communication between human and animal health agencies. To facilitate interagency collaboration in identifying zoonotic diseases of concern, the One Health Office within the Centers for Disease Control and Prevention (CDC) designed the One Health Zoonotic Disease Prioritization Tool (OHZDPT). Two countries in Sub-Saharan Africa were the first to implement the OHZDPT. Step 1 of the process included an extensive literature review to evaluate existing country-specific data on zoonotic diseases.

Structure/Method/Design: CDC identified 42 zoonotic diseases for inclusion in the OHZDPT, including bacterial (n = 17), parasitic (n = 7), and viral (n = 18) pathogens. Data regarding human disease severity (e.g.,morbidity, mortality, and disability-adjusted-life-years), economic burden in animals, and prevention/control strategy (e.g., vaccine availability) were compiled. NCBI PubMed was used to search for data using the country name AND disease name AND one of the following terms: "morbidity," "mortality," "DALYs," "cases," "animals," "vaccine," and "wildlife." References from retrieved articles were reviewed to identify additional relevant publications. If no relevant articles were available, the search was repeated for data from neighboring countries in Sub-Saharan Africa to provide a regional estimate. Data publicly available on the World Health Organization and UN Food and Agriculture Organization websites were also included, as were data from the Institute for Health Metrics and Evaluation's 2010 Global Burden of Disease (GBD) Survey.

Outcome & Evaluation: Using this strategy, approximately 100 articles were retrieved for each country; the data on disease burden were highly variable. The 2010 GBD Survey and WHO website were the most valuable sources for country-level human disease estimates, but provided no data for animals. Animal health data and economic burden estimates were not available for the majority of diseases.

Going Forward: The literature search highlights the lack of scientific data available and the need for resource investment in zoonotic disease research. Implementing the OHZDPT in both countries will provide a framework for enhanced surveillance, diagnosis, and control for zoonoses.

Abstract #: *1.010_PCF*

Effect of a home-based intervention by trained community health nurses on immunization rates, exclusive breastfeeding, growth parameters, and hospitalizations for respiratory and diarrheal illness — a pilot randomized controlled trial

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Background: Healthy Children Brighter Futures (HCBF) is a pilot program in Krishnagiri District, India that provides home health visits to infants <12 months of age. Community Health Nurses (CHNs) make monthly visits to the homes of these infants to assess breastfeeding, immunization status, growth developmental milestones, and to provide anticipatory guidance. CHNs also identify acute health care needs and refer to tertiary care as appropriate.

Objective: We assessed the efficacy of this program based on four outcomes through the first two months of life — rates of exclusive breast feeding (EBF), immunization uptake of government-provided vaccines, incidence of hospital admissions and physician visits, and growth parameters.

Methods: This pilot study was conducted as a randomized controlled trial. Three panchayats were randomized to a 'control' group and three were randomized to an 'intervention' group. Each group had 25 mother-infant dyads. The 'intervention' group received visits at one week, one month, and two months of life and nurses provided counseling services during these visits. The 'control' group received a baseline visit at one week and a final visit at two months and received no counseling services.

Results: Rates of EBF were 100% in both groups throughout the course of the study. No differences were found in rates of CIC (complete immunization coverage) at baseline or at the follow up visits. Higher rates of physician visits were found in the control group compared to intervention group at both baseline (13% vs. 0 p = .48) and study endpoint (33% vs 0, p = .04). Lastly, although rates did not differ across groups in any anthropometric measure at baseline or study endpoint using the 5th percentile as a threshold, more infants in both groups measured in the normal range at follow up compared to baseline.

Conclusions: Despite the small sample size and short duration of the study, counseling services showed benefits. Important findings were that lower rates of physician visits were observed in the intervention group compared to the control group. While the intervention group, at baseline, had more underweight infants compared to the control group, at the two-month follow-up visit, both groups had similar rates of underweight infants.

Abstract #: *1.011_PCF*

Managing major psychiatric illnesses through tele-consultation in a secondary care setting in rural India

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Program / Project Purpose: Specialist care for mental illnesses in rural India is a neglected issue. We have developed a programme based on Tele-consultation with a psychiatrist to address this issue in a rural hospital. Operational since April 2012, this program has aimed to provide diagnosis and appropriate treatment for psychiatric patients via remote consultation and to provide continued specialist care at affordable rates with adequate patient compliance.

Structure/Method/Design: Patients screened on an outpatient department (OPD) basis were called for weekly tele-psychiatry clinic. With high speed internet, audio-visual consultations were provided by a remote consultant psychiatrist with simultaneous Electronic Medical Record usage. A Resident doctor or paramedic

is present during clinic for logistic reasons and to facilitate the discussion. Diagnosis and treatment plans are made. Patients continue to get specialised care in the OPD or Tele-consultation clinic. Occasional emergency consultations a re also provided.

Outcome & Evaluation: In the last 3 years, 316 patients with 1,200 consultations were provided in weekly clinic. The most common diagnoses made were depression (n = 169, 52%), Anxiety disorders (37, 11.7%), schizophrenia (24, 7.5%), unspecified Psychosis (19, 6%) and Somatoform disorders (14,4.4%). Our pharmacy is equipped with a variety of medicines to support psychiatric illnesses in rural India.

Going Forward: Tele-consultations is a feasible model of providing specialist psychiatric care. This allowed us to reduce referral rates to Medical colleges for psychiatric illnesses and provide a learning environment for residents. Both the consultant psychiatrist and patients reported high rates of satisfaction. Treatment compliance rates have improved with internet consultations. We have been able to sensitise communities about mental health and form local, mental health support groups at thevillage level. We hope to develop methods to improve the outreach and compliance and reduce stigma of mental illness.

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Abstract #: *1.012_PCF*

Risk factors for cytomegalovirus retinitis among individuals with HIV and low CD4 count in northern Thailand

Abstract Opted Out of Publication

Abstract #: *1.013_PCF*

Predictors of medical outcome in 1,712 Ethiopian survivors of rape

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Background: This study, conducted by Emory and Addis Ababa Universities, described the population and analyzed determinants of medical outcome in Ethiopian survivors of sexual violence treated in two comprehensive care clinics.

Methods: 2,970 patient charts from clinics in Hawassa and Adama, Ethiopia were reviewed, and 1,712 were selected based on criteria including history of rape, female gender, and chart completeness. Descriptive characteristics defined the population, while univariate and multivariable logistic regression analyses described predictive models for STI transmission, pregnancy, and injury. Approval was obtained from Emory University IRB00080146.

Findings: Average patient age was 13.4 years (SE = 0.1). 11.8% (SE = 1.1%) of patients tested positive for gonorrhea and 13.3% (SE = 1.2%) of patients tested positive for an STI (gonorrhea, hepatitis B, syphilis, or HIV). 9.0% (SE = 0.8%) of patients were pregnant. 16.8% (SE = 0.9%) of patients had genital injury, while 4.7% (SE = 0.5%) of patients had evidence of body trauma. Gonorrhea transmission was more common in patients with genital injury (OR = 2.53 [95% CI 1.51-4.24]), while education was protective against both gonorrhea (OR = 0.18 [95% CI 0.04-0.76]) and aggregate STI transmission (OR = 0.38 [95% CI 0.15-0.96]). Pregnancy was common in cases of incest (OR = 2.96 [95% CI 1.74-5.04]) and prior sexual contact (OR = 2.33 [95% CI 1.38-3.91]), however on multivariable analysis, incest was uniquely predictive of pregnancy (OR = 3.21 [95% CI 1.62-6.33]). Body trauma was more frequent in patients with secondary education (OR 2.86 [95% CI 1.44-5.68]), prior consensual sex (OR 2.54 [95% CI 1.25-5.20]) and multiple penetrative assailants (OR 6.71 [95% CI 2.17-20.77]). Genital injury was more likely in younger patients (OR 0.96 per year [95% CI 0.93-0.98]) and those with multiple penetrative assailants (OR 2.85 per year [95% CI 1.03-7.86]).

Interpretation: When compared to other survivor cohorts, gonorrhea transmission and pregnancy were more common, while injury was less common. Although limited by chart completeness and inter-provider consistency, several characteristics predicted STI transmission, pregnancy, and injury. Novel findings included increased gonorrhea transmission after genital injury, while findings such as the protective effects of education on STI transmission reinforced prior studies. Many of these findings may be broadly applied to the care of these survivors.

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Abstract #: *1.014_PCF*

An evaluation of transparency and accountability in Brazil's pharmaceutical sector

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Background: It is estimated that one third of the world's population lack regular access to essential medicines. In recent years this lack of access has been attributed to a lack of good governance in the health and pharmaceutical systems, as it limits governments' ability to ensure proper management of public resources and can create opportunities for corruption. While anticorruption policies grounded on good governance are considered the 'golden' standard for tackling corruption, the transition from policy creation to the everyday practice of good governance policies involves robust complexities and may not always translate into minimized corruption. With this in mind, the proposed research aims to evaluate what good governance policies are in place in Brazil's pharmaceutical sector and how they are implemented and practiced in everyday activities. This will be done to contribute to the existing literature on good governance policies and how their uptake can be improved to minimize corruption and ensure access to medicines and health services.

Methods: We utilized WHO's Good Governance in Medicines Programme's Transparency Assessment Tool as the framework for our study. We conducted a desk review of legislation and policies that govern Brazil's pharmaceutical system and 20 semi-structured key informant interviews with government officials, hospital directors and pharmacists in the states of Sao Paulo and Paraiba to capture their perceptions on the level of transparency and accountability in the pharmaceutical system. Interview data was analyzed using Braun & Clarke's (2006) qualitative thematic analysis approach.