

COMMUNICABLE DISEASES

Ebola prevention to recovery: A student-to-student social media campaign

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Program/Project Purpose: Content: The Thomas Jefferson University Global Health Initiative Committee (GHIC) is an inter-academic committee of faculty and students. It is the premier point of engagement on global health issues. The GHIC is building a student-to-student social media campaign to provide educational messages to students in the diaspora and the countries affected by Ebola. Students manage the social media network with faculty oversight. The network collaborates with key stakeholder organizations to identify and propagate important public health information. Program Period: From crises through recovery phases of the Ebola epidemic. Why: The program looks to capitalize on the social media capabilities of students as a methodology to disseminate key information and form support groups locally and globally. Aim: To disseminate information regarding Ebola from crises to recovery phase in readily understood messages, in the appropriate language or signage, at the appropriate educational level, both locally and globally.

Structure/Method/Design: Desired Outcomes: To inform students in effected areas about Ebola and to inform and support them through recovery Participants: An inter-professional team of Jefferson students and faculty volunteered to develop the outreach and social media campaign. Hesperian Foundation, famous for health resources such as Where there is No Doctor, is assisting in creating the messages. We are collaborating with nonprofit and faith-based organizations and ambassadors from Sierra Leone and Guinea. Sustainability: The plan is to address each phase of the emergency from crisis to recovery with appropriately targeted messages.

Outcomes & Evaluation: To date: The GHIC coordinated a symposium with key stakeholders, including ambassadors from three West African countries, that was broadcast to universities in West Africa. The GHIC developed an inter-professional team of student volunteers and faculty advisors who identified key stakeholders at nonprofit and faith-based organizations both in the diaspora and effected countries to help build the social media campaign. The GHIC continues to act as a liaison with key embassies in effected countries and has begun collaborating with the Hesperian Foundation to help craft messages that can be translated and/or disseminated in a myriad of languages through a variety of social media. M & E: The GHIC will monitor the number of messages and the number of times each message is propagated as an indicator of success. **Going Forward:** Ongoing challenges? Maintaining a constant stream of effective educational messages using pragmatic social media venues in a multitude of languages from crisis to recovery phases with a student volunteer team that will change with the semesters. Unmet goals? Future program activities change? Future program activities will change as the current Ebola crises moves to recovery.

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Performance of high-risk human papillomavirus messenger RNA testing in self-collected tampons among HIV-Infected women in Pretoria, South Africa

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Background: HIV-infected women are at increased risk for infections with high-risk human papillomavirus (hrHPV) types and development of cervical cancer. South Africa has a large HIV burden and low cervical cancer screening coverage. Self-collection of cervical specimens for HPV testing has been suggested as one method to increase cervical cancer screening. We evaluated the performance of hrHPV messenger RNA (mRNA) testing on self-collected tampons versus clinician-collected swabs among HIV-infected women in Pretoria, South Africa. **Methods:** We conducted a prospective study at one government HIV treatment clinic in Pretoria, South Africa. A study clinician performed a pelvic examination and obtained a cervical brush specimen for hrHPV and cytology. Study participants then inserted a tampon for self-collection. Both the clinician- and self-collected specimens were tested for hrHPV mRNA using the Aptima assay (Hologic/Gen-Probe Inc.). The primary outcome was test positivity of the clinician-collected versus tampon-collected specimens. The secondary outcome was correlation with cytology results.

Findings: A total of 325 women, with a mean age of 41 years (25–70 years) participated in the study. There was no difference in the hrHPV mRNA prevalence detected by each collection method, 36.7% in clinician-collected specimens versus 43.5% in tampon-collected specimens ($p = 0.11$). Paired specimens agreed in 77.6% of women, and the Cohen's κ -statistic was 0.54 (95% CI: 0.44 – 0.63). The sensitivity of hrHPV testing for detecting HSIL as diagnosed by cytology was 84.0% (95% CI: 63.9 – 95.5%) in clinician-collected specimens and 72.0% (95% CI: 50.6 – 87.9%) in tampon-collected specimens ($p = < 0.01$). The specificity of hrHPV testing for detecting HSIL was 67.4% (95% CI: 61.6 – 72.7%) in clinician-collected specimens and 58.9% (95% CI: 53.0 – 64.6%) in tampon-collected specimens ($p = 0.03$).

Interpretation: We found a high prevalence of hrHPV mRNA in a population of HIV-infected women in South Africa, highlighting the need for more expansive cervical cancer screening. Given its lower sensitivity and specificity for HSIL, the tampon-collection method might be limited to patients who are not able to have a pelvic examination or who prefer home-collection. However, further evaluation of the role for tampon-collection as a method to increase cervical cancer screening coverage is warranted.

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Factors that influence mycobacterium tuberculosis culture results in patients diagnosed with tuberculosis

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