

**PA-364 KNOWLEDGE AND REPORTING OF ADVERSE EVENTS FOLLOWING CHILDHOOD IMMUNIZATION AMONG HEALTH WORKERS AND CAREGIVERS AT MENGU HOSPITAL, KAMPALA**

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**Background** Although all vaccines used in National Immunization Programmes are safe and effective, no vaccine is completely risk-free and adverse events occasionally occur after an immunization. Failure to report adverse events following immunization (AEFI) can lead to death and misconceptions about vaccine safety hence vaccine hesitancy. Alleged vaccine quality and safety issues must be dealt with rapidly and effectively. This study assessed level of knowledge and reporting of AEFI among healthcare workers and caregivers at Mengu Hospital, Kampala.

**Methods** A health facility-based mixed-methods cross-sectional study design was used. Eligible participants were caregivers of children and healthcare workers. Qualitative data were collected through self-administered questionnaires. Focus group discussions (FGDs) among caregivers and Key informant interviews (KII) among healthcare workers collected data on knowledge and reporting procedures of AEFIs. Level of knowledge of AEFI was assessed using the Likert scale and logistic regression was used to analyse the association of different factors with reporting of AEFI. Qualitative data were analysed manually into themes.

**Results** A total of 388 participants enrolled with mean age (SD) of 28.75 (5.65) years and 51.8% were female. Over two-thirds (61.3%) had poor knowledge about AEFIs. Less than half (41.8%) had ever reported an AEFI to the hospital. Unemployment (OR= 1.628), good knowledge of AEFI (OR=1.572), and parity less than four (OR= 2.070) were found to increase odds of reporting of AEFIs. From the 7 KII and 6 FGDs, we found that most healthcare workers and caregivers had good knowledge of AEFIs but the majority had never reported nor knew the procedure for reporting of AEFI.

**Conclusion** The reporting of AEFIs was low among caregivers in Kampala. There is need to sensitize caregivers about the necessity to report AEFIs.

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**PA-367 PROFILE OF MOLECULAR MARKERS OF PLASMODIUM FALCIPARUM RESISTANCE TO SULFADOXINE-PYRIMETHAMINE IN SOUTHERN BRAZZAVILLE AND BEYOND, IN THE REPUBLIC OF CONGO**

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**Background** Growing resistance of *Plasmodium falciparum* to Sulfadoxine-Pyrimethamine threatens the effectiveness of the intermittent preventive treatment during pregnancy with Sulfadoxine-Pyrimethamine (IPTp-SP) in malaria endemic areas. WHO recommends discontinuation in case of ineffectiveness as determined by over 95% and 10% prevalence of K540E and A581G mutants respectively. The objective of this study was to determine the prevalence of molecular markers of *P.falciparum* resistance to SP in the parasite population circulating in the south of Brazzaville and beyond, in the Republic of Congo.

**Methods** Two parallel surveys including hospital and community based cross sectional studies were carried out in the south of Brazzaville and beyond (urban, rural areas) between February 2021 and September 2022, to characterize the molecular markers of *P.falciparum* resistance to SP (dhfr and dhps). Restriction Fragment Length Polymorphism was used for the detection of single nucleotide mutation within the dhfr and dhps genes of the parasite, and detected mutations were further confirmed using Oxford nanopore sequencing platform.

**Results** High prevalence of mutations was reported for dhfr gene: N51I (100%), C59R (79.9%), S108N (100%), N164L (0.9%), and dhps gene: A437G (89.5%), K540E (42.4%), A581G (42.1%). The prevalence of the quintuple mutant (N51I+ C59R + S108N + A437G + K540E) and sextuple mutant (N51I+ C59R + S108N + A437G + K540E + A581G) were reported for 32.9% (111/337) and 20.8% (70/337) of the participants respectively while all the seven investigated mutations were reported in only one participant (0.3%). dhfr and dhps mutations were more prevalent in rural compared to the urban areas.

**Conclusion** These results indicate high prevalence of mutations within the dhfr and dhps genes of *P. falciparum* in south of Brazzaville and beyond in the Republic of Congo, which might threaten the effectiveness of IPT-SP in this area.

**PA-372 EVALUATION OF THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV PROGRAMS AT THE SECOND IMMUNIZATION VISIT IN BURKINA FASO AND ZAMBIA, COUNTRIES WITH DIFFERENT HIV EPIDEMICS**

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**Background** Monitoring indicators for prevention of mother-to-child transmission of HIV programs (PMTCT) is key to assessing the progress toward elimination of mother-to-child transmission (MTCT) of HIV. Using a patient-orientated innovative strategy based on the second visit in the expanded program on immunization (EPI-2) visit at 6–8 weeks, we assessed PMTCT indicators in Burkina Faso and Zambia.

**Methods** From December 2019 to September 2021, the PROMISE-EPI study (Clinical Trial: NCT03870438) assessed women attending EPI-2 at primary health care facilities in Burkina Faso and Zambia with their children about their exposure to PMTCT interventions. Women living with HIV