

communication between human and animal health agencies. To facilitate interagency collaboration in identifying zoonotic diseases of concern, the One Health Office within the Centers for Disease Control and Prevention (CDC) designed the One Health Zoonotic Disease Prioritization Tool (OHZDPT). Two countries in Sub-Saharan Africa were the first to implement the OHZDPT. Step 1 of the process included an extensive literature review to evaluate existing country-specific data on zoonotic diseases.

Structure/Method/Design: CDC identified 42 zoonotic diseases for inclusion in the OHZDPT, including bacterial ($n = 17$), parasitic ($n = 7$), and viral ($n = 18$) pathogens. Data regarding human disease severity (e.g., morbidity, mortality, and disability-adjusted-life-years), economic burden in animals, and prevention/control strategy (e.g., vaccine availability) were compiled. NCBI PubMed was used to search for data using the country name AND disease name AND one of the following terms: “morbidity,” “mortality,” “DALYs,” “cases,” “animals,” “vaccine,” and “wildlife.” References from retrieved articles were reviewed to identify additional relevant publications. If no relevant articles were available, the search was repeated for data from neighboring countries in Sub-Saharan Africa to provide a regional estimate. Data publicly available on the World Health Organization and UN Food and Agriculture Organization websites were also included, as were data from the Institute for Health Metrics and Evaluation’s 2010 Global Burden of Disease (GBD) Survey.

Outcome & Evaluation: Using this strategy, approximately 100 articles were retrieved for each country; the data on disease burden were highly variable. The 2010 GBD Survey and WHO website were the most valuable sources for country-level human disease estimates, but provided no data for animals. Animal health data and economic burden estimates were not available for the majority of diseases.

Going Forward: The literature search highlights the lack of scientific data available and the need for resource investment in zoonotic disease research. Implementing the OHZDPT in both countries will provide a framework for enhanced surveillance, diagnosis, and control for zoonoses.

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Effect of a home-based intervention by trained community health nurses on immunization rates, exclusive breastfeeding, growth parameters, and hospitalizations for respiratory and diarrheal illness – a pilot randomized controlled trial

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Background: Healthy Children Brighter Futures (HCBF) is a pilot program in Krishnagiri District, India that provides home health visits to infants <12 months of age. Community Health Nurses

(CHNs) make monthly visits to the homes of these infants to assess breastfeeding, immunization status, growth developmental milestones, and to provide anticipatory guidance. CHNs also identify acute health care needs and refer to tertiary care as appropriate.

Objective: We assessed the efficacy of this program based on four outcomes through the first two months of life – rates of exclusive breast feeding (EBF), immunization uptake of government-provided vaccines, incidence of hospital admissions and physician visits, and growth parameters.

Methods: This pilot study was conducted as a randomized controlled trial. Three panchayats were randomized to a ‘control’ group and three were randomized to an ‘intervention’ group. Each group had 25 mother-infant dyads. The ‘intervention’ group received visits at one week, one month, and two months of life and nurses provided counseling services during these visits. The ‘control’ group received a baseline visit at one week and a final visit at two months and received no counseling services.

Results: Rates of EBF were 100% in both groups throughout the course of the study. No differences were found in rates of CIC (complete immunization coverage) at baseline or at the follow up visits. Higher rates of physician visits were found in the control group compared to intervention group at both baseline (13% vs. 0 $p = .48$) and study endpoint (33% vs 0, $p = .04$). Lastly, although rates did not differ across groups in any anthropometric measure at baseline or study endpoint using the 5th percentile as a threshold, more infants in both groups measured in the normal range at follow up compared to baseline.

Conclusions: Despite the small sample size and short duration of the study, counseling services showed benefits. Important findings were that lower rates of physician visits were observed in the intervention group compared to the control group. While the intervention group, at baseline, had more underweight infants compared to the control group, at the two-month follow-up visit, both groups had similar rates of underweight infants.

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Managing major psychiatric illnesses through tele-consultation in a secondary care setting in rural India

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Program / Project Purpose: Specialist care for mental illnesses in rural India is a neglected issue. We have developed a programme based on Tele-consultation with a psychiatrist to address this issue in a rural hospital. Operational since April 2012, this program has aimed to provide diagnosis and appropriate treatment for psychiatric patients via remote consultation and to provide continued specialist care at affordable rates with adequate patient compliance.

Structure/Method/Design: Patients screened on an outpatient department (OPD) basis were called for weekly tele-psychiatry clinic. With high speed internet, audio-visual consultations were provided by a remote consultant psychiatrist with simultaneous Electronic Medical Record usage. A Resident doctor or paramedic