

struggle for food and the grief stemming from the loss of loved ones continues. Increased food prices post-Ebola and caring for extended family members and orphaned children have amplified these challenges.

Interpretation: Following the transgenerational trauma of the recent Civil War, families in Sierra Leone were forced to navigate between fear, confusion, and loss during the Ebola epidemic. Despite nationwide school closures, children continued studies via educational radio programs. Interviews reveal one community's resilience and desire to overcome the epidemic; however, grief and distress continue. Findings from this study highlight the need to tell stories of communities in order to evaluate the long-term psychological, social, and economic consequences of infectious outbreaks.

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Abstract #: 2.009_INF

Interim Treatment Outcomes among Clinic-based Ambulatory Care Multi-drug Resistant Tuberculosis Patients Initiated From Mulago National Referral Hospital

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Background: Multidrug resistant TB (MDR-TB) is a strain of TB which is resistant to isoniazid and rifampicin, is a growing concern in Uganda. To address the issue of costs of hospitalization and limited space, clinic-based ambulatory care has been adopted. This study assessed the interim treatment outcomes of clinic-based ambulatory care of MDR-TB patients initiated from Mulago Hospital MDR-TB clinic Kampala within the first 6 months.

Methods: A retrospective cohort study was conducted. We reviewed 188 patient records of all MDR-TB patients initiated on treatment between January 01, 2013 and May 31, 2015. We determined the proportions of interim treatment outcomes of MDR-TB patients which included culture conversion, death and lost to follow-up by the end of the first 6 months on treatment. At bivariate analysis, all variables with p value < 0.2 were carried on to multivariable analysis. Modified Poisson regression was used and variables that had p values < 0.05 were considered significantly associated with culture conversion at month six.

Findings: Of 188 MDR-TB patients, 59% 110 (110/188) were males and median age was 34 years (Inter quartile range: 15). 58% (109/188) were HIV-infected and of these, 98% (56/58) were on ART at MDR-TB treatment initiation. 10% (20/188) of the patients died, 70% (133/188) had a negative culture at month 6. Among those who died, 85% (17/20) were HIV positive. Only 2% (2/188) had a positive culture, 2% (4/188) were transferred out and 15% (29/188) were lost to follow-up at month 6. MDR-TB patients who were HIV negative, were more likely to

have culture converted at the end of month 6 on treatment compared to MDR-TB/HIV positive patients (p value=0.005, 95% CI 0.73-0.94).

Interpretation: There is high mortality among MDR-TB patients co-infected with HIV. In addition, being HIV negative was associated with culture conversion at month six. From these findings, there is need to give MDR-TB HIV positive patients special attention.

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Abstract #: 2.010_INF

A Tale of Two Diseases: A Descriptive Study Comparing Two Hashtags

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Background: The advent of the internet and social media heralds a new era for communication. With increased communication occurring through social media (SM), advocacy has also been adapted for the social media era. HIV advocacy and communication within the HIV epidemic has quickly proven instrumental in increasing funding and raising awareness of the disease. The Global Fund was established in 2002 with the goal of eliminating HIV, TB, and Malaria and to this date has provided billions of dollars in aid to developing countries. Our study aims to understand the potential relationship between funding allocation and social media advocacy for HIV and Tuberculosis (TB).

Methods: Our SM platform was Twitter, which allows users to post "tweets": 140 character long messages with hashtags (#) containing a topic next to it (e.g. #tuberculosis). Searches can be completed for specific hashtags to enumerate the number of related tweets and participants following.

Utilizing Sympplr, a website that collects information on health-care based hashtags, we compared #tuberculosis and #HIV from 01/01/2015–06/31/2016. For these hashtags, we searched the number of tweets per month and the number of participants tweeting. SM usage and trends were compared using Excel and synthesized within the context of funding.

Findings: From Jan 2015–June 2016, we identified 1,178,861 #HIV tweets compared to 103,177 #tuberculosis tweets. Hence, twitter users were 11.4 times more likely to tweet about HIV than TB.

In 2016, the Global Fund disbursed \$4,768,197,743 for TB versus \$16,431,420,966 in funding for HIV. Although up 6% for HIV and 7% for TB from 2015, 3.45 times more funding was allocated for HIV than TB.

Interpretation: We highlight a tremendous missed opportunity for TB advocacy that could potentially improve TB funding allocation. Social media has great advocacy potential and could

dramatically strengthen the voice of TB. Data on message timing, ideal SM platform, and message quality should inform these efforts to maximize impact.

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Traditional and Conventional Treatment for Cutaneous Leishmaniasis in an Endemic Rainforest Area of Northern Ecuador

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Background: Cutaneous leishmaniasis (CL) causes unsightly lesions and can cause permanent disfigurement. The gold standard CL treatment is a toxic antimonial drug. Our study examined the traditional and conventional treatment knowledge, beliefs, and practices (KAP) of an endemic rainforest population in Ecuador and compared the findings with those we published two decades ago in the same area.

Methods: We used grid sampling to randomly select 10% of households in the 21 rural communities, and from those, a subsample of 351 adult participants aged > 18 years. Participants were interviewed with closed- and open-ended questions focused on CL treatment KAP. The protocol received institutional review board approval and participants gave their informed consent. The data were collected during a 24-month period (2013–2015).

Findings: One-third of participants had a positive CL history, 75% reported familiarity with the disease and 58% identified > 1 treatment method. Their diverse ethnomedical treatment inventory included cauterization, medicinal plants, acids, heavy metals, toxic chemicals, veterinary products, and other remedies. More participants than before reported familiarity with antimonial treatment but the number of medicinal plant species identified was decreased by 54%. As before, beliefs about the adverse consequences of untreated lesions appeared to motivate getting treated. Treatment among participants with a positive CL history was somewhat reduced compared to prior studies (82% vs. 87–88%). Males were slightly more likely to be treated than females (90% vs. 78%; aPR=1.15; 95% C.I. 1.04, 1.28). Among those treated, 17% got only antimonials, 80% only traditional remedies, and 3%, both. The proportion of males treated with “strong/harsh” methods (cauterization, acids, veterinary tick dips, heavy metals/chemicals) was higher than females (34% vs. 18%; aPR=1.62, 95% C.I.=1.02, 2.59).

Interpretation: Most participants knew about CL treatment especially traditional methods. Their untreated lesion beliefs appeared to motivate them to seek treatment. Most used only traditional methods, some of which are potentially efficacious but may be toxic and promote scarring. Antimonial drug knowledge/use continues to be low, suggesting the need for public health system improvements

in CL education and treatment access. Studies of promising medical plants should be conducted before these traditions are lost.

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Quality of Tuberculosis Diagnosis at DOTS Centers in Niger & Kwara states, Nigeria - Lessons from TB REACH

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Program/Project Purpose: Quality assured bacteriology at DOTS centers is a recommended tuberculosis (TB) control strategy by the STOP TB program¹. Maryland Global Initiative Cooperation (MGIC) in collaboration with the Center for Clinical Care and Clinical Research Nigeria (CCCRN) implemented a WHO funded project called TB-REACH in Niger and Kwara States, from June 2014 to October 2015. Goal of the project was Rapid Identification and Treatment of TB (RITT) and improved quality assurance methods at TB DOTS microscopy centers in Kwara and Niger states to ensure accurate TB diagnosis. Baseline assessment of forty-six (46) DOTS diagnostic centers in primary and secondary health care facilities identified lack of quality assurance processes and therefore inaccurate TB diagnosis.

Structure/Method/Design: Our intervention in the project year included training using National curriculum and guidelines by nationally accredited trainers and mentorship of forty-six (46) microscopists on sputum microscopy. Panel testing for External Quality Assurance (EQA) and internal quality assurance by use of positive and negative control slides was introduced at the DOTS diagnostic laboratories. Other inventions included infrastructural upgrade, provision and maintenance of microscopes and provision of alternative power source.

Outcome & Evaluation: Proficiency of microscopists improved based on increased performance in panel testing. Quarterly EQA reports collated by state laboratory quality assurance officer showed improvement in quality assured bacteriology and TB diagnostic services after the project intervention.

Going Forward: To ensure accuracy of TB diagnosis at DOTs sites, state TB program should invest in human capacity building and laboratory QA processes. Nigerian State TB programs should utilize TB Panel Testing as an audit check for the IQA processes to assure quality of TB microscopy tests done and thus reduce burden of TB.