PO 8447 ROBUST CLINICAL TRIALS ARE NOT ENOUGH: OVERCOMING OPERATIONAL CHALLENGES FOR IMPLEMENTING REMSTART INTERVENTION PACKAGE (TRIP STUDY) INTO ROUTINE PRACTICE

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Background The REMSTART trial identified an effective package (cryptococcal antigen (CrAg) screening and enhanced antiretroviral therapy (ART) adherence support) that reduced all-cause mortality in advanced HIV (CD4 ≤200 cells/mm^3) by 28% compared to standard of care. The introduction of this package at clinic level has been necessary to impact routine care practices in Tanzania.
Methods The TRIP study is cluster-randomised. The intervention package was implemented in 16 routine care facilities (early arm) whilst 8 facilities continued with standard of care (deferred arm). At the end of 12 months follow-up, the intervention was implemented in the deferred facilities. The primary endpoint is all-cause mortality at 1 year.
Results Implementation of the REMSTART intervention into routine care services has highlighted the following challenges: 1) Baseline CD4 testing: half (4/8) of rural facilities had no CD4 machines and in a further 3/8 there was a lack of reagents needed for CD4 testing. Clinical staging has replaced inclusion criterion where CD4 testing is not available; 2) Heavy staff workload in routine care; regular discussion with policymakers and workshops enhanced the take-up of the package; 3) Timing of ART: the Ministry of Health has updated national guidelines to include the package and delay ART by 2 weeks in CrAg-positives.
Conclusion It has proven essential to engage with policymakers and programme managers from the outset, i.e. during the REMSTART trial itself and the following TRIP implementation study. The Ministry of Health has now changed the national HIV guidelines to include the REMSTART package and develop training modules for CrAg screening in all regional hospitals. The TRIP study has revealed key issues that must be addressed to allow scaling up the interventions.

PO 8448 ADVERSE DRUG REACTION TO TWO ARTEMISININ-BASED COMBINATION THERAPIES, ARTEMETHER-LUMEFANTRINE AND ARTEMISININ-PIPERAQUINE, IN CHILDREN WITH ACUTE UNCOMPLICATED MALARIA IN IBADAN, NIGERIA

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Background Malaria remains a public health problem in sub-Saharan Africa, especially amongst children and pregnant women. Artemisinin-based combination therapy (ACT) is now the treatment of choice. Adverse drug reactions (ADR) have been observed to ACTs. This study aims to determine the incidence, pattern of presentation and factors associated with ADRs to artemether-lumefantrine (AL) and artemisinin-piperaquine (AP) among children with acute uncomplicated malaria in Ibadan, Nigeria.
Methods Children aged 2–10 years with acute uncomplicated malaria who met the inclusion criteria, were enrolled, randomised to receive one of the study drugs (AL or AP) and followed up for 28 days. Monitoring for ADR was based on history from the parent/guardian and/or child regarding occurrences of treatment emergent signs and symptoms and on abnormalities of laboratory investigations (full blood count and blood chemistry). Causality assessment for the ADR was by the Naranjo algorithm scale while the severity was assessed using the Hartwig's severity scale.
Results A total of 114 children were enrolled; six defaulted and were not available for follow-up. There were 61 (56.5%) males. The mean age of enrollees was 65.1±30.0 months. Fever was the most prevalent presenting complaint occurring in 108 (100%) enrollees. Observed ADRs were cough, diarrhoea, loss of appetite, abdominal pain, rash, fever, irritability, insomnia and headache but the differences were not statistically significant between the two groups. The incidence of ADR to both ACTs was 12/1000 patients per day. Prevalence of ADR to AL was 14% and for AP 11%; this was not statistically significant. All ADRs were mild. No notable associated factor to ADR was detected in this study.
Conclusion Both AL and AP were found to be safe in the study population.

PO 8449 *SCHISTOSOMA HAEMATOBIUM* INFECTION INCREASES THE NUMBER OF MALARIA EPISODES IN CHILDREN LIVING IN RURAL AREAS AROUND LAMBARÉNÉ, GABON

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Background In sub-Saharan Africa, *Plasmodium* spp. infection prevalence very often overlaps with helminth infections, particularly with schistosomiasis which is reported to be the second parasitic infection after malaria in terms of prevalence. Interaction between both infections has been reported earlier. Schistosomiasis is typically a chronic disease, whereas malaria occurs in episodes, particularly in children. In this study, we assessed the effect of *Schistosoma haematobium* infection on clinical malaria among children.
Methods A longitudinal study was conducted from June 2016 to February 2018. Volunteers without any known chronic condition were included. Thick blood smear (TBS) was performed monthly at participants' homes. For any medical concern including malaria-like symptoms and visible haematuria, participants were invited to come to CERMEL for diagnosis and treatment. Light microscopy was performed to detect malaria parasites and *Schistosoma* eggs, using TBS and urine filtration technique, respectively. Over the study course, participants found to be infected were treated accordingly. Schistosomiasis status was determined at the end of the follow-up.
Results Among the 351 volunteers included in the study, schistosomiasis status was available for 260. Mean age was 12.3 year (SD 4.6) with a 0.96 women-to-men sex ratio. Of those, 112/260 (43.1%) [37.0%–49.3%] participants were