

Citrobacter spp. is a commensal flora and an infrequent nosocomial pathogen to cause nuisance in hospital settings. Recently, the isolation of this pathogen in health care setting is rising and the multidrug resistant strains are emerging. This pathogen cause wide array of infections and the mortality rate is unexpectedly high of 30-60%. Extended spectrum cephalosporins have been used to treat this pathogen and due to the emergence of resistant strains to these drugs newer treatment protocols have to be devised. We investigated the epidemiology and antibiotic susceptibility pattern of clinical isolates of *Citrobacter* spp. isolated in this hospital. Specimens were collected from ten patients and implicated pathogen was isolated. Disk diffusion test was performed on these isolates and probable mechanisms of resistance were deduced. Antibigram typing was used to resolve the clones of the isolated bacteria. The results showed that *Citrobacter* spp. was highly prevalent and commonly isolated from the sputum sample of patients diagnosed as chronic obstructive pulmonary disease (COPD). The antibiogram pattern suggested the circulation of three clones of *Citrobacter* spp. They were multidrug resistant and sensitive to only cefoperazone and sulbactam suggesting the production of β -lactamase inhibitors sensitive molecular class A and D extended spectrum β -lactamases (ESBL). In conclusion, treatment protocol should be changed from the use of extended spectrum cephalosporins to combination therapy, β -lactam and β -lactamase inhibitors to treat multidrug resistant *Citrobacter* spp. and we should aim to prevent the spread of this pathogen among patients to decrease the morbidity and mortality associated with this pathogen.

OT16-6

A Research on the Pilot of Out-Patient Co-Ordination of New Rural Cooperative Medical System in China-Mainland

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Purpose: Analyzing the effects of different out-patients' compensation model, to explore the reasonable and complete compensation plan for out-patient co-ordination and methods of supervision and management.

Methods: Selecting four out-patient co-ordinate counties (Xinjian, Yongxiu, De'an, Chongyi) and four family account counties (Jinxian, Ruichang, Jiujiang, Dayu) to analysis its statistical data in 2008, compare the experimental group with the control group and also compare the data with other 27 counties to evaluate the effects of different models. Holding the forum of different groups (public health administrators, handling personnel and directors of rural township hospitals, rural doctors). Visiting New Rural Cooperative Medical System agencies, township hospitals and village clinics, through on-site inspection found problems in actual operation, to propose the corresponding countermeasure.

Result: Comparing out-patient co-ordination model with family account compensation model: The benefits of peasants has obviously improved (72.75% > 36.94%). Expenditure of out-patient fund accounted for the proportion of total fund has increased (12.26% > 8.42%). The average costs of out-patient compensation has reduced (14.88yuan < 22.75yuan). The supervision has more difficulties. Conclusion: Out-patient co-ordination model is more favorable to make farmers take good use of out-patient health services, but the difficulties of supervision expanded. The sustainable development of out-patient co-ordination is depended on the reasonable compensation plan and the strict and effective supervision measures.

OT16-7

Inclusion of Health Ethics in the Public Health Curriculum and Its Practical Application in Health Research in Nepal

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To date, there are nine public health schools, providing either undergraduate (bachelor) or postgraduate (Master) or both public health programs in Nepal. There is a lack of adequate and proven inclusion of health ethics in public health curriculum, though needs are immense and important for public health graduates. With the principal objective to determine how and in which extent the health ethics and its practical application aspects are included in the public health curriculum, this qualitative study was conducted. Altogether 12 Focus Group Discussions and 12 Key Informant Interviews were conducted. Public health curriculums were reviewed systematically. Information was verified, coded and thematically analyzed. Efforts were made to triangulate qualitative and curriculum reviewed information. Ethical approval from Nepal health research council was obtained. Universities have given their concern to address issues related to health ethics in their respective public health curriculum at both bachelor and master levels, though the level of inclusion is marginal and varies in different universities. The common terminologies included are: ethical consideration, ethical consent, ethical approval and confidentiality etc. No specific units and teaching hours are allocated for health ethics teaching/learning at both levels. We conclude that, inclusion of health ethics in the current public health curriculum is negligible, inadequate and not covered necessary aspects of health ethics at both levels. Therefore, we recommend revising the current public health curriculum is essential and assure that health ethics get priority as separate unit with considerable allocated teaching hours.