Abstracts

PO 8592 WHY, WHEN AND WHERE DO NEWBORNS NOT ONLY GET SICK BUT ALSO DIE IN SÃO TOMÉ AND PRÍNCIPE? A CASE-CONTROL STUDY

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Background Neonatal deaths in São Tomé and Príncipe account for about 43% of all under-5 deaths, but there are major gaps in understanding this. The objective of this study was to identify ante-, intra-, and post-partum risk factors and to analyse characteristics of neonatal morbimortality.

Methods Stillbirths and sick newborns (NB) with ≥2 week’s gestation or ≥1500 g were eligible cases, while controls were healthy newborns >28 days. The study is still underway, and more data will become available. Results presented here are from a questionnaire applied by the investigator, and from medical records of mothers and newborns. Point-of-care tests were used to screen for syphilis, HIV and Hepatitis B. The SPSS 23 statistical programme was used for data analysis. Informed consent was obtained from every mother included in the study.

Results Out of 675 mothers, 132 were enrolled corresponding to 134 newborns (2 twins), while 35 cases and 41 newborns were followed up. Pregnant women’s medium age was 26 years, 23% being adolescents and 23% without antenatal care. Primary education was attended by 57%, secondary by 63%, 7% never attended school. Syphilis – 1/96 reactive test; HIV or malaria not detected; 3 infected with HBV. Newborn morbimortality: 10 preterm, 12 birth asphyxia, 30 with risk of neonatal and 8 with invasive infections, 8 foetal growth restriction, 5 microcephaly, 4 minor congenital anomalies and 1 death in the first 24 hours of life (congenital lung anomaly). Low birth weight (<2500 g), meconium and caesarean section were statistically significant with respect to morbidity (p<0.05). No deaths were verified in the 76 babies followed up.

Conclusion In this study, newborn morbidity was high (59%). More conclusions will be drawn when a higher number of participants is included and analysed. As a result, at the completion of this study, we hope to be able to design an intervention algorithm in order to achieve peri-neonatal morbimortality reduction.

PO 8599 FACTORS ASSOCIATED WITH VIROLOGIC FAILURE AMONG WOMEN WITH PRIOR EXPOSURE TO ANTIRETROVIRAL DRUGS FOR PMTCT, KISUMU, KENYA

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Background Use of antiretroviral drugs (ARVs) for a discrete period for Preventing Mother-to-Child HIV transmission (PMTCT) only may be compared to Structured Treatment Interruption, which has been associated with virologic failure (VF). We sought to determine factors associated with VF among women on Antiretroviral Therapy (ART) but with prior exposure to short-term ARVs for PMTCT.

Methods HIV-infected women presenting for ART initiation in three HIV care clinics in Kisumu County, Kenya were enrolled in the KiBS follow-up study (2010–2013) if they had previously received triple ARVs for PMTCT (Group 1) or short-course ARVs for PMTCT (Group 2) or were ARVs naïve (Group 3). First-line ART was provided as per 2010 WHO treatment guidelines and viral load (VL) tests were conducted every six months for 24 months. VF was defined as any confirmed VL value ≥400 copies/ml after 6 months of ART initiation. Frequencies and proportions were used in the descriptive analysis while Pearson’s Chi-square/Fisher’s exact test was used to determine the association between VF and eight independent variables. Univariate and Multivariate Cox-proportional regression model was fitted to investigate factors associated with VF.