

Methods: A cross-sectional survey of 60 VHA aged 18 years and above who attended a 2-day training in September 2014, prior to implementing HBI in 40 churches in southeast Nigeria. Participants completed a 10-item single-answer questionnaire that assessed knowledge of Ebola epidemiology, symptoms, transmission, prevention practices, treatment and survival. Answers to the core questions were analyzed and reviewed with participants who subsequently scheduled presentations to their congregation.

Findings: 59 of the 60 VHA in attendance during the 2-day training completed the survey (Response Rate=98%). Participants mean age was 41.21 years. A majority of participants were females (76%), resided in rural areas (56%), were college-educated (61%), employed (73%) and married (80%). Average score for participants was 7 out of 10. Scores varied from less than 50% (6/59) to above 80% (23/59). Only 44% of participants knew the correct duration before symptoms can be seen in infected patients. A majority of participants correctly identified hand washing as the best way to prevent Ebola (92%); however, 47% believed there is an Ebola vaccine.

Interpretation: This study shows that VHAs from rural and hard to reach areas of Nigeria can be brought together to assess infectious disease knowledge and identify gaps in knowledge. By reviewing answers to the questions with the VHAs, they were quickly prepared for rapid dissemination of infectious disease information to their communities.

Funding: Supported in part by the National Institutes of Health and PEPFAR through grant #R01HD 075050, HealthySunrise Foundation, PeTR-GS and ANPA.

Abstract #: 01CD013

The positive living with HIV (POLH) study: A project for the longitudinal assessment of risk behaviors and health outcomes among HIV-positive individuals in Nepal

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Program/Project Purpose: Scaling up of antiretroviral therapy has dramatically improved the life-span of people living with HIV/AIDS (PLWHA) globally. However, for a complex array of reasons, the prevalence of risk behaviors such as unsafe sex, drug use, smoking, alcohol drinking, and poor dietary intake remains high, along with the heavy burden of mental health problems and co-infections. Such factors may influence health outcomes among PLWHA in syndemic ways. We thus initiated the Positive Living with HIV (POLH) Study in 2010, with the aim of improving the health status of PLWHA by addressing multiple risk behaviors and co-morbidities in Nepal, a resource-limited country in South Asia.

Structure/Method/Design: The POLH project goals are to: 1) measure the prevalence of risk behaviors and co-infections and examine their associations with mental health, disease progression, and mortality; and 2) design and test culturally appropriate behavior change interventions among PLWHA. To these ends, we have been collaborating with five non-governmental organizations (NGOs) working with PLWHA in the Kathmandu Valley, Nepal. Using their networks, we recruited 322 PLWHA. NGO staff were trained to recruit, collecting data, and follow up with participants. With future grant support, we plan to expand the cohort and translate our research findings into practice.

Outcomes & Evaluation: We conducted baseline and 6- and 18-month follow-up surveys, with data on socio-demographics, anthropometrics,

lifestyle factors, 24-hour dietary behaviors, depression, illness history, and sexual behaviors. From collected blood samples, lipid, vitamin D, selenium, zinc, and C-reactive protein (CRP) levels were assessed, in addition to testing for hepatitis C virus (HCV), sexually transmitted infections (STIs), and liver functioning at baseline and 18-month follow-up. Additionally, we tested the effectiveness of a theory-based sexual risk reduction intervention. Monitoring of disease progression is ongoing. At baseline, we found high rates of unsafe sex (51.3%); STIs (chlamydia, gonorrhea, or syphilis: 5.3%, herpes simplex virus-2: 39.8%); HCV co-infection (43.3%); smoking (47.0%); depression (25.5%); anemia (55.8%); and 25-hydroxy vitamin D serum levels

Going Forward: Project continuation or expansion will depend on the availability of funding. Lack of funds will result in the measurement of limited outcome variables and missed opportunities to translate the research findings into practice.

Funding: University of Massachusetts-Amherst; JSPS, Japan; Waseda University; and NCGM, Tokyo.

Abstract #: 01CD014

Utilizing industry assets and proactive partnering to stimulate neglected disease product development

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Program/Project Purpose: Neglected tropical diseases (NTDs), malaria, and tuberculosis have a devastating effect on the >1.6 billion people living in poverty worldwide. However, these diseases lack safe, affordable, and effective products needed for prevention, diagnosis, and treatment. To address this, in October 2011 the World Intellectual Property Organization (WIPO), BIO Ventures for Global Health (BVGH), and eight biopharmaceutical companies established WIPO Re:Search.

Structure/Method/Design: This global Consortium accelerates the development of new drugs, vaccines, and diagnostics for NTDs, malaria, and tuberculosis by connecting the resources of biopharmaceutical companies to academic researchers with novel product discovery or development ideas. WIPO Re:Search is a voluntary endeavor open to any qualified entity, provided that they agree to abide by the Consortium's Guiding Principles. Over 90 institutions have joined WIPO Re:Search including 10 private industry, 36 academic, and 46 nonprofit or government research institutions from across the globe. As the WIPO Re:Search Partnership Hub Administrator, BVGH proactively examines Member scientists' current neglected disease research and proposes novel collaboration opportunities with other Members. BVGH also fields requests from researchers, identifies Member organizations able to fulfill these requests, and helps forge mutually beneficial collaborations with clearly-defined responsibilities and expectations.

Outcomes & Evaluation: BVGH has facilitated 79 research partnerships between Members, including 33 compound/compound library requests, three agreements for assistance with computational chemistry or structure-activity relationship assays, and three projects to improve the formulation of promising compounds. Members have also agreed to share confidential data and expertise through 14 separate agreements. These partnerships have resulted in candidate products advancing along the product development pipeline. Screens have identified compound hits for malaria, schistosomiasis, Chagas disease, soil-transmitted helminthiases, and Buruli ulcer. Several of these hits have advanced to dose response assays. Other partnerships are stimulating diagnostic development for diseases including dengue, tuberculosis, and malaria.

Going Forward: Going forward, BVGH will continue its proactive partnering to develop new and impactful product development partnerships. The goal of WIPO Re:Search is to accelerate the development of marketed products for NTDs, malaria, and tuberculosis. As such, BVGH w

Funding: BVGH's partnering activities are supported through the financial sponsorship of the WIPO Re:Search for-profit biopharmaceutical Members: Alnylam, Eisai, GlaxoSmithKline, Kineta, Merck, Novartis, Pfizer, Sanofi, and 60 Degrees Pharmaceuticals.

Abstract #: 01CD015

Más miedo a una enfermedad que a un balazo [More afraid of a disease than a bullet]: Implementation of system-wide needlestick injury surveillance system in the Tijuana police department, Mexico

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Program/Project Purpose: In Tijuana, Mexico, people who inject drugs (PWID) report syringe confiscation by law enforcement personnel and syringe-related arrests despite legal possession. For police officers, handling used syringes is a serious occupational and healthcare risk. Public health and police departments are often at odds due to competing priorities. Unlike most upper income countries, Mexican police departments do not have systems in place to document and respond to a needlestick injury (NSI). The Secretaría de Seguridad Pública Municipal in Tijuana (SSPM-TJ) is among Mexico's largest municipal police forces (approximately 2100 police officers). Our main goal was to develop and implement a surveillance system documenting the incidence of NSI amongst law enforcement officers in SSPM-TJ to inform further research and program development while promoting a standardized protocol to reduce harm and prevent bloodborne infections including HIV.

Structure/Method/Design: In 2014, our binational research team conducted an anonymous and confidential occupational safety survey with 529 active duty police officers to inform the development of the SSPM-TJ department-wide NSI surveillance system. Almost 3/4 of respondents encountered syringes during their service; 15.4% reported having at least one NSI, of which 16.2% was within the last year. Three quarters of respondents were unaware of any protocol to respond to occupational NSI. The NSI surveillance program we developed encourages officers experiencing a NSI notify a direct supervisor and immediately go to one of two offices staffed 24-hours a day with a certified medical doctor to confidentially complete a NSI Exposure Report Form detailing the type and circumstances of exposure. Free HIV, Hepatitis B and C tests are available on-site. Officers are encouraged to seek free medical attention at a universal healthcare providers for police officers to follow up with blood serum tests and post-exposure prophylaxis (PEP) as mandated by their attending physician.

Outcomes & Evaluation: This standardized system tracks exposures and injuries that may facilitate urgent access to integral healthcare services including PEP. NSI data are managed by the department of Statistics and Special Projects at SSPM-TJ, who provide quarterly reports to our team including date of NSI and context of the NSI without identifying information.

Going Forward: This presentation highlights a binational and multi-sectoral collaboration spanning public health, law, security and emergency medicine. This unique collaboration addresses public health and public safety concerns while establishing, to our knowledge, the

Funding: Fogarty International Center of the National Institutes of Health, Award Number D43TW008633

Abstract #: 01CD016

Risk factors identification of Dengue fever outbreak in Mansehra-Sept 2013, Shah IA, Baig MA, Ansari JA, Asghar RJ

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Background: Health department (HD) Mansehra (120 Km North of Capital City Islamabad in Khyber Pakhtunkhwa Province, Pakistan) received reports of 38 cases of Dengue in last three weeks of September 2013. An outbreak investigation was carried out to find associated risk factors and suggest control measures.

Methods: An outbreak investigation was carried out from Sept 28 to Dec 1, 2013. Residents of Mansehra, reporting fever at King Abdullah Teaching Hospital(KATH) Mansehra within last seven days, with at-least any two of symptoms; headache, rash, retro-orbital pain, myalgia, arthralgia, bleeding between Sep 1 and Dec 1, 2013 was considered Dengue suspect case. Confirmation was by positive dengue-specific Immuno chromatographic IgM/IgG and ELISA at National Institute of Health Islamabad. Age and sex matched controls were taken from the same area. Area was examined for environmental risk factors. Written consent was served and got signed from each participant, after getting the permission from the District Administration and Health Department.

Findings: 740 suspects were screened and 210 (28.4%) were found positive on ICT. The cases were predominantly male (n=134, 64%). Median age was 29.5years (range 3-85yrs).Major symptoms were fever (n=187, 89.05%), headache (n=193, 91.90%), rash (n=48, 22.46%), retro-orbital pain (n=165, 78.57%) and bleeding-manifestations (n=37, 17.62%). 614 age and sex matched controls were selected. Odds ratios were calculated which showed positive association with those living within 500 meters from local stream (OR=2.045, 95%CI 1.43-2.90) p value

Interpretation: Timely Larvicidal and Insecticidal Residual spray activities by local HD, restoration and stabilization of stream banks, covering water tanks and using mosquito repellent coils were recommended. Based on results a larger study is ongoing for mitigating the risk factors in 2014. Limitations faced were poor quality surveillance data, Laboratory based deficient facilities for ELISA at KATH Mansehra, and non-availability of entomologist in HD Mansehra.

Funding: Health Department Mansehra, District Administration Mansehra and National Institute of Health Islamabad Pakistan.

Abstract #: 01CD017

Participation in a mobile health intervention to improve retention in early HIV care in an informal urban settlement in Nairobi, Kenya: a gender analysis

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