

AIDS-related deaths, and zero discrimination towards people living with HIV by 2030. While significant progress has been made towards the first two targets, internalized stigma and discrimination by healthcare providers and the general community remain concerns for women living with HIV (WLHIV), particularly in the context of their desire to have and raise children.

**Methods:** We conducted interviews with WLHIV ( $n = 10$ ) who expressed a desire to have a child or delivered an infant within two years of the study date, and key informants ( $n = 4$ ) involved in their medical care and social support. We asked women about their HIV diagnosis, thoughts about pregnancy and children, desires to have children, and perceived stigma; all were conducted by the same single interviewer in Thai. Key Informants were asked about their perceptions of stigma towards WLHIV and current policies or recommended actions to reduce discrimination towards this population. Two interviewers each conducted two interviews in Thai (2) and English (2). Interview transcripts were translated into English, if necessary, and then coded and analyzed with Framework Analysis.

**Findings:** Most women did not express feelings of discrimination from their respective healthcare providers or within the healthcare setting, but internalized stigma and discrimination from community and family members were persistently reported concerns. Stigma from these sources deterred women from disclosing their fertility intentions outside of very few close contacts and raised concerns about how to respond when questioned about why they were not breastfeeding. Key informants confirmed similar sources of discrimination including more internalized and community-based stigma rather than from healthcare providers. They emphasized the importance of increasing education and awareness for communities about HIV to reduce stigma.

**Interpretation:** While the WLHIV reported that their healthcare providers had generally been supportive of their having children, internalized stigma and the perceived risk of or actual discrimination by community members negatively impacted fertility desire and peri-partum experiences among this population. These complex issues should be addressed at the community-level in order to reach the goal of zero discrimination against people living with HIV in Thailand.

**Source of Funding:** None.

**Abstract #:** 2.003\_INF

### Lights, Camera, Action!: Utilizing Standardized Patient Actors To Improve Quality Of Care For HIV-Infected Adolescents In Kenya

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**Background:** HIV-infected adolescents have worse retention in HIV care compared to children or adults. One likely reason is poor quality of care by health care workers, who lack adequate training. We report on a pilot study of a clinician training intervention using standardized patient (SP) encounters to improve communication and empathy skills, with the goal to improve retention in care of HIV-infected adolescents in Kenya.

**Methods:** Health care workers (HCWs) employed in HIV testing and care at a tertiary hospital in Nairobi, Kenya were recruited. Seven trained professional actors role-played HIV infected adolescents according to case scripts developed based on views from HIV-affected adolescents, and the WHO-Ministry of Health 'youth friendly services' guidelines. Cases covered key issues including cognitive delay, disclosure of HIV status, gender based violence, substance abuse, contraception, sexual identity and depression. Each HCW took part in seven video-taped SP encounters, followed by individual feedback from actors and group debriefing sessions. Participants completed satisfaction surveys on actor realism and relevance. Actors completed checklists of HCWs' communication, empathy, and ease to reveal sensitive issues. Responses to 5-item Likert scales (5=highest, 1=lowest) were summarized.

**Findings:** Ten HCW participants ages 25-55 completed the training. Eight reported no prior training in adolescent care. HCWs' satisfaction with the training overall, and with specific components was high (100% very or somewhat satisfied, mean score 4.6 out of 5). HCWs rated satisfaction with actor feedback, group debriefing, and relevance of cases high (mean 4.9). SPs rated HCW performance higher (4.4-4.7) for cases depicting cognitive delay, contraception need, prevention with positives, and sexual identity. Mean scores were somewhat lower (3.7-3.8) for cases depicting fertility desire, gender based violence, and disclosure difficulties. HCWs were ranked highly by SPs in skills of clear communication and empathy (4.7 and 4.1 respectively), and were rated slightly lower in non-verbal communication and openness to sharing of sensitive information (3.9 and 3.7 respectively).

**Interpretation:** Implementation of a SP encounter pilot training utilizing real world cases and multiple forms of feedback was acceptable and relevant for participants to improve quality of care with HIV-infected adolescents. Results will be used to inform a randomized trial in 24 facilities in Kenya.

**Source of Funding:** National Institute of Health.

**Abstract #:** 2.005\_INF

### Prevalence and Factors Associated with Hypocholesterolemia among Adults with Bacteriologically Confirmed Pulmonary TB in Kampala

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**Background:** Hypocholesterolemia has been associated with altered immune function, possible delayed conversion at two months and increased risk of mortality. However, lipid profiles are not done routinely for Tuberculosis patients and there is paucity of data regarding the prevalence of hypocholesterolemia and its associated factors among adult bacteriologically confirmed Pulmonary Tuberculosis patients.

**Methods:** This was a cross sectional study that consecutively enrolled 323 participants at diagnosis, 2, 5, 6 and 8 months of TB treatment, between February and April 2016. Physical examination and an interviewer administered structured questionnaire were used for data collection. Lipid profiles were determined from fasting blood samples from participants. Descriptive statistics were used

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% more likely to develop hypocholesterolemia. Diabetes being found as a factor associated with hypocholesterolemia may be a chance finding. It will necessitate 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.

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**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.

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### 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