority (10) are in the WHO Africa Region (AFR). Global coverage of three doses of hepatitis B vaccine in 2006 was 60%, compared