was obtained from consenting parents of the children in the study area. The multivariable logistic regression model was used to identify the determinants of vaccination. **Results:** In total, 600 children from both urban and rural settings were included in the analysis. The mean age was 17.70 months (SD, ±3.46), and 50.2% children in the study were boys. Overall, 62.8% children were vaccinated in both settings. Moreover, ~80.3% children were fully vaccinated in the urban part compared with 45.3% in the rural part. The dropout rates for BCG and measles 1 were 17% and 29% in urban and rural areas, respectively. The dropout rates for Penta 1 to Penta 3 were 7% in Lyari and 38% in Umerkot. The penta 1–measles 1 dropout rates were 15% in Lyari and 37% in Umerkot. In multivariable analysis, parental knowledge about vaccination (OR, 9.77; 95% CI, 1.76–54.28), access to a vaccination center (OR, 2.51; 95% CI, 1.19–5.26) and mother's tetanus vaccination: 1 dose (aOR, 4.27; 95% CI, 1.84–9.93) and 2 doses (OR, 12.43; 95% CI, 7.71–20.04) were associated with vaccination. **Conclusions:** We identified inequities in vaccination status among the populations of rural and urban areas of Pakistan. Vaccination coverage was higher in an urban setting than in a rural setting of Sindh province. Parental knowledge about vaccination, access to a vaccination center, and mother's tetanus vaccination status were the major factors of low vaccination coverage among these children.

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Presentation Type:
Poster Presentation

Infection Control Center of Excellence Experience

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Background: In 2018, the Ministry of Health (MOH) in Saudi Arabia launched the Infection Control Excellence Center (ICEC) program among healthcare governmental institutions to create an exceptionally high concentration of expertise and resources within the infection prevention and control discipline to afford the best patient outcomes possible. King Saud Medical City (KSMC), one of the main healthcare institutions in Riyadh, was selected to be among the 10 facilities participating in ICEC 2019 competition. It is expected to qualify the facility to lead the Kingdom infection prevention and control as well as sharing expertise at regional and international levels. **Methods:** The infection control team at KSMCA used a business model canvas to present the project vision, resources, partners, values, and revenue streams (Fig. 1). All project stakeholders were engaged, including core infection control team, various hospital departments as internal partners, along with the MOH team as external partners. The ICEC program was presented at the KSMC executive council to earn leadership support. The following assessment areas were included in the presentation: (1) quality assurance and patient care through sustain basic infection control standards and improve key performance indicators (KPIs); (2) enhance the development and structure of the infection control team; (3) pursue innovative ideas in infection control practices. Overall, 17 projects arranged into 4 programs have been proposed (Fig. 2). **Results:** The institution successfully passed the eligibility criteria assessment in the first quarter of 2019. Infection control KPIs have been corporatized with KSMC strategic KPIs that support infection control improvement initiatives. The infection control team continues to grow in function and capacity. Also, 4 additional were awarded CIC certification in 2019 to reach total of 11 CICs, which represent 30% of

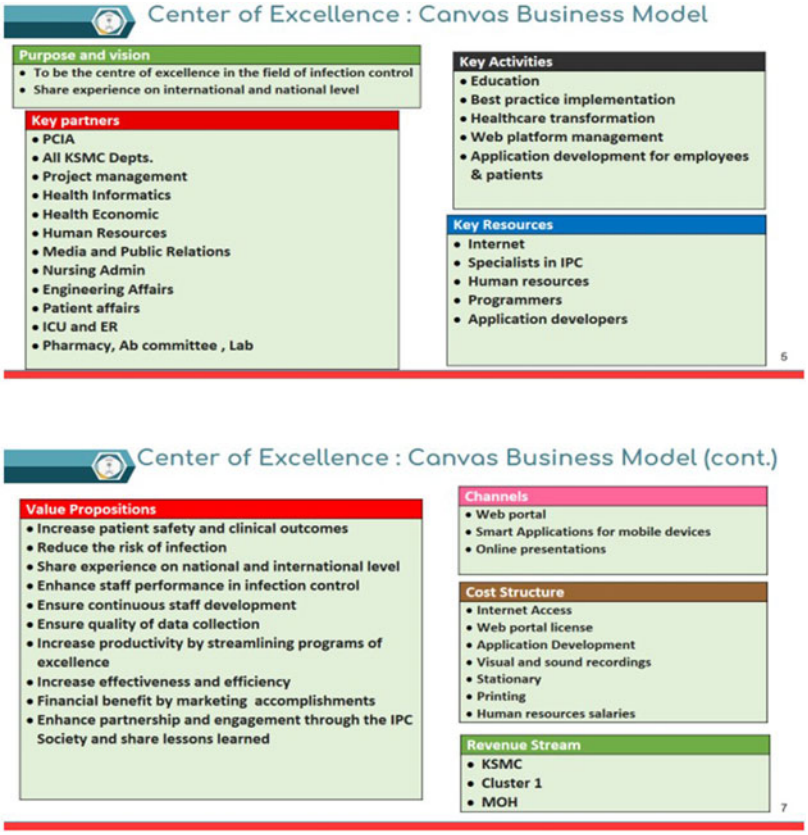

Fig. 1.

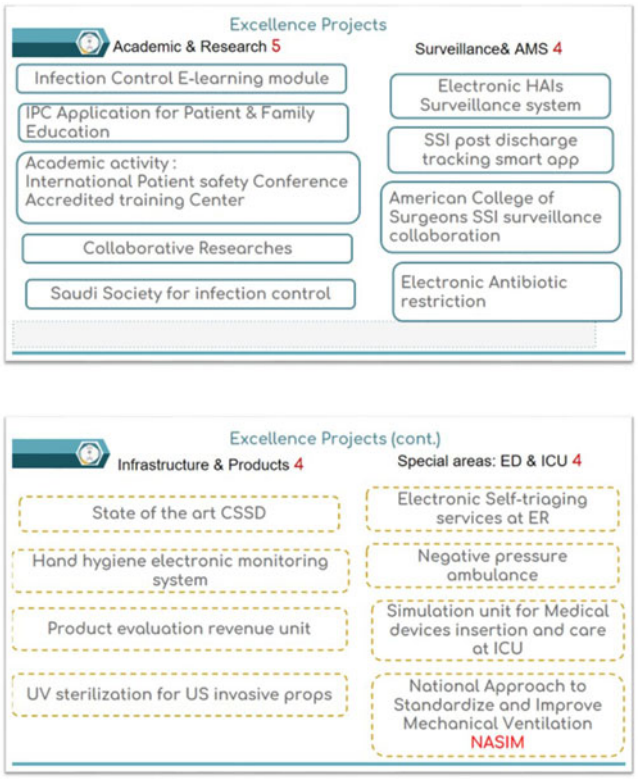

Fig. 2.

the team (including 1 recertification). A dashboard designed by the project management office facilitates follow-up with the proposed projects in progress. Completion levels ranging between 30% and 100% have been achieved among these projects. A final evaluation was conducted in December 2019, including a field visit by the MOH ICEC team as well as a written MCQs exams and interviews with the core infection control team. Communication among the stakeholders and leadership involvement were considered among the assessment criteria. **Conclusions:** The ICEC supports and motivates investment in human capital and encourages innovative, cost-effective solutions in infection control field in Saudi Arabia. It is also aligned with Saudi Arabia healthcare transformation and the 2030 vision through integrated programs in healthcare facilities.

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Infection Prevention and Control Capacity Building During 2018–2019 Democratic Republic of Congo Ebola Virus Disease Outbreak

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Background: As of July 1, 2019, ~18% of all cases in the Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo (DRC) were healthcare-associated (ie, nosocomial) infections (HAIs) and healthcare worker (HCW) infections. Although progress has been achieved, gaps remained in infection prevention and control (IPC), specifically, a need to reinforce standardized, evidence-based IPC practices to effectively address HAIs. The Ministry of Health (MOH), in collaboration with partners, developed an IPC tool kit consisting of >70 documents (ie, terms of reference, standard operating procedures, training modules, etc) to improve HCW IPC knowledge and practices at healthcare facilities among staff. The tool kit incorporated international IPC standards, DRC-specific experiences, and best practices. Thus, it serves as a technical and operational package, covering general guidance (standard precautions) and EVD specific issues. **Methods:** A decentralized rollout approach was used to disseminate the tool kit content at the various health-system levels over several months. Initially, national-level training of trainers was held, followed by subnational-level training of IPC supervisors and key IPC implementers, and lastly, training of healthcare facility (HCF) IPC focal persons. The 5-day training adhered to the MOH standard of 60% theory and 40% practice. Participants completed evaluations before and after training; changes in knowledge between the pre- and posttraining tests were analyzed and the results of the statistical tests were reported ($P < .05$ was considered statistically significant). **Results:** In total, 294 IPC supervisors were trained across 7 subnational commissions. Data were analyzed for 138 participants. Participants were 60.9% IPC supervisors, 8% WASH supervisors, and 31% others. MOH representation was 52.9% The average results before the test were 66% (19.8 of 30), the average posttest results were 72% (21.6 of 30)—a significant improvement. The worst-performing pretest IPC domain was IPC approach, and facility closure was the worst performing for posttest. As of November 11, 15.7% of all cases were HAIs. **Conclusions:** The IPC training program initiated during an outbreak can increase knowledge and potentially improve practices and confidence. An association with the downward HAI trend is yet to be validated. The MOH anticipates that this tool kit will be the go-to resource for future Ebola outbreaks and that it will be incorporated into the preservice medical curriculum to ensure a resilient heath system.

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