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**Poster Session VI**

**Infection control - not only for MDR bacteria**

**The features of infectious diseases departments in France and Turkey**

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**Objectives:**

The aim of this study is to compare the infectious diseases (ID) wards of tertiary hospitals in France and Turkey for the technical capacity, infection control organization, characteristics of the ward personnel and the patients, the quality of service provided, supportive care issues, features of the infectious diseases, infecting organisms, and therapeutic approaches.

**Methods:**

This cross-sectional point prevalence study was carried on a single day in one of the weekdays of June 17-21, 2013. Two questionnaires related to patients and ID departments were sent to participant centers.

**Results:**

Overall 36 infectious diseases (ID) departments of tertiary hospitals from Turkey (n=21) and France (n=15) were involved in this point prevalence survey. In the study day, 273 patients were hospitalized in Turkish and 324 patients were followed in French ID departments. The features of infectious diseases departments on the study day were: The mean numbers of patients and beds in the hospitals, presence of ICU room in the ID clinics was not different in both France and Turkey ( $p>0.05$ ). However, the mean number of patients and beds in the ID wards, the presence of single rooms, the presence of negative pressure rooms were significantly higher in France ( $p<0.05$ ). However, the presence of a laboratory inside the ID ward and its diagnostic modalities were more extensive in Turkish ID wards ( $p<0.05$ ). The configuration of infection control committees, presence of IC nurses and their qualifications, and surveillance types were quite similar and satisfactory in both countries ( $p>0.05$ ). Parameters related to hand hygiene like the use of liquid soaps, paper towels, hand antiseptics, and the mean amount of antiseptics used in the wards on the monthly basis, and the inclusion of sinks inside patient rooms were quite similar in France and Turkey. French ID specialists followed bone and joint infections, pneumonia, sepsis with undetermined etiology, HIV infection, and infective endocarditis while Turkish clinicians treated diabetic foot infections, skin and soft tissue infections, urinary tract infections, brucellosis, viral hepatitis, and Crimean-Congo hemorrhagic fever (CCHF) more frequently ( $p<0.05$ ). Turkish ID physicians prescribed broad spectrum of antibiotics more frequently compared to French ID specialists ( $p<0.05$ ). Anti-Gram positive agents (vancomycin, linezolid, daptomycin, and teicoplanin), carbapenems, and tigecycline are used significantly higher in Turkey while cephalosporins, penicillin and ampicillin, aminoglycosides, and metronidazole are more frequently preferred in French ID wards ( $p<0.05$ ). In this study the only difference between the infecting pathogens in two countries is the frequent detection of enteric gram negatives in Turkey ( $p<0.05$ ).

**Conclusions:**

Various differences and similarities existed in France and Turkey in the ID wards. Current scene is that infectious diseases are managed with high standards in both countries, although problematic issues existed.