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to describe the patterns of dyslipidemias and prevalence of hypocholesterolemia.Log-binomial regression methods were used to determine the independent factors associated with hypocholesterolemia.

Findings: Hypocholesterolemia was identified in 140/323 (43.3%, 37.9-48.8) of adults with Pulmonary TB with a high prevalence among those at diagnosis, 51/91 (56.0%, 45.8-66.3) but a lower prevalence among those who were at completion of treatment:19/59 (32.2%, 20.9-44.3). On multivariate analysis, male gender (PR **1.57,** 95% CI:1.16-2.06), diabetes (PR **1.37,** 95% CI: 1.05-1.78) and duration of anti TB treatment (**1.12**, 1.07-1.20) were associated with hypocholesterolemia. There was no significant association between HIV infection status, presence of cavities on chest xray and hypocholesterolemia at diagnosis and during anti TB treatment in this study.

Interpretation: The overall prevalence of hypocholesterolemia among participants was high. . Males with Pulmonary Tuberculosis are 60% morelikely to develop hypocholesterolemia. Diabetes being found as a factor associated with hypocholeserolemia may be a chance finding.It will neccesitate further evaluation in larger studies.

There is need for further research in dyslipidemias in TB patients and policy improvements regarding assessment of these Lipids and nutritional management.

Source of Funding: None.

Abstract #: *2.007_INF*

Eso viene de por ahí' Community Perception of Zika and Mosquito-borne Virus in Puerto Rico

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Background: A massive public health response from the US and in Puerto Rico has resulted from a recent outbreak of the Zika virus, with investment in education and surveillance programs combined with tactical assistance in preventing the disease. Little is known, however, about how community residents feel about, prevent, and think and plan around Zika. The purpose of this study was to elucidate salient themes in communities of Puerto Rico that experienced outbreaks in 2016, and to better understand and evolve conceptual models around Zika.

Methods: We followed a Rapid Qualitative Inquiry procedure to ascertain context, priorities, concepts, and narratives of community experience with Zika, mosquitoes, and the viruses they transmit. Interviews were conducted in several regions of Puerto Rico in collaboration with selected community health centers (CHC). In total, 66 participants (including CHC staff and patients) were interviewed with an interview guide informed by the medical ecological theoretical model. Thematic analysis was conducted through daily debriefings with the data collection team, and through content analysis and modeling using Dedoose, a web-based qualitative analysis software.

Findings: Participants noted that, on the ground, Zika was not perceived as an urgent condition, especially compared with the personal experience of Chikungunya infection or Dengue fever, which are perceived to cause much more pain and suffering. The lack of personal and community priority for Zika led participants frequently to mention that the attention around Zika in the media was disproportionate with their experience, a dissonance often generating notions of conspiracy and collusion. Conceptual models of Zika were often enmeshed within notions of the environment and environmental contamination. In the end, many participants saw the promoted prevention strategies (e.g., family planning, long sleeves, use of mosquito repellents) surrounding Zika as impractical.

Interpretation: Frequently communities in Puerto Rico are not prioritizing Zika because, compared with other health and social conditions in their area, Zika is perceived as less important and less critical from an experiential perspective. Reaction to public health campaigns around Zika awareness and prevention may not have the desired outcome intended, since many do not share the priority around Zika that the materials assume.

Source of Funding: CDC's Prevention Research Centers Program, Cooperative Agreement #1U48DP005026-01S1.

Abstract #: *2.008_INF*

Surviving Ebola in Sierra Leone: A community's Experience During and After the Epidemic - A Qualitative Study

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Background: The 2014-2016 Ebola epidemic - a complex public health crisis with various sociological, ecological, and environmental drivers - devastated populations throughout West Africa. Due to its high mortality rate and infectious nature, most Ebola research to date has focused on healthcare response and interventions; however, little is known about the experiences of Ebola survivors and communities. This qualitative study aimed to better understand the lived experience of community members, including children, during and after the Ebola epidemic in Sierra Leone.

Methods: During June 2016, we conducted three focus group interviews and one in-depth interview with a local nurse in Calaba Town, a rural community outside of Freetown. The vice principal from a local school was present and assisted with Krio (local language) translations when necessary. Interviews were recorded, transcribed, and coded verbatim using a modified constructivist grounded theory methodology.

Findings: During the Ebola epidemic, feelings of fear, confusion, suffering, loss, and isolation were part of daily life. Children were isolated indoors away from friends, unable to attend school. Instead their days consisted of domestic chores and listening to government-sponsored educational radio programs. Meanwhile, caretakers and parents struggled to provide basic necessities, including food, due to job loss and inability to earn an income. During lockdown periods, families could not even leave homes to fetch water. Health workers were caught between desire to provide service to the public and fear of acquiring Ebola. Sierra Leone was declared Ebola-free in March 2016; however, the

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.

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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 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