generate data using semi-structured interviewer administered questionnaire and key informant interview guide respectively. Descriptive and analytical statistics were done.Bivariate analysis and multivariate logistic regressions were done at 0.05% level of significance to identify independent predictors of IPV in pregnancy.

Findings: Respondents mean age was 27.71+5.14 years. Majority were married (93.2%), in monogamous relationships (91.5%) and Christians (97.4%).Prevalence of IPV a year before most recent pregnancy was 43.3% while the prevalence during pregnancy was 37.2%.The prevalence of physical, sexual, emotional and economic violence before pregnancy were (50.5%, 50.5%, 67.4%, and 41.4% respectively) compared to (42.5%, 47.9%, 65.9% and 39.8% respectively) during current pregnancy. Independent predictors of IPV before pregnancy were partner's controlling behaviour (AOR 2.37; 1.62-3.48), partner's past history of witnessing maternal abuse (AOR 2.96; 1.56-5.64) and partner's involvement in physical fights (AOR 2.67; 1.69-4.20). Partner's controlling behaviour (AOR 3.05; 2.06-4.52), single/cohabiting(AOR 1.30; 1.03 -4.10), bride price not paid(AOR 1.61; 1.03-2.50), other wives/lover (AOR 2.40;1.16-5.00), not wanting the pregnancy (AOR 1.79; 1.21-2.65) and history of husband involvement in physical fight with other men(AOR 2.32 ;1.47-3.68) were independent predictors of intimate partner violence during pregnancy.

Interpretation: Partner's controlling behaviour, being single/cohabiting, bride price not paid, partner's infidelity, unplanned pregnancy and history of partners' involvement in physical fights were risk factors associated with IPV during pregnancy. Laws prohibiting violence against women should be enforced.

Funds: None.

Abstract #: *1.045_NEP*

Exploring data sources for road traffic injury in Cameroon: capture and completeness of police records, newspaper reports, and a hospital trauma registry

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Background: Road traffic injury (RTI) surveillance systems are a fundamental component of organized injury prevention and trauma care efforts. Which data source provides the best capture of RTI events in low- and middle-income country (LMIC) contexts is unclear. We assessed the number of events captured and the information available in Yaoundé, Cameroon from three previously-described LMIC injury data sources: hospital trauma registry, police records, and newspaper journals.

Methods: Data were collected from a single-center trauma registry, police records, and the six most widely circulated newspapers in Yaoundé over a 6-month period in 2009. The number of RTI events, mortality, injury context, and other variables commonly included in injury surveillance systems were recorded. Sources were compared using descriptive analysis.

Findings: Hospital, police, and newspaper sources captured 1686, 273, and 480 road traffic injuries, respectively. The hospital trauma registry provided the most complete data for the majority of variables explored; however the newspaper data source captured two mass-casualty train crash events that went unrecorded in the police and hospital systems. Police data provided the most complete information on first responder to the scene, missing in only 7%. Excluding train crash victims, 57 (73%) of newspaper RTIs and 107 (39%) of police records RTI were also captured in the trauma registry.

Interpretation: Investing in the hospital-based trauma registry may yield the best surveillance for road traffic injuries in Yaoundé, Cameroon; however police and newspaper reports may serve as alternative data sources when specific information regarding mass casualty events or prehospital context are needed.

Funding: None.

Abstract #: *1.046_NEP*

Assessment of barriers to use of preventative screening tests for women in Trujillo, Peru

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Background: Cervical cancer and breast cancer are the most common causes of female cancer in Peru. Screening tests such as: the papanicolaou smear test, clinical breast exams, and mammograms, can help to prevent cervical and breast cancer by detecting the cancer early and starting the individual on an effective treatment. The purpose of this study was to assess knowledge and use of these screening tests and identify possible barriers to accessing preventative care for women in the peri-urban area of Trujillo, Peru.

Methods: Researchers surveyed women door-to-door in the peri-urban area of Trujillo, Peru. Women were asked questions about their access to healthcare, sexual relations, use of contraceptives, and preventative women's healthcare. Survey data was analyzed using Excel.

Findings: Ninety-eight Peruvian women were surveyed and their answers regarding women's preventative healthcare were analyzed. It was found that 96% of women surveyed had knowledge of a papanicolaou smear test and the majority have received the screening test, however, only 69% of women know of a clinical breast exam and 56% of women know of a mammogram. The majority of women have not had a clinical breast exam and/or mammogram. All women who were surveyed reported barriers to accessing healthcare.

Interpretation: There are a number of barriers that prevent women in the peri-urban area Trujillo, Peru from receiving sufficient healthcare. By better understanding these barriers, the healthcare system can address these obstacles in order to improve early detection of both cervical and breast cancer.

Abstract #: *1.047_NEP*

Novel approach to engage medical students in global health education and application

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Program/Project Purpose: Medical student interest in global health has increased dramatically in recent years, but providing meaningful experiences for busy students has proven a challenge. In a grassroots effort to develop the global health curriculum at the University of Utah School of Medicine (UUSOM), faculty and students hosted master training simulation courses in Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB), and Helping Mothers Survive (HMS). These evidence-based programs have been shown to reduce maternal and child morbidity and mortality when applied in resource limited settings, but there is little information regarding their efficacy as part of medical student education. The ultimate goal was to determine the utility of these courses in a medical school setting and assess student interest in incorporating such trainings into the UUSOM global health curriculum.

Structure/Method/Design: Master training courses in HBB (June 9-11, 2015), ECEB (September 30-October 1, 2015), and HMS (November 3-4, 2015) were offered to interested UUSOM students free of cost. Students were recruited via a student body email, and were signed up for the courses on a first come, first serve basis. The training courses took place on weekday evenings outside of formal lecture time. After the courses, surveys were sent to participating students to assess whether they thought the courses were useful and if they should be offered on a more formal basis.

Outcome & Evaluation: 17/18 participating students felt that these courses were beneficial to their medical education. 17/18 felt that the trainings were a good use of medical student time, and 17/18 would be interested in using these trainings in a future international elective. 18/18 students felt that these trainings should be available to future students. As a result of this positive feedback, a three credit Maternal and Neonatal Survival Course has been developed at the UUSOM. The new course will include online teaching modules, simulation trainings, as well as opportunities for students to facilitate trainings in global settings.

Going Forward: Other medical schools can benefit from similar programs. Future studies are needed to enhance and modify these new pathways for global health education.

Abstract #: *1.048_NEP*

Implementation of the first dedicated Ebola screening and isolation for maternity patients in Sierra Leone

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Program / Project purpose: Prior to the 2014-2015 Ebola epidemic, maternal mortality in Sierra Leone was amongst the highest in the world. The epidemic strained healthcare delivery and further increased maternal mortality. Given the high risk for EVD transmission at delivery and that many high acuity maternity patients meet case definition, screening at triage requires additional consideration for pregnant women to identify possible cases and allow for isolation, rapid laboratory diagnosis and safe delivery. We describe the implementation of the world's first maternity-specific screening and isolation system at Princess Christian Maternity Hospital (PMCH) in Sierra Leone.

Structure/Method/Design: In November 2014, we established a triage and isolation center at PCMH with the Ministry of Health to triage all pregnant and peripartum patients presenting to the hospital, and then isolate and care for those meeting case definition. Critical components included infrastructure, human resources, training and infection prevention control (IPC) management. 102 isolation staff were trained in IPC, EVD and emergency obstetric care protocols.

Outcome & Evaluation: Since opening, approximately 3500 patients were triaged monthly. 610 met case definition and were admitted to isolation; 30 were EVD positive. All 89 facility deliveries were attended in full PPE. Staff met EVD standards and provided essential emergency obstetric care. There have been no healthcare worker infections. Improvements were made to the facility, staffing, training and systems over time. Increased efficiency and quality was seen in patient flow, screening accuracy, nursing skill, IPC and quality of care.

Going Forward: EVD and other emerging diseases present new public health threats, requiring rapid mobilization of systems to mitigate risk. Our experience at PCMH provides a model for the triage and isolation of possible EVD maternity patients, addressing infection risk and mortality. Key components included screening of all patients, emphasis on IPC and health worker safety, and strengthening of public sector capacity. Initial limitations included a lack of prior standards for this vulnerable patient group, however rapid implementation served to immediately mitigate infection risk. This model may provide lessons for future similar epidemics.

Abstract #: *1.049_NEP*

Epidemiological study of childhood injuries and its correlates in Dhankuta-hilly District

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