

**A SURVEY OF ANTIBIOTIC USAGE AT COCOA CLINIC, A QUASI-
GOVERNMENT HOSPITAL**

by

François Kobla Kumaza B. Pharm (Hons.)

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Certification

I hereby declare that this submission is my own work towards the MSc and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text

François Kobla Kumaza (ID: 20040042)
2009



September,

Student Name & ID

Signature

Date

Certified by:

Supervisor(s) Name

Signature

Date

Certified by:

Head of Dept. Name

Signature

Date

Dedication,

This work, to the glory of God, is dedicated to my wife Sakyibea and my four children, Edem, Elikem, Esenam and Bubune. They have been part of it all.

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Abstract

High levels of antibiotics use, often clinically unnecessary, have led to a steady increase in drug resistance. Diseases of bacterial origin are a major cause of morbidity and mortality in low-income countries ^[26]. Antibiotic usage was studied retrospectively from clinical records of all patients who had antibiotic prescription from all the various centres in Cocoa Clinic for the month of July 2008 and were served at the clinic's pharmacy. Data were retrieved with the assistance of the Clinic's Biostatistician from the records department as well as from computer entries of all transactions at the pharmacy. Informal interviews were also conducted with the prescribers and the pharmacists available. Records were examined for whether microbiological investigations were done before or after antibiotics prescriptions.

The commonest antibiotics prescribed for all the age groups include Amoxicillin + Clavulanic acid, Ciprofloxacin, Cefuroxime, Amoxicillin, Metronidazole and Flucloxacillin. Age group 15-44years received the highest percentage of antibiotic prescriptions.

The most common infections requiring antibiotics use were upper respiratory tract infection including common cold accounting for 377 (23.44%) of therapeutic prescriptions. Gastroenteritis was next (13.81%) followed by respiratory tract (12.19%) and skin and soft tissue infections (10.14%) then urinary tract infections (7.71%).

Most prescriptions were given empirically based on known pathogens. In some cases prescription were changed when laboratory results determined so.

More study is required to determine the trend or pattern in antibiotic usage and the factors influencing this. A multidisciplinary prospective study is recommended.

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