

Background: Childhood undernutrition is a health crisis in the rapidly expanding informal settlements of low-income countries worldwide. Nearly half of Kenyan children in the Kibera settlement, in Nairobi, were reported to be stunted, indicating low height-for-age. Stunted children are at greater risk for poor cognitive and physical health outcomes in the long-term, problems that tend to be perpetuated in subsequent generations. Animal-source foods (ASF) supply a calorically dense source of micro- and macronutrients, and supplementation with ASF has been shown to improve linear growth and cognition. Correspondingly, increasing consumption of ASF by pregnant women and children has been proposed as a means to disrupt the intergenerational cycle of undernutrition caused by food insecurity. Our objective was to review the literature regarding the dietary benefits and accessibility of ASF for the urban poor in sub-Saharan Africa, and to identify knowledge gaps relevant to improving health outcomes through increased consumption of ASF.

Methods: Our review is based predominantly on studies from Kibera and greater Nairobi. Data was derived from peer-reviewed publications whenever possible.

Findings: In Nairobi, 80% of the lowest income quintile is food insecure. Observational studies indicate that consumption of ASF is positively associated with increased weight gain in pregnancy, increased birth weight and length, postnatal infant growth, linear growth in toddlers, better cognitive outcomes, and improved physical activity levels. Despite the availability of ASF in local markets, however, the urban poor consume only 75% of the FAO's recommended minimum animal protein consumption per year. This supports that low purchasing power is a major impediment to ASF consumption. Economic data derived from household surveys in Nairobi indicates that ASF are both income and price elastic; the demand for ASF increases disproportionately with increases in income or decreases in price. Lastly, analysis of ASF value-chains revealed that the lowest income consumers purchase food from smaller retail outlets where meat and eggs are sold in larger, indivisible quantities. This precludes many from the regular purchase of ASF due to the restrictive cost. While strong evidence exists for the role of increased consumption of ASF in promoting maternal and child health, there are multiple gaps in our knowledge regarding the minimal levels of specific ASF required for healthy development in the nutritional and environmental context of crowded urban settlements. In addition, understanding which public policies and private market actions improve or jeopardize food security provide opportunities to implement change.

Interpretation: Increased consumption of ASF would decrease child stunting in the urban informal settlements, and near-term interventions are possible because ASF are readily available in local markets. Addressing the identified knowledge gaps will provide new opportunities to develop, implement, and assess interventions, including market and policy changes.

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Cancer incidence in Nigeria from 2009 to 2013

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Background: Cancer is now widely recognized as a significant global health issue. With the majority of the global cancer burden now shifting from the developed to the developing world and the rapidly rising incidence of cancers in low and middle income countries (LMIC); the need for improved cancer registration and accurate documentation of the burden of cancers in these regions is vital. Nigeria with about 20% of the population of Africa is a major contributor to the overall cancer burden in Africa and data about cancer in Nigeria will add significantly to knowledge about cancer in Africa. This study was done to provide insight into the burden of cancers in Nigeria. Aim: Describe the pattern of cancers in Nigeria over a 5 year period 2009 to 2013 at 3 population-based cancer registries (PBCR) that represent 3 distinct regions in the country.

Methods: This study was carried out using data from 3 PBCR; the Abuja Cancer Registry (ABCR: 2009-2013), Calabar Cancer Registry (CCR: 2009-2013) and the Enugu Cancer Registry (ECR: 2012-2013). Data was collected and entered into CanReg5 software and checked for errors including duplicates, which were excluded. Only malignant cases were included in the analysis. Age standardized incidence rates (ASRs) were calculated using the direct method and the World Standard Population. The most common cancers in both sexes were identified and are presented in this report. All ASRs are reported per 100,000 persons.

Findings: There were 4077 combined cases of cancer recorded by the ABCR and CCR registries over the 5 year time period 2009-2013. 2479 cases (60.8%) were in females and 1598 (39.2%) in males. The combined ASR for all cancers in females was 102.95 and 59.3 in males. The most common cancers reported in females were cancers of the breast (1128 cases, ASR 42.2) and cervix (414 cases, ASR 23.0). In males the most common cancer was cancer of the prostate (507 cases, ASR 29.7). The ECR recorded 1738 cases of cancer over the 2 year period 2012-2013 with 1072 (62%) in females and 666 (38%) in males. The ASR for all cancers in females was 141.9 and 86.1 in males. The most common cancers reported in women were cancers of the breast (466 cases, ASR 60.3 per 100,000), cervix (146 cases, ASR 22.6). In men cancer of the prostate was the most common. (232 cases, ASR 33.9).

Interpretation: Breast and cervical cancer were the most common cancers among Nigerian women and prostate cancer the most common in men. There is a need to sustain cancer registration efforts in the country to generate good quality data for research and cancer control.

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Reducing antibiotic use in the management of upper respiratory infections in the urgent care setting

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Program/Project Purpose: Context: Antibiotics are prescribed 60% of the time for the treatment of Upper Respiratory Infections (URIs) regardless of etiology contributing to drug resistant respiratory organisms which often provide clinical management challenges to both patients and providers regardless of specialty. These practices impact patient outcomes, quality of care, antimicrobial resistance, and economics in community and hospital settings. Project Period: October 2014 – February 1, 2015 Why project is in place: URIs are the most common presenting complaint to urgent care centers across the United States. The lack of company adopted treatment guidelines