offered regular reviews for adults with CD, detailed in the table.

Conclusions Meeting national guidance is a key driver for provision and content of reviews for adults with CD. This study provides a baseline for comparison to how the services have changed during the pandemic and beyond. There is urgent need to evaluate the acceptability of different formats and include the voice of people with CD in the design of services.

PTH-12 CATHETER-RELATED INFECTION RATES IN PATIENTS ON CUSTOMIZED HOME PARENTERAL NUTRITION COMPARED TO MULTI-CHAMBER BAGS

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Introduction The risk of blood stream infections may be increased in hospitalized patients receiving ready-made multi-chamber parenteral nutrition bags (MCB) compared to customized parenteral nutrition (PN); however, as highlighted in recent international guidelines, there are no comparable data relating to home PN (HPN).

Methods Data from a prospectively maintained database were analysed to compare incidence rates of catheter-related blood stream infections (CRBSI) between patients receiving customized HPN compared to MCB HPN at a national UK referral centre between May 2018 and August 2020. Two patient cohorts were included:

1. Patients newly commenced on HPN (customized and MCB) for a 14 month period from July 2019.

2. Patients who were switched from customized to MCB HPN in July 2019.

Results Sixty patients with chronic intestinal failure were commenced on MCB and 45 on customized HPN for a total of 5914 and 7641 catheter days respectively. No difference in CRBSI incidence was found (0.51/1000 catheter days for MCB, 0.39/1000 catheter days for customized HPN; incidence rate ratio 1.29, 95% CI 0.26-6.37).

Eighteen patients were switched from customized HPN to MCB HPN. The study period covered 7401 catheter days on customized HPN and 4834 days on MCB. No significant change was noted in the CRBSI rates following this switch (0.27/1000 catheter days on customized HPN versus 0.21/1000 catheter days on MCB; incidence rate ratio 1.31, 95% CI 0.12-14.3).

Conclusions The use of MCB for HPN patients is not associated with an increased risk of CRBSI. This study will inform international guidelines and provide reassurance for the continued, safe use of MCB HPN.

PTH-13 ONGOING PH TESTING OF NASOGASTRIC TUBES: A REVIEW OF HOSPITAL INCIDENT REPORTS IN ADULTS

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Introduction It is unknown if pH testing a nasogastric tube (NGT) before every use reduces the risk of adverse outcomes as it is based on expert opinion^(1,2). Adverse outcomes such as never events are rare, 95 in 4.5 year period across England, with 790,000 NGTs supplied annually⁽¹⁾ making this difficult to observe such incidents in cohort studies. This review of hospital NGT incident data aims to identify incidents related to ongoing pH testing, at a central London hospital which orders approximately 5,000 NGTs annually.

Methods The hospital's Risk Systems Manager searched all incident data from 1-Jan-2014 to 31-Dec-2019 for [Nasogastric OR NG] AND tube. Anonymised short incident descriptions were shared with the authors who compared the incidents to inclusion/exclusion criteria (see figure 1). More detailed incident records were requested for included incidents and compared against the criteria. Incidents were analysed using descriptive statistics. This review considered a service evaluation, so no ethical approval required.

Results See figure 1 for results. The initial search returned 352 incidents. Further description obtained for 22 incidents,

Abstract PTH-13 Figure 1 Classification tree of incidents

with 8 incidents relating to ongoing NGT position testing. 2 NGTs moved without a change in nostril measurement; both identified via X-ray, not pH testing. 1 tube was in the lung and caused low harm. The other was in the oesophagus caused no harm. There were another 2 recorded incidents of missed medications and/or feed due to failed ongoing pH tests.

Conclusions These results highlight that NGTs can spontaneously displace and pH testing does not always identify these. It also indicates that failed pH test results can and do lead to delays in feeding and medications. Incident reporting likely captures only a fraction of these adverse outcomes and further primary observational research is required for more accurate representation.

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Colon and anorectum

PTH-90

PREVALENCE OF CLOSTRIDIODES DIFFICILE INFECTION IN CENTRAL INDIA: A PROSPECTIVE OBSERVATIONAL COHORT STUDY

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Introduction The true burden of *Clostridioides difficile* infection (CDI) in India remains poorly understood. Prolifigate, unregulated antibiotic use and inappropriate prescribing suggest that CDI could be widespread in India. Our aim was to establish and compare baselines rates of CDI in both in-and outpatient settings in Nagpur city district and rural Melghat, Central India.

Methods We recruited adult participants aged ≥18 years of age who could provide written or thumb-print informed consent. A diagnosis of diarrhoea was defined as 3 or more loose stools in a 24-hour period. Immunosuppression was defined as those on prednisolone (>5mg/day), immunomodulators or biologics. Baseline characteristics were also collected and included: demographics, symptomatology, antibiotics exposure, duration of diarrhoea, hospitalisation status at recruitment, and duration, BMI, animal exposure, housing conditions, toilet access, and seasonality. All diarrhoeal samples were tested for CDI using the C. DIFF QUIK CHEK COMPLETE-enzyme immunoassay in accordance with the manufacturers' instructions.

Results *C. difficile* testing was performed on 1223 patients with acute diarrhoea. A total of 36 patients (2.9%) tested positive for both GDH antigen and toxin expression. A higher% of urban inpatient diarrhoeal samples tested positive for toxigenic *C. difficile* (26 cases; 8%) compared to that seen for urban outpatients (9 cases; 3%) and the rural diarrhoeal group

(1 outpatient case). Of those testing positive for toxigenic *C. difficile*, 63.9% were immunosuppressed and almost all (94.4%) were on antibiotics at the time of recruitment. The majority of the toxigenic CDI cases were detected during the monsoon season, lived in very good or good housing conditions, had access to good toilet facilities and reported no co-habitation with animals. Non-toxigenic *C. difficile* was detected in 6.2%, 4.8%, and 0.5% in the urban inpatient, urban outpatient, and rural populations tested, respectively.

Conclusions Toxigenic *C. difficile* is an important but neglected aetiological cause of infective diarrhoea in Central India. The higher prevalence within the urban inpatient setting likely reflects greater exposure to antibiotics and hospitalisation. Our findings underscore the need to enhance awareness of and testing of patients with diarrhoea in India, particularly in high-risk individuals with recent or ongoing antibiotic exposure or hospitalisation.

PTH-91

MULTIPLEX PCR FOR DETERMINING AETIOLOGY OF INFECTIOUS DIARRHOEA IN RURAL AND URBAN CENTRAL INDIAN POPULATIONS

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Introduction Infectious diarrhoea is a major cause of morbidity and mortality in Central India. There is an urgent unmet need to implement rapid point-of-care tests to deliver effective and targeted treatment plans. The aim of this exploratory study was to assess the performance of the FilmArray Gastrointestinal Panel for the detection of enteric pathogens directly from stool specimens collected from diarrhoeal and non-diarrhoeal control populations in Central India.

Methods Faecal samples were collected from participants with and without acute diarrhoea presenting to an inpatient or outpatient setting in Nagpur city district and rural Melghat. Each stool sample was stored at 4°C and preserved in Cary-Blair enteric transport medium for multiplex PCR using the FilmArray GI Panel according to the manufacturer's instructions. This panel allows for the simultaneous detection of 22 common diarrhoeal agents, including bacteria, viruses and protozoa. Baseline characteristics were also recorded and included: demographics, symptomatology, antibiotics exposure, duration of diarrhoea, hospitalisation status at recruitment, and duration, BMI, animal exposure, housing conditions, toilet access, and seasonality.

Results 179 participants provided stool samples for analysis on the FilmArray GI Panel. 70 and 109 participants were from rural Melghat and Nagpur urban district, respectively. Of these, 138 were from mainly non-hospitalised participants with acute diarrhoea from urban (n=89) and rural areas (n=49). In the urban cohort, 81% (88/109) of all diarrhoeal and non-diarrhoeal samples tested positive for one (27%) or more (54%) pathogens. In the rural cohort, a striking 97% (68/70) of samples yielded positivity to one (14%) or multiple organisms (83%). The most prevalent pathogen detected in both the diarrhoeal and control cohorts was *Enterohaemorrhagic E. coli* (51% vs 59%, respectively). However, other pathotypes of diarrhoeagenic *E. coli* were highly prevalent in both cohorts, including ETEC, EPEC, *Shigella*/EIEC, and STEC. A