

ate was reported for Prothrombin Time/ International Normalized Ratio (PT/INR) (6.74%). Rejection rates for Erythrocyte Sedimentation Rate (ESR), Activated Partial Thromboplastin Time (APTT), Reticulocyte Count (RC) and Full Blood Count (FBC) were 6.21%, 3.38%, 2.32% and 1.46% respectively.

**Conclusions:** Overall rejection rate was higher in the hematology laboratory of THK. Highest rejection rates were found in the samples awaiting PT/INR, ESR and APTT analyses. Clot formation, insufficient volume, hemolysis, no request forms for samples and BHT differences were among the major causes for sample rejection. Results emphasize the requirement of continuous training and education programmes for the nurses on blood sample collection.

## PP21

### Assessment of bacterial contamination of Sri Lankan currency notes

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**Objectives:** This study aimed to determine the bacterial contamination of Sri Lankan currency notes circulated in the Maharagama area and factors contributing to bacterial contamination of currency notes.

**Methods:** A total of hundred currency notes, which included twenty notes each of Rs.20, Rs.50, Rs.100, Rs.500 and Rs.1000 were examined. Sterile cotton swabs moistened in sterile normal saline were rubbed on both surfaces of the currency notes and the swab vortexed in 1 ml of sterile normal saline. Bacterial counts were obtained using the spread plate method. Identification of isolates and antibiotic susceptibility tests were done using standard procedures.

**Results:** Twelve types of bacteria were found among 626 isolates. Methicillin resistant *Staphylococcus aureus* (MRSA) was reported in 11.6% currency notes. Gram positive spore forming bacilli (46%) and *Staphylococcus aureus* (21.7%) were the predominant contaminants. Pathogens, including *Escherichia coli* (0.5%), *Klebsiella* species (0.2%), *Pseudomonas* species (0.5%), *Acinetobacter* species (0.3%), *Moraxella* species (0.2%) and *Aeromonas* species (0.3%) were identified. There was a significant association between bacterial contamination and the currency denomination ( $p=0.012$ ). There was no significant association between bacterial contamination and visible blemish levels of currency notes ( $p=0.462$ ).

**Conclusions:** High levels of bacterial contamination of Sri Lankan currency notes suggests that the currency notes can act as carriers for the transmission of pathogenic bacteria. It is important to educate and increase awareness among the community regarding hygienic handling of currency notes.

## PP22

### Needle stick injuries and associated factors among nurses in Colombo South Teaching Hospital

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**Objectives:** To estimate the incidence of, and describe the factors associated with, needle stick injuries among nurses in the Colombo South Teaching Hospital.

**Methods:** A descriptive cross-sectional study was conducted among 200 registered nurses who were randomly selected and were working in different wards (active) at the time of data collection. Data was collected by self-