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 Multißdrug 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 pvalue< 0.2 were carried on to multivariable analysis. Modified Poisson regression was used and variables that had pvalues < 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 (pvalue=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.

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 Symplur, a website that collects information on healthcare 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