

Background Information on clinical data management (CDM) practices in clinical trials in sub-Saharan Africa is scarce. As part of ALERRT (the African coalition for Epidemic Research, Response and Training, an EDCTP-funded project) we want to gauge current CDM and ICT practices and identify possible gaps within different research institutions in sub-Saharan Africa. This information will be used to develop a scalable, GCP-compliant, robust CDM/ICT infrastructure suitable for resource-poor settings and response-ready in the event of an outbreak.

Methods An online survey was designed to assess the experience of the participating sites with the various CDM processes, CDM documentation and facilities, the availability of dedicated staff and their experience with GCP. In addition, ICT features essential to CDM will be assessed. Lastly, information on the use of CDM software will be obtained. Respondents can request to receive personalised feedback (aimed to improve their CDM practices) based on their results. The survey, in English and French, will be sent out to 100 sites in sub-Saharan Africa. Sites with intermittent internet connections will receive an MS-Office Word-version of the survey.

Results The survey will be closed after a month. Personalised feedback (if requested) will be sent to the respondents. Descriptive analysis of the survey results will be done, and results will be used to design standard data management tools, tailored to the needs of research sites in sub-Saharan Africa and suitable for emergency research. Both results and tools will be disseminated to the scientific community.

Conclusion The results of this survey will provide relevant information on the current CDM and ICT practices in sub-Saharan Africa. Potential pitfalls will be identified and opportunities for improvement will be addressed. Furthermore, the survey will offer a chance to exchange ideas between African and European partners on how to implement good CDM and ICT practices.

PO 8472 EACCR-2 INSTITUTIONAL CLINICAL RESEARCH CAPACITY ASSESSMENT: CASE STUDY OF SIAYA COUNTY REFERRAL HOSPITAL, WESTERN KENYA

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Background Infrastructural inadequacies and lack of research management expertise impede optimal research participation by Ministries of Health in Africa. The East African Consortium for Clinical Research (EACCR-2) network champions research strengthening through capacity building and partnership with local institutions to improve research output in the region. The Siaya County Referral Hospital was evaluated for research needs in preparation for a future clinical trial.

Methods In April 2018, we interviewed departmental in-charges or designees for administrative, financial and clinical data management, laboratory records and information technology (IT). Standardised assessment questionnaires were used.

Results Five of the seven respondents interviewed were males. Patient populations such as children, adolescents and pregnant mothers were identified as having unique characteristics. They are to be considered for future inpatient and outpatient clinical trials. There is little research exposure among clinical, data and laboratory staff despite some of them receiving GCP and GCLP training.

An Institutional Review Board (IRB) is in place and it reviews both academic research proposals and large multi-centre clinical trials before studies are carried out. However, the members lack appropriate training in bioethics.

Acute staff shortage, reagent stock-outs, space constraints, and faulty equipment limit the laboratory's capacity. Insufficient IT support and internet access cause delays in data entry. A lack of expertise in monitoring, data analysis and statistics, of financial management systems and library services were also identified.

Conclusion The hospital's capacity to conduct clinical research is low. Assessment findings highlighted funding constraints faced at the referral hospital in a country burdened by disease. North-South partnership through EDCTP will contribute towards addressing part of these gaps.

PO 8473 IMPACT OF EBOLA ON SLEEPING SICKNESS IN COASTAL GUINEA: A RETROSPECTIVE ANALYSIS (2012–2017) FROM THE GUINEAN NATIONAL CONTROL PROGRAMME

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Background Coastal Guinea harbours the most active human African trypanosomiasis (HAT) foci in West Africa. The Guinean government and its partners are conducting HAT control activities to reduce the burden of this neglected tropical disease and, as set-up by WHO, to eliminate it as a public health problem by 2020. Unfortunately, control efforts were deeply impaired during the Ebola outbreak that struck the country in 2014–2015. The aim of the study was to evaluate the impact of this unprecedented outbreak on HAT screening and care activities and more generally on *T. brucei gambiense* transmission.

Methods A retrospective analysis of the data collected by the HAT-NCP between 2012 and 2013 (pre-Ebola period) and 2014–2015 (Ebola outbreak) has shown an interruption of active HAT screening activities and a rapid decrease of passive HAT screening activities as the Ebola outbreak was spreading. During the Ebola epidemic, HAT patients were also diagnosed in a later stage of the disease and attendance to post-treatment control visits was also severely affected.

Results Only 59 HAT patients were diagnosed and treated during the Ebola outbreak (January 2014–October 2015) as compared to 154 before the outbreak (February 2012–December 2013). This potentially large undiagnosed human reservoir of trypanosomes may have contributed to increased transmission levels. After Guinea was declared free of Ebola virus disease, screening activities (both passive and active) were progressively resumed. In 2016 and 2017, Guinea reported 107 and 140 HAT cases, respectively (almost twice as much as during the pre-Ebola period) and became the second most affected country after the Democratic Republic of the Congo.

Conclusion A major lesson taken from the Ebola outbreak is that disruption of medical care may lead to a quick HAT burst in areas of high transmission. Current HAT control measures combining screening and tsetse control interventions will help to stay on course for the elimination goal.