PA-74 EFFICACY OF SINGLE DOSE ALBENDAZOLE FOR THE TREATMENT OF SOIL-TRANSMITTED INFECTIONS AMONG SCHOOL CHILDREN IN SOUTHERN ETHIOPIA

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Background Targeted mass drug administration (MDA) of single-dose albendazole to the at-risk population as preventive chemotherapy or deworming is recommended by WHO to halt transmission of soil-transmitted helminth (STH) in endemic countries. We assessed the effectiveness of single-dose albendazole distributed through a school-based MDA program against hookworm, ascaris lumbricoides, and trichuris trichiura STH infection.

Methods 984 STH-positive school children from two rural woredas in southern Ethiopia were enrolled. Stool samples were examined before MDA and at weeks 4 and 8 post-MDA. Efficacy was assessed using cure rate (CR) and egg reduction rate (ERR).

Results The proportion of children who were cured of any STH parasite at week 4 and week 8 of post-MDA were 46% and 43.3%. The CR was 97.2%, 71.5%, and 49.5% for hookworm, ascaris lumbricoides, and trichuris trichiura respectively at week 4 post-MDA. The ERR at week 4 was 98.8%, 84.5%, and 68.3% for hookworm, ascaris lumbricoides and trichuris trichiura respectively. The observed CR (97.2%) and ERR (98.8%) for hookworm were above the WHO efficacy threshold (CR ≥95%, ERR ≥90%). However, CR (71.5%) and ERR (84.5%) for ascaris lumbricoides were lower than the WHO efficacy threshold (>95%) indicating a reduced efficacy. The CR (49.5%) for trichuris trichiura was below the WHO efficacy threshold (>50%) but the ERR (68.3%) was above the WHO efficacy threshold (>50%). The CR of ascaris lumbricoides in younger children was significantly lower compared to the older children (64.4% versus 74.2%, p=0.006).

Conclusion We found a reduced efficacy of single-dose albendazole against ascaris lumbricoides and doubtful for trichuris trichiura but efficacious in treating hookworm. Therefore, alternative treatment options are needed for the effective elimination of STH as a public health problem by 2030.

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PA-79 PERSPECTIVES OF STAKEHOLDERS ON POST-TRIAL ACCESS (PTA) ARRANGEMENTS: THE CASE OF ETHIOPIA

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Background The increasing number of clinical trials in developing countries providing solutions to the high burden of diseases leads to the vulnerability of study participants and their communities and access to the trial results. In CIOMS, Post-trial access (PTA) is defined as the obligation of sponsors, researchers, host government and other relevant stakeholders, including the community and the research ethics committees to make any intervention or product developed, and knowledge generated, for the study participants or community available as soon as possible. This study explores the stakeholders' perspectives on post-trial access and how PTA arrangements could be feasibly and sustainably incorporated into clinical trials in Ethiopia.

Methods A qualitative study was conducted on stakeholders involving principal investigators, institutional review board (IRB) members; regional ethics review committee (RERC) members; national ethics review committee (NEC), regulatory agency members, and funding organization using face-to-face in-depth interviews and thematically analysed.

Results Our analysis shows that the majority of the study participants do not know about PTA and its implementations, responded lack of binding regulations/laws, the weak collaboration between different stakeholders, and the lack of follow-up of clinical trials. Moreover, most participants pointed out the possibility of study participants and their community exploitation because of PTA statements in the current clinical trial approval and authorization processes.

Conclusion Therefore, we recommend revising the available working documents/guidelines by including PTA, capacity building at different levels, and establishments of independent bodies facilitating the arrangements of PTA and follow-up of its implementations.

PA-80 SPECIFICITY OF SEROLOGICAL SCREENING TESTS FOR DIAGNOSIS OF GAMBIENSE HUMAN AFRICAN TRYPANOSOMIASIS IN CÔTE D'IVOIRE AND GUINEA

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Background Serological tests play a crucial role to diagnose gambiense human African trypanosomiasis (HAT) by preselecting individuals for microscopic examination, and, in the near future, by directly identifying patients for treatment. Variability in reported specificities, the introduction of new rapid diagnostic tests (RDT) and the hypothesis that malaria decreases RDT specificity, led us to evaluate the specificity of 5 HAT screening tests.

Methods Venous blood samples from 1095 individuals from Côte d'Ivoire and Guinea were tested with commercial (Bioline HAT 2.0, HAT Sero-K-SeT, CATT/T.b. gambiense) and experimental (HAT Sero-K-SeT 2.0, DCN) HAT screening tests and with a malaria RDT. Individuals negative with all 5 HAT tests were considered HAT free, while positives underwent microscopy. HAT case definition was based on trypanosome detection by microscopy.

Results One HAT case was detected. Test specificities (n=1094) were: CATT/T.b. gambiense [98.9% (98.1–99.4%), p<0.0001] > HAT Sero-K-SeT [86.7% (84.5–88.5%), p<0.002] > Bioline HAT 2.0 [82.1% (79.7–84.2%), p=0.0113] > HAT Sero-K-SeT 2.0 [78.5% (76.0–80.9%)] and

DCN [78.2% (75.7–80.6%)]. Bioline HAT 2.0 and DCN include 2 test lines, and specificities of line 1 [respectively 83.7% (81.4–85.8%) and 80.6% (78.2–82.9%)], corresponding to ISG-65, were significantly lower ($p<0.0001$) than with line 2 [respectively 95.8% (94.4–96.8%) and 94.5% (93.0–95.7%)]. The ISG-65 line therefore significantly decreased overall test specificity. Although all the HAT tests were less specific in malaria positive than in malaria negative individuals, differences (p values >0.08) were not significant.

Conclusion CATT/T.b. gambiense is more specific than HAT RDTs. The HAT Sero-K-SeT is more specific than second generation RDTs which all contain ISG-65, either as a separate test line (Bioline HAT 2.0 and DCN) or within a single "mixed antigen" test line (HAT Sero-K-SeT 2.0). To improve specificity, removing ISG-65 from experimental RDTs or ignoring the ISG-65 line should be considered, if test sensitivity is not significantly impacted.

PA-81 BRIDGING THE GAP: ALIGNING RESEARCH EFFORTS WITH DISPARITIES IN BURDEN OF DISEASE – EXPERIENCES OF EARLY-CAREER RESEARCHER CONDUCTING INVESTIGATOR-INITIATED TRIAL IN A LOW-INCOME COUNTRY

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Background Low-income countries bear 90% of the worldwide burden of disease yet there is underrepresentation of research addressing priority issues for low-income countries. Lack of research skills exacerbate the problem. While calls support locally driven research, investigators initiating RCTs in low-income countries encounter barriers, preventing RCT execution. We use our investigator self-initiated trial to provide some of our experiences, in executing a trial in a low-income country.

Methods We are conducting a large RCT to determine the effect of text messaging plus motivational interviewing on sustaining breastfeeding, among 275 women living with HIV.

Results We first assessed the feasibility of the large trial. We submitted multiple grant applications for the pilot trial and secured enough funds within three years. Some awarded funds were returned due to grant timeframe conditions. The pilot trial capitalized on existing research infrastructure. In 2020, we secured the EDCTP2 grant for the large trial. Lack of infrastructural support negatively affected the budget. The pilot trial was exempted from ethics fee. The large trial was approved by ethics before the EDCTP action period, due to tight funding timeframe. We secured funds elsewhere for ethics fee. Each study was approved within three months. The Western Cape Government, Department of Health (WCDH) has a National Health Research Database assisting researchers with applications submission for review by the Provincial Health Research Committee granting access to provincial healthcare facilities. WCDH approved each study within six months. We recruited from a healthcare facility, serving a small pool of our target population which prolonged pilot trial recruitment. We use Research Electronic Data Capture at no cost.

Conclusion Enabling environments improve efficiency of trial execution. Leveraging on existing research infrastructure optimize use of available resources. Small research grants should consider flexible funding timeframes. Collaboration with stakeholders in routine healthcare facilitates facility access for research.

PA-82 ADVANCED FIELD EPIDEMIOLOGY TRAINING (FETP) PROGRAM DELIVERED THROUGH BLENDED LEARNING IN THREE WEST AFRICAN PORTUGUESE SPEAKING COUNTRIES

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Background A consortium of African and European Universities, National Institutes of Public Health and Research Centers proposed a project to implement a Master's in Field Epidemiology via blended-learning platforms based at University of Cape Verde. The field training is implemented with the National Institutes of Public Health of each country where strengthening of the local health systems in perspective. Thus, the presentation will describe the experience of implementing a blended-learning advanced field epidemiology training, the defining strategies for the internship and the first outputs produced by Epi Fellows.

Methods The overall project will be described as well as processes in developing the curriculum and its accreditation at different levels and the establishment of International Steering Committee. We describe the recruitment of students, how sites for training were selected as well as the outputs of the first student internships.

Results A total of 55 applications were received and 15 students were selected (6 from Cape Verde, 6 from Guinea-Bissau and 3 from São Tomé & Príncipe). Through a consultative process and field visits, tutors were identified for each student in their country of origin as well as field training sites considered relevant to enhance experiences and capacity of trainees in health surveillance and outbreak response at ministerial, municipality/district and hospital/health facility levels. The expected outputs from field training were defined and the 3 products of the first internships, focusing on the evaluation of the national health information systems of each country, the epidemiological surveillance from a one health perspective, the focus on antimicrobial resistance and outbreak investigations are critically described.

Conclusion The practical training in the countries of origin complemented with theoretical training offered online will allow better insertion and retention of the trained cadres in their countries of origin and contribute for health system strengthening.