

and 54% were women. On chart review, 149 patients (33%) received an antibiotic, of whom 126 had a positive rapid strep result. Thus, based on chart review, 23 subjects (5%) diagnosed with pharyngitis received antibiotics inappropriately. Amoxicillin or penicillin was prescribed for 100 of the 126 children (79%) with a positive rapid strep test. Of the 126 children with a positive test, 114 (90%) received the correct antibiotic: amoxicillin, penicillin, or an appropriate alternative antibiotic due to b-lactam allergy. Duration of treatment was correct for all 126 children. Using the electronic algorithm, the proportion of inappropriate prescribing was 28 of 450 (6%). The test characteristics of the electronic algorithm (compared to gold standard chart review) for identification of inappropriate antibiotic prescribing were sensitivity (99%, 422 of 427); specificity (100%, 23 of 23); positive predictive value (82%, 23 of 28); and negative predictive value (100%, 422 of 422). **Conclusions:** For children with pharyngitis, an electronic algorithm for identification of inappropriate antibiotic prescribing is highly accurate. Future work should validate this approach in other settings and develop and evaluate the impact of an audit and feedback intervention based on this tool.

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#### Presentation Type:

Poster Presentation

#### Development of National Infection Control and Prevention Guidelines in Georgia, 2017–2019

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**Background:** In 2015, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs (MoLHSA) of Georgia identified infection prevention and control (IPC) as a top priority. Infection control legislation was adopted and compliance was made mandatory for licensure. Participation in the universal healthcare system requires facilities to have an IPC program and infrastructure. To support facilities to improve IPC, MoLHSA and the National Center for Disease Control and Public Health (NCDC) requested assistance from the US CDC to revise the 2009 National IPC guidelines, which were translated versions of international guidelines and not adapted to the Georgian context. **Methods:** An IPC guideline technical working group (TWG), comprising clinical epidemiologists, IPC nurses, head nurses, and infectious diseases doctors from the NCDC, academic and healthcare organizations and the CDC was formed to lead the development of the national IPC guidelines. Additionally, an IPC steering committee was established to review and verify the guidelines' compliance with applicable decrees and regulations. The TWG began work in April 2017 and was divided into 4 subgroups, each responsible for developing specific guideline topics. A general IPC guideline

template for low- and middle-income countries was used to develop 7 of the guidelines. Additional reference materials and international guidelines were used to develop all the guidelines. Drafts were shared with the subgroups and the steering committee during 2 workshops to discuss unresolved technical issues and to validate the guidelines. **Results:** The revised guidelines consist of 18 topics. In addition to standard precautions (eg, hand hygiene, personal protective equipment, injection safety, etc) and transmission-based precautions, the guideline topics include laundry, environmental cleaning and disinfection, decontamination and sterilization, occupational health and safety, biosafety in clinical laboratory, blood bank and transfusion services, intensive care unit, emergency room, and mortuary. They do not include healthcare-associated infection surveillance or organism-specific guidance. To supplement the guidelines, a separate implementation manual was developed. The guidelines were approved by MoLHSA in October 2019. The TWG continues to be engaged in IPC activities, assisting with guideline rollout, training, and monitoring, and drafting the National IPC strategy and action plans. **Conclusions:** The Georgian Ministry of Health developed national IPC guidelines using local experts. This model can be replicated in other low- and middle-income countries that lack country-specific IPC guidelines. It can also be adapted to develop facility-level guidelines and standard operating procedures.

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#### Diagnostic Stewardship Effectively Reduces Healthcare-Onset *Clostridioides difficile* Infections and Concurrent Laxative Use

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**Background:** *Clostridioides difficile* infection (CDI) accounts for >500,000 community-, nursing-, and hospital-acquired infections (HAIs), as well as 15,000–30,000 deaths, and >\$4.8 billion in the United States annually. *C. difficile* toxin B gene nucleic acid amplification testing (NAAT) cannot distinguish between active CDI and colonization, particularly in the setting of laxative use or enteral feeding. Lack of judicious testing can result in the incorrect diagnosis of CDI, unnecessary CDI treatment, increased costs, and falsely augmented HAI rates. Like many healthcare facilities, the VA San Diego Healthcare System (VASDHS) solely utilizes *C. difficile* NAAT for CDI diagnosis. The aim of this study was to implement and evaluate a facility-wide initiative at the VASDHS to reduce healthcare onset, healthcare facility associated CDI (HO-HCFA CDI), including