



Update on Management, Prevention, and Control of Infectious Diseases in the Era of Antimicrobial Resistance

ABSTRACT BOOK

The 1st International Scientific Meeting on
Clinical Microbiology and Infectious Diseases
(ISM-CMID),

10th National Congress of Indonesian Society
for Clinical Microbiology (KONAS-PAMKI),

12th National Symposium-Indonesian
Antimicrobial Resistance Watch
(NS-IARW)

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Surabaya - East Java, Indonesia

Abstract Book

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Surabaya, Oktober 2018

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Air Microbiology Dynamics in Operating Theatre Academic Hospital Prof Mulyanto at Rest and In Operational

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ABSTRACT

Introduction: Hospital as reservoir of numerous microbial pathogen is assumed to contribute of HAIs incidence. One of environmental reservoir is air microbiology in high risk of transmission rooms in hospital.

Purpose: To describe air microbiology dynamics in operating theatre (OT) at Academic hospital Prof. Mulyanto at rest and in operational.

Methods: Measurement and sampling at rest=air sampling with settle plate with blood agar plate (BAP) in 5 points, environmental swabs in 5 points, air humidity, air temperature, concrete moisture all measured in duplo. In operational=at rest, add with nasal swab samples of surgery staff, activity load, all was measured in 3 surgery procedures. Lastly air change hours (ACH) rate. In operational condition, air, environmental and nasal microbiology with similar morphological colony on BAP preceed to culture and antibiogram in pair. At rest state=OT is not operated 8 hours or more with ventilation off.

Results: Measurement in at rest and operational as follow: air microbiology 8.8 cfu/m³ and 14.9 cfu/m³, the mean of air temperature 27.8°C (27.6-28) and 28.4°C (28.2-28.8), air humidity 58%(58-58) and 56% (56-56), concrete moisture 22.45%(21.8-23.1) and 22.24%(18.67-26.03). Activity load was 23 people (18-27). Volume OT is 109,41 m³ with air circulation of 6,2 ACH. Similar morphology of colony found and confirmed by Gram stain found in 10 pairs of BAP= 8 pairs of Gram positives bacilli and 2 pairs of Gram positives cocci. Microbial identification found only one pair with similar *Shigella dysenteriae* (Group A) isolate with comparable antibiogram which found in air microbiology and environmental swab sample pair.

Conclusions: Air microbiology at rest was less than 10 cfu/m³ fitted to ministry of health regulation. Contribution in increase number of air microbiology in operational compared to at rest was higher air temperature, lower air humidity and concrete moisture and surgery staff activities. Only one pair of similar isolate found, which is environmental microbes contribute as air microbiology left unexplained.