

Indonesia, were infected with SARS-CoV-2 in June–August 2021, during the second wave of the COVID-19 pandemic. Much evidence has shown that SARS-CoV-2 persists on hospital environmental surfaces and medical equipment. We investigated the potential sources of virus in our cases, particularly environmental contamination. **Methods:** Environmental screening for SARS-CoV-2 was conducted using RT-PCR of swabs collected from case-related medical equipment and hospital surfaces. We examined the environmental cleaning method in these areas as well. **Results:** We swabbed medical equipment in close contact with patient droplets such as the ventilator, the high-flow nasal cannula, the nebulizer, and suction equipment, as well as some environmental surfaces near the patient, such as the bed rail, air conditioning unit, and portable HEPA-filter outlet. Among 19 samples, genetic material of SARS-CoV-2 was detected only on a sample from a nebulizer. The point of contamination was on the outer body of that nebulizer, which indicated that the contact transmission source might be from patient droplets and/or inadequate cleaning. No more positive results emerged from our screening, indicating that the environmental cleaning was adequate. The IPC team recommended that we no longer use nebulizers for COVID-19 patients and that the cleaning procedure be improved, particularly after the device is used. **Conclusions:** Environmental screening for SARS-CoV-2 can be used to support investigations of inpatient COVID-19 outbreaks in hospitals. Adequate cleaning and care procedures for medical equipment are very important in preventing the transmission of SARS-CoV-2 in the hospital setting.

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**Factors influencing COVID-19 prevention practices among healthcare personnel in Rajavithi Hospital**

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**Objectives:** To determine the factors influencing COVID-19 prevention practices among healthcare personnel. **Methods:** The sample consisted of healthcare personnel working in the emergency department, inpatient wards, and the outpatient department in 250 Rajavithi hospitals selected using a purposive sampling method. Data were collected using questionnaires that were validated by 5 experts and had a content validity index of 0.83. The reliability of the questionnaires was 0.91. Data were analyzed using descriptive statistics and multiple regression. **Results:** Study participants had good attitudes toward behaviors, subjective norms, perceived behavioral control, and intention to prevent COVID-19. In addition, perceived behavioral control was the only factor that statistically predicted intention to perform COVID-19 infection prevention and may explain 25.6% of the variability of intention ( $P < .001$ ). **Conclusions:** Based on the results of this study, relevant authorities, including wards and infection control units, should support perceived behavioral control among registered nurses to encourage COVID-19 prevention practices.

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**COVID-19 vaccination strategy in Singapore—Perspectives and lessons from primary care**

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**Objectives:** The disruptions wrought by COVID-19 have spurred the development of vaccines at a pace unprecedented in global history. We have witnessed vaccine development from in vivo testing to population-wide implementation in just under 1 year. Singapore’s vaccination rate of 80%,

attained at the start of September 2021, marks a milestone. It signals that plans to shift from a “zero transmission” approach to an endemic “living with COVID-19” approach is headed in the right direction, albeit cautiously and with some uncertainty. Although we ask ourselves at what rate our society should be reopened, we acknowledge that such questions are not easily answered because newer variants are proving more transmissible and, possibly, vaccine resistant compared to earlier variants. **Methods:** COVID-19 vaccination milestones were plotted. A timeline was used to map key events of Singapore’s vaccination strategy in terms of legislation, logistics and operations, vaccination eligibility, vaccination sites, and measures implemented to encourage vaccine uptake. These factors were compared with Singapore’s vaccination rate from December 2020 to early September 2021. **Results:** The successful vaccination strategy in Singapore has been explored in 4 main areas: good leadership and evidence-based decision making, use of communications, utilizing existing logistics, and an ever-ready primary care. **Conclusions:** As we transition to our second year of combating COVID-19, emerging variants, spread despite vaccination, and the contesting voices of antivaxxers pose new challenges. Vaccine-generated immunity is only one, albeit an important, element of a comprehensive COVID-19 strategy. The strategy must also entail surveillance, self-testing, contact tracing, quarantine, legislation, financial support, and strengthened social responsibility. As providers of vaccination and translators of upstream evidence and policy decisions in the community, primary care providers should be involved early in decision making regarding interventions in the community because they can foresee challenges on the ground. Let us put our continued trust in primary care providers to contribute to making Singapore a COVID-19–resilient nation.

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**Assessing COVID-19 symptoms in infected healthcare workers in Vietnam**

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**Objectives:** In early 2021, when the COVID-19 vaccine was scarce in Vietnam, healthcare workers (HCWs) were prioritized for vaccination due to high risk of occupational exposure. However, there is some COVID-19 vaccine hesitancy within HCW communities. Assessing COVID-19 severity among vaccinated and nonvaccinated HCWs would contribute essential information to assure people of vaccine effectiveness and reduce vaccine hesitancy. **Methods:** We conducted a descriptive cross-sectional study at the National Hospital for Tropical Diseases in Hanoi, Vietnam, from May to June 2021. Clinical and epidemiological data from HCWs with positive polymerase chain reaction (PCR) results were collected. The severity of symptoms were classified according to Vietnam Ministry of Health guideline (Decision no. 3416 issued July 14, 2021) into 5 categories: asymptomatic, mild, moderate, severe, and critical conditions. **Results:** Overall, 25 HCWs qualified for this study (14 women and 11 men), with a median age of 31 years. Among them, 3 HCWs were infected due to community exposure, and the rest were infected due to occupational exposure. Also, 3 HCWs received the Astra Zeneca vaccine before being infected with SARS-CoV-2 (one fully vaccinated with 2 doses and the other 2 had the first dose). Categorized by the severity of infection, 28% were asymptomatic, 44% had mild symptoms, 20% had moderate symptoms, and 8% experienced severe symptoms. All 3 vaccinated HCWs showed only mild symptoms. Cough and sore throat were the main symptoms recorded (60%), followed by fever (56%). Blood test results did not show significant differences between the severe and mild COVID-19 groups. **Conclusions:** COVID-19 vaccination reduced the severity of COVID-19 in this small sample of HCWs. Full