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

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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 multisectoral 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

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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 repellant 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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