inovine
Scientific Meetings

2nd International Conference on

INFECTIOUS DISEASES & IMMUNOLOGY

17-18 AUGUST, 2026

Orlando, Florida, USA



Venue: Sheraton Suites Orlando
Airport 7550 Augusta National Drive Orlando, Florida, USA

Scientific Program

DAY 1

IN-PERSON

Scientific Program

AUGUST 17, 2026

ORLANDO, FLORIDA, USA

08:30-08:45: Registrations

08:45-09:00: Opening Ceremony

Meeting Hall: Florida Room

Moderator: Nivedita Tiwari

Keynote Presentations

09:00–09:30	**Title: Leading from Where you Stand: Build Resilience and Leadership Without Relying on Formal Titles** **Cheryl Olfert,** University of Manitoba, Canada
09:30–10:00	**Title: MicroRNA-1246 Regulates Macrophage Lipid Metabolism and Contributes to Resistance Against Human Mycobacterium Tuberculosis Infection** **Deepak Tripathi,** Tulane University School of Medicine, United States of America

Oral Presentations

Session Introduction

Session Chair: Cheryl Olfert, University of Manitoba, Canada
Session Co-Chair: Nivedita Tiwari, Tulane University School of Medicine, United States of America

Tracks

Health Economics & Financing Models | Global Health Challenges & Solutions | Public Health Education & Training | Behavioral Health & Mental Wellness | Clean Label Ingredients & Reformulation | Shelf-Life Prediction & Stability Studies | Health Policy Advocacy & Implementation | Health Equity & Social Determinants | Maternal & Child Health Equity | Occupational Safety & Workforce Wellness | Community Health Interventions | Health Systems Strengthening | Infectious Diseases | Antimicrobials/ Antibiotics/Antibacterial | Vaccine Development and Antibody-Based Therapies | Clinical Case Reports | Neuro Infectious Diseases | Infection, Immunity and Inflammation

10:00–10:20	**Title: Improving the Quality of Family Planning Services in Global Health** **Michael Trisolini,** Northeastern University, United States of America

10:20–10:40	**Title: Assessment of Level of Compliance with Tobacco Free Educational Institutions (TOFEI) Guideline in Primary Schools of Uttarakhand: A Cross-Sectional Study** **Mahendra Singh,** All India Institute of Medical Sciences Rishikesh, India

Group Photo | Coffee Break 10:40-11:00 @Foyer

11:00–11:20	**Title: Lessons Learned in Using a Community Engagement Model to Elevate Immigrant Voices and Shape Health Priorities** **Mayra Rodriguez,** Edward Via College of Osteopathic Medicine, United States of America
11:20–11:40	**Title: Amino Acid Transport Drives Metabolic Reprogramming and Orchestrates NK Cell Effector Functions During Mycobacterium Tuberculosis Infection** **Nivedita Tiwari,** Tulane University School of Medicine, United States of America
11:40–12:00	**Title: Psychosocial Realities and Displacement-Related Factors Shaping Mental Health Among Internally Displaced Persons in North Central Nigeria** **Bala I. Harri,** Dalhousie University, Canada
12:00–12:20	**Title: Technical and Scale Efficiency of Cancer Screening in Municipal Primary Health Care in Chile: A Data Envelopment Analysis** **Roque Alfaro Navarro,** University of Chile, Chile
12:20–12:40	**Title: Teamwork Challenges in Primary Health Care: A Qualitative Study in a municipality in Southern Brazil** **Jacks Soratto,** University of the Extreme South of Santa Catarina, Brazil
12:40–13:00	**Title: Advancing Vaccine Technology: Development of a Hydrogel-Based Adjuvant for Enhanced Immunogenicity and Biocompatibility** **Sebnem Ercelen Ceylan,** University of Health Sciences, Turkey

Lunch Break 13:00-14:00 @Foyer

14:00–14:20	**Title: FEF AFROSCREEN: Strengthening Regional One Health Preparedness through a Community-of-Practice Model (October 2025 – April 2026)** **Rabietou Ly,** Institut Pasteur de Dakar, Senegal
14:20–14:40	**Title: Rebuilding the Public Health Workforce: Strengthening the Pipeline Through Campus-Based Training** **Krystal Mayers Pagan,** Fairleigh Dickinson University, United States of America

14:40–15:00	**Title: Multidrug Resistant Klebshiella Pneumoniae and Escherichia Coli were the Leading Causes of Death among Patients Hospitalized at Mulago National Referral Hospital, Kampala, Uganda** **Damalie Nakanjako,** University College of Health Sciences, Uganda
15:00–15:20	**Title: Assessing the Food and Nutrition Environment of Women and Children in Six Sub-Saharan African Countries: Baseline Evidence from the CASCADE Nutrition Program** **Rosa Castro-Zarzur,** Senior Economist, American Institutes for Research (AIR), United States of America
15:20–15:40	**Title: Exploring Data to Study Digital Well-Being** **Azene Zenebe,** Bowie State University, United States of America

Refreshment | Coffee Break 15:40-15:55 @Foyer

15:55-16:55	Poster Presentations
P1	**Title: Evaluating Community-Based Pesticide Safety Training Among Florida Farmworkers: Implications for Occupational Health Policy** **Alejandro Paneque,** University of Central Florida College of Medicine, United States of America
P2	**Title: Undergraduate Health Sciences Students' Perceptions and Practices of Evidence-Based Practice: A Cross-Sectional Study in Saudi Arabia** **Thamer Alslamah,** Qassim University, Saudi Arabia
P3	**Title: Would Senior Citizens Get Vaccinated Against RSV? Exploratory Analysis Using a Novel Survey Instrument** **Raghad Alnusairat,** University Of Jordan, Jordan
P4	**Title: Traditional Diets and Cultural Beliefs Affecting Diabetes Prevention and Control in Africa** **Yared Mezemir Tiruneh,** University of Eastern Piedmont, Italy

Panel Discussion & Certificate Felicitation

Day –1 Ends

DAY 2

Virtual

Scientific Program

AUGUST 18, 2026

ORLANDO, FLORIDA, USA

09:15-09:30 AV Check

Virtual Mode Zoom Meeting
(GMT-4) Time in Orlando, Florida, USA

Virtual Presentations	
09:30–09:50	**Title: Mycobacterium Intracellulare Pulmonary Disease Co-Isolated With Actinomyces Graevenitzii in An Immunocompromised Patient After Liver Transplantation: A Case Report** **Xianghui Yang,** Beibei Affiliated Hospital of Chongqing Medical University, China
09:50–10:10	**Title: Granulomatous Amoebic Encephalitis Presenting as a Transient Ischaemic Attack Mimic in an Immunocompetent Patient: A Diagnostic Challenge** **James Michael Mc Donnell,** Sir Charles Gardiner Hospital, Western Australia
10:10–10:50	**Title: Radosavljevic's Urinary Screening Biomarkers of the Key Chemical Carcinogens for Bladder Cancer** **Vladan Radosavljevic,** Military Medical Academy, Serbia
10:50–11:10	**Title: Declining Birth Rates, Obstetric Unit Closures, and Rising Maternal Risk in Florida: A Public Health Crisis Requiring Midwifery Expansion** **An Epidemiological Trend Analysis** **Jorge Urdaneta,** International Institute for Health Care Professionals, United States of America
11:10–11:30	**Title: Nursing Turnover and Hours per Resident Day in Florida Nursing Homes: Examining the Impact of Facility Ownership Type** **Andre Williams,** Florida Atlantic University, United States of America
11:30–11:50	**Title: Effects of Health Insurance on Economic Burden and Health Service Utilization among People with Noncommunicable Diseases in Low- and Middle-income Countries: A Systematic Review** **Basant Adhikari,** University of Mahidol, Thailand
11:50–12:10	**Title: The Diagnostic Challenge of Post-Infectious Myoclonus Presenting as Acute Encephalopathy in a Medically Complex Adult** **Elizabeth Crump,** Florida Atlantic University, United States of America

12:10–12:30	**Title: A Broader Narrative on Respiratory Diseases. A Citizens and Patients Perspective Towards the Development of on Eu Respiratory Health Plan** **Mariano Votta,** Responsible EU Affairs at Cittadinanzattiva, Director Active Citizenship Network, Italy
12:30–12:50	**Title: Surveillance Bias and the Hidden Burden of Community Q Fever Exposure in the United States** **Joey Colby Bernert,** West Virginia University, United States of America
12:50–13:10	**Title: A Study of the Impact of Doula Care on Black Birth Outcomes in Baltimore, Maryland** **Elizabeth Watson,** Walden University, United States of America
13:10–13:30	**Title: Impact of Molecular Point-of-Care Testing on Antibiotic Prescribing for Suspected Group A Streptococcal Pharyngitis: A Retrospective Before-and-After Real-World Study** **Jordan Harry,** Ochsner Health, United States of America
13:30–13:50	**Title: Social Determinants of Health and Nasogastric Tube Feeding Practices in Adolescent Eating Disorders Treatment: A Scoping Review of Inpatient and Outpatient Literature** **Madison Zeng,** University of Rochester School of Nursing, United States of America
13:50–14:10	**Title: Measuring Sun Exposure, Awareness of Heat-Related Illness, and Access to Sun Protection Resources Among Adult Patients at Two Free Clinics: A Cross-Sectional Survey** **Avanthi S. Puvvala,** Florida Atlantic University, Unites States of America
14:10–14:30	**Title: The Impact of Functional Disabilities on Personal Hygiene and Disease Transmission Among Pupils at Flamboyant Special School, Mazabuka District** **Prince Hamungala,** Pre-emptive Healthcare Initiative, Zambia
14:30–14:50	**Title: Impact of Territorialization on Health Action Planning and Healthcare Outcomes in Primary Health Care: A Systematic Review and Meta-Analysis** **Katia Floripes Bezerra,** Federal University of Alagoas Faculty of Medicine, Brazil
14:50–15:10	**Title: Verified Action Packets: An Implementation Model for Translating Public Health Guidance into Community-Level Action** **Shima Ali Sadia,** Monroe University, United States of America
15:10–15:30	**Title: Exploring MHC class II I-Ab Blockade as a Potential Treatment for Sjögren's Disease in the Mouse Model** **Shivai Gupta,** University of Florida, United States of America
15:30–15:50	**Title: Organizational and Methodological Work in the Field of Pediatric Oncology and Hematology in the Regions of the Russian Federation: Problems and Prospects** **Kostin Filipp Nikolaevich,** Dmitry Rogachev National Medical Research Center of Pediatric Hematology, Oncology and Immunology, Russia

15:50–16:10	**Title: Technical and Scale Efficiency of Cancer Screening in Municipal Primary Health Care in Chile: A Data Envelopment Analysis** **Roque Alfaro Navarro,** University of Chile, Chile
16:10–16:30	**Title: Maternal, Fetal, and Neonatal Outcomes Associated with Brucellosis and Toxoplasmosis During Pregnancy in Low- and Middle-Income Countries: Systematic Review Protocol** **Wessal Hassan Omer Mohamed,** Mbarara University of Science and Technology, Uganda
16:30–16:50	**Title: Alexandria's Family Health Centers: Impact of an Educational Intervention on Physician Communication and Patient Experience** **Eman Hassan Elbanna Mohamed Ahmed,** Alexandria University, Egypt

Panel Discussion

Day –2 Ends

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DAY 1

KEYNOTE PRESENTATIONS

HYBRID EVENT



Cheryl Olfert

University of Manitoba, Canada

Leading From Where You Stand: Build Resilience and Leadership Without Relying on Formal Titles

Health care providers, are burning out at exceptional rates. The challenge of being restrained by policy and barriers that prevent providing the care they truly want to give patients and clients is exhausting. Workloads are continuously expanding as health issues become more complex. Providers are feeling undervalued and yet expected to do more.

Many providers do not see their impact as leaders unless they have a formal title to support the role. The shift comes when there is recognition of influence and impact through the power of informal leadership. When those with formal titles, empower others to build resilience and leadership creates real impact. Practical strategies give providers the tools needed to build resilience and lead.

The world needs providers that lead at every level. Imagine the impact if roles from frontline to the top were able to build resilience to lead and are dedicated to make change.

Biography:

Cheryl Olfert, has been a nurse for 30 years, nurse practitioner for 20 years. For the last decade she has served in leadership roles at the University of Manitoba, most recently Director Nurse Practitioner Program, Master of Nursing. She has led research, published, and led interdisciplinary projects. She has a passion for mentoring and coaching others to fulfill their purpose and grow in leadership.



Deepak Tripathi

Tulane University School of Medicine, United States of America

MicroRNA-1246 Regulates Macrophage Lipid Metabolism and Contributes to Resistance against Human Mycobacterium tuberculosis Infection

Understanding the mechanisms underlying natural resistance to Mycobacterium tuberculosis (Mtb) infection may reveal novel strategies for tuberculosis prevention and treatment. We investigated whether microRNAs (miRNAs) contribute to resistance against Mtb infection in healthy household contacts (HHCs) of patients with active pulmonary TB. In a previously established longitudinal cohort, 460 HHCs were enrolled from 443 index TB cases and followed for two years. Of these, 293 individuals (64.8%) remained interferon-gamma release assay (IGRA)-negative throughout follow-up, indicating resistance to Mtb infection.

Whole-transcriptome sequencing performed at baseline and 24 months, followed by validation studies, identified miR-1246 and miR-125b as candidate regulators associated with resistance. Compared with converters and progressors, resistant nonconverters exhibited significantly lower expression of miR-1246 and higher expression of miR-125b. Functional studies demonstrated that inhibition of miR-1246 significantly reduced intracellular Mtb growth in human macrophages. Proteomic and computational analyses identified alpha/beta hydrolase domain-containing protein 2 (ABHD2) as a key target involved in lipid metabolism. Furthermore, miR-1246 inhibition enhanced glycolytic activity and promoted metabolic reprogramming toward an antimicrobial macrophage phenotype associated with improved pathogen clearance.

These findings identify miR-1246 as a critical regulator of macrophage immunometabolism and host resistance to Mtb infection and suggest that targeting miR-1246 may represent a novel host-directed therapeutic strategy against tuberculosis.

Keywords: Tuberculosis; Household Contacts; MicroRNA; Macrophages; Immunometabolism

Biography:

Dr. Deepak Tripathi is an Assistant Professor in the Department of Medicine, Pulmonary Diseases Section, at Tulane University School of Medicine, New Orleans, Louisiana, USA. His research focuses on host-pathogen interactions, immunometabolism, aging, tuberculosis, respiratory viral infections, and pulmonary fibrosis. Dr. Tripathi has over a decade of experience in immunology and infectious disease research, utilizing multidisciplinary approaches including animal models, transcriptomics, metabolomics, and cellular immunology to investigate mechanisms of lung inflammation and tissue repair. His current work aims to identify immune and metabolic pathways that regulate resistance and susceptibility to infectious and fibrotic lung diseases, with the goal of developing novel host-directed therapeutic strategies.

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17-18

AUGUST 2026

Orlando, Florida, USA



DAY 1

SPEAKER PRESENTATIONS

HYBRID EVENT



Michael Trisolini

Department of Public Health and Health Services, Northeastern University, United States of America

Improving the Quality of Family Planning Services in Global Health

Family planning services are plagued by a wide range of quality problems and poor outcomes in many low- and middle-income countries (LMICs) worldwide. Inadequate staff training, a limited range of family planning methods offered, provider biases against clients, lack of effective quality improvement programs in healthcare facilities and family planning programs, weak family planning data systems and low utilization of data, poor client experience of care, lack of confidentiality, excessive client travel costs, stock-outs of family planning supplies, limited effectiveness of family planning education for clients and potential clients, lack of engagement with male partners, and inability to counter misinformation in communities and on social media are common problems. Case studies of family planning services in three countries, the Philippines, India, and Ghana, will document the range of quality problems encountered across countries. Both quantitative and qualitative data will be reviewed in each of the case studies. Examples of problems and potential solutions will also be drawn from other LMICs. A range of approaches for improving the quality of family planning services and improving outcomes for both clients and communities will be presented. They include methods for provider anti-bias education and improved provider training, quality improvement system models for family planning program development and implementation, cost-effective family planning data collection and data utilization methods, improving family planning outreach and promotion methods, expanding social marketing approaches, improving male partner engagement and participation programs, approaches for disseminating more effective family planning messages and reliable information on social media and online platforms, and methods for improving client confidentiality and client experiences with family planning care.

KeyWords: Family Planning, Quality Improvement, Philippines, India, Ghana

Biography:

Michael Trisolini has a PhD in Social Policy, with a concentration in Health Services Research, from Brandeis University, and an MBA from Harvard University. He has 42 years of domestic and global experience in health policy and management, health services research and development, public health programs, healthcare payment and finance, and healthcare quality measurement and quality improvement. He has worked in 20 different countries.



Mahendra Singh*, Pradeep Aggarwal

All India Institute of Medical Sciences Rishikesh, India

Assessment of Level of Compliance With Tobacco Free Educational Institutions (TOFEI) Guideline in Primary Schools of Uttarakhand: A Cross-Sectional Study

Considering the high vulnerability of adolescents and young adults to tobacco exposure—highlighted by both GATS1 and GYTS2—the Ministry of Health and Family Welfare, Govt. of India introduced the Guidelines for Tobacco-Free Educational Institutions (TOFEI)3 in 2008, which must be followed by schools across the country.

This study utilized cross-sectional study design to assess the implementation of Tobacco free educational institutions (TOFEI) guideline in 385 primary schools of 7 districts (Almora, Chamoli, Dehradun, Haridwar, Rudraprayag, Nannital, Rudraprayag) of Uttarakhand state of India by using TOEFI Evaluation Scorecard. Compliance score (Range 0-100) was assessed for each school. Any school who scored 90% and above compliance score was considered as Tobacco free educational institution (TOFEI).

Out of 385 primary schools of 7 districts of Uttarakhand, 14 schools were achieved >90% compliance score and awarded with TOFEI Certificate. In Almora 01 school, in Dehradun 3 schools, in Tehri 10 schools were fulfilled the criteria of TOFEI. In 4 districts (Haridwar, Nainital, Chamoli, Rudraprayag) no school obtained >90% compliance score. The results revealed overall poor compliance towards TOFEI guideline among primary schools of Uttarakhand indicating widespread gaps in the implementation of even the basic mandatory provisions. Prevalence of tobacco use in school adolescents is increasing rapidly, so strict implementation of these guidelines is the need of hour.

Biography:

Dr. Mahendra Singh has completed his MBBS at the age of 27 years from Rajasthan University of Health sciences, Jaipur and MD Community Medicine degree from Dr. S. N. Medical College, Jodhpur (India) He is working as Additional professor, Department of Community Medicine at All India Institute of Medical Sciences (AIIMS), Rishikesh India. He has published more than 94 papers in reputed journals and has been serving as an PI/Co-PI in many projects.



Mayra Rodriguez*, Sarah O. Watts, Surachat Ngorsuraches, Carmen Rodriguez, Johnny Stackhouse, DO

Edward Via College of Osteopathic Medicine, United States of America

Lessons Learned in Using a Community Engagement Model to Elevate Immigrant Voices and Shape Health Priorities

Learning Objectives:

Upon participation in this presentation, audience members will be able to:

1. Identify lessons learned in using a community engagement model to empower immigrants' voices in capacity building (engagement).
2. Explore systemic structures and identify pathways to increase immigrant capacity despite complex constructs involving internal attitudes, knowledge attainment, and responsiveness.
3. Analyze vertical and lateral efforts to address skills and mindset for an improved trust-based relationship between immigrants and stakeholder community.
4. Identify unexpected lessons learned in building internal capacity among Latina immigrants and community stakeholders that make for a flourishing stakeholder community.

Background: Current changing political climate has forced many immigrants to withdraw from society; they forced to downgrade their personal health priorities to focus on their own eminent survival. In turn, the growing number of immigrants in rural communities have placed an increased burden on healthcare systems, that are ill equipped to serve the community. Due to these two compounding challenges, we convened Latina immigrants as well as healthcare stakeholders for capacity building.

Purpose: To explain how two divergent communities leverage relationships for one common goal, capacity building as the foundation for improved health equity.

Methods: We developed:

1) A conceptual model that explains the relationships between two divergent communities.

2) Identified structural (capacity, attitudes, skills) and personal constructions (mindset, expanded knowledge, responsiveness) aimed to laterally or vertically bolster capacity.

3) Identified linkages (partnerships, alliances, structural support) for community engagement.

Results: We found that building capacity for an immigrant community was imperative in

1) Having the mindset to see themselves as part of the larger community, not just as an individual in silo.

2) Growth in expanded knowledge in seeing themselves as leaders within their own community.

3) Increase responsiveness to invest themselves the larger community. In addition, we found that Latina immigrants carry distinct attitudes that can hinder capacity building,

1) Fatalistic views on disease/illness.

2) Victim mentality relating to policies.

Last, we identified two unexpected lessons:

1) Immigrants were in 'survivor mode' mentality where priorities shift dramatically to accommodate only one purpose and everything else remains static.

Conclusion: Regardless of changing policies, there is a need for a more integrated approach to addressing health inequities. Understanding the dynamic constructs that each brings is imperative in building stronger and healthier communities. We highlight stakeholder influence, enhancing immigrant engagement skills, and fostering a mindset of shared power and knowledge.

Biography:

Dr. Mayra Rodriguez is a public health researcher with 12 years of experience in behavioral and community health, working with people living in vulnerable environments. She has served as PI and Co-PI in externally funded projects involved in addressing health disparities, social and structural barriers to healthcare, and proposing a systems perspective in fostering collaboration with community stakeholders.



Nivedita Tiwari

Tulane University School of Medicine, United States of America

Amino Acid Transport Drives Metabolic Reprogramming and Orchestrates NK Cell Effector Functions During Mycobacterium Tuberculosis Infection

Introduction/Rationale: Natural killer (NK) cells are critical innate immune effectors that contribute to host defense against intracellular pathogens, including Mycobacterium tuberculosis (Mtb). However, the metabolic mechanisms that regulate NK cell activation and antimicrobial function during tuberculosis remain incompletely understood. We investigated the role of amino acid transport in controlling NK cell metabolic adaptation and effector responses during Mtb infection.

Methods: Peripheral blood mononuclear cells were stimulated with live Mtb H37Rv or γ-irradiated Mtb. Expression of nutrient transporters was assessed by flow cytometry. Functional and metabolic characteristics of 4F2hc$^+$ and 4F2hc$^-$ NK cells were evaluated by measuring cytokine production, cytotoxic markers, metabolic activity, and glycolytic gene expression. The role of amino acid transport was examined using pharmacological inhibition of 4F2hc during co-culture of NK cells with Mtb-infected macrophages. Transcriptomic profiling was performed to identify pathways associated with NK cell activation.

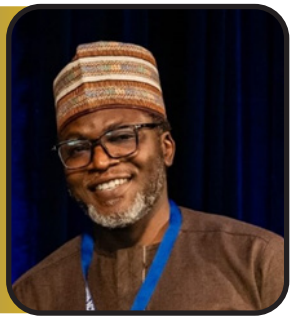
Results: Both live and γ-irradiated Mtb selectively induced expression of the amino acid transporter 4F2hc, while expression of CD71, GLUT1, and CD36 remained unchanged. 4F2hc$^+$ NK cells exhibited significantly enhanced expression of IFN-γ, TNF-α, IL-18R, granzyme B, and glycolytic genes compared with 4F2hc$^-$ NK cells. Pharmacological blockade of 4F2hc-mediated amino acid transport reduced glycolytic activity, impaired IFN-γ production, and diminished NK cell-mediated control of intracellular Mtb growth. Furthermore, exposure to plasma from tuberculosis patients resulted in decreased 4F2hc expression, spare respiratory capacity, glycolytic ATP production, and basal glycolytic activity. Notably, treatment with 4-hydroxypyridine enhanced expression of 4F2hc, LAMP-1, and granzyme A. Transcriptomic analysis revealed enrichment of amino acid metabolic pathways, including phenylalanine, tyrosine, glycine, serine, and threonine metabolism.

Conclusion: These findings identify 4F2hc as a key regulator of NK cell metabolic reprogramming and antimicrobial effector function during Mtb infection. Moreover, 4-hydroxypyridine emerges as a promising immunometabolic modulator capable of enhancing NK cell function through upregulation of amino acid transport and metabolic fitness. Targeting amino acid transport pathways may represent a novel host-directed therapeutic strategy for tuberculosis.

Keywords: Natural Killer Cells; Tuberculosis; Immunometabolism; Amino Acid Transport; 4F2hc

Biography:

Dr. Nivedita Tiwari, PhD is a biomedical scientist in the Department of Medicine at Tulane University School of Medicine, New Orleans, USA. Her research focuses on immunometabolism, host-pathogen interactions, innate immunity, and tuberculosis. She investigates how metabolic pathways regulate immune cell function and explores novel host-directed therapeutic strategies to enhance antimicrobial immunity. Dr. Tiwari has authored multiple peer-reviewed publications and actively collaborates on translational studies aimed at improving outcomes in infectious and inflammatory diseases.



Bala I. Harri*, Andem E. E. Duke, Omolayo J. Anjorin, Damilola Onietan, Somtoo Rita Henry, Chisom Obi-Jeff, Jidda M. Said, Tunde M. Ojo, Linda Liebenberg, Rita Orji, Vincent I. O. Agyapong, Ejemai Eboreime

Dalhousie University, Canada

Psychosocial Realities and Displacement-Related Factors Shaping Mental Health Among Internally Displaced Persons in North Central Nigeria

Internally displaced persons (IDPs) in Nigeria experience major mental health and psychosocial challenges linked to conflict, forced displacement, livelihood loss, disrupted education, weakened family structures, and limited access to formal mental health services. This qualitative phenomenological study explored psychosocial realities and displacement-related factors among IDPs in Wassa and Durumi camps in Abuja, North Central Nigeria. Data were collected from 8 to 12 August 2024 through 18 in-depth interviews and 8 focus group discussions with adolescents, adults, camp leaders, and religious leaders. Interviews and discussions were conducted in Hausa using trauma-informed and culturally sensitive approaches, then transcribed and translated into English. Data were analysed thematically using Braun and Clarke's framework, with Bronfenbrenner's Ecological Systems Theory guiding interpretation. Five interconnected themes emerged: mental and psychological impacts, support ecosystems, coping mechanisms, socioeconomic vulnerabilities, and gender-based violence and protection concerns. Participants described trauma exposure, persistent distress, disrupted family and peer relationships, interrupted schooling, livelihood loss, food insecurity, poor sanitation, weak healthcare access, and limited formal mental health and psychosocial support. Informal peer, family, religious, and community networks provided emotional, spiritual, and material support but were overstretched. Findings highlight the need for prevention-oriented, trauma-informed, and culturally responsive mental health and psychosocial support that strengthens family and peer networks, education access, livelihood opportunities, confidential gender-based violence referral pathways, and humanitarian policies addressing social determinants of mental health.

Keywords: Internally Displaced Persons; Mental Health; Psychosocial Wellbeing; Nigeria; Displacement

Biography:

Bala I. Harri is a PhD student in Psychiatry Research at Dalhousie University, Canada. Before his PhD, he served as Assistant Director, Policy and Planning, at the Federal Ministry of Health, Nigeria. He has training in medicine, public health, and global health policy, with experience in clinical practice, health systems research, monitoring and evaluation, and health policy across Africa. His research focuses on mental health, trauma, resilience, and psychosocial wellbeing among internally displaced persons in Nigeria, using qualitative, quantitative, and community-engaged methods to inform culturally responsive mental health interventions in humanitarian settings.



Roque Alfaro Navarro

University of Chile, Chile

Technical and Scale Efficiency of Cancer Screening in Municipal Primary Health Care in Chile: A Data Envelopment Analysis

Cancer is the leading cause of death in Chile, and early detection relies largely on primary health care (PHC) services delivered through municipal health systems. Despite national screening strategies, important territorial inequities persist in screening coverage and diagnostic capacity across municipalities.

This study evaluated the technical and scale efficiency of municipal primary health care in Chile in the early detection of breast, cervical, and gastric cancer during 2023–2024. A cross-sectional quantitative study was conducted using Data Envelopment Analysis (DEA). Municipalities were the unit of analysis, representing the performance of municipal PHC systems. Inputs included public financing for screening programs and health workforce resources, while outputs comprised production of mammography, cervical cytology, and diagnostic endoscopy, as well as abnormal screening results. Output-oriented CCR and BCC models were applied to estimate technical and scale efficiency, and an expansion factor quantified improvement potential.

Substantial variability in efficiency was observed across municipalities. Dual mammography provision was associated with higher technical efficiency, whereas outsourced diagnostic models showed lower performance. Gastric cancer detection presented the lowest efficiency and widespread inefficiencies across territories.

Significant efficiency gaps exist in cancer screening performance across municipal PHC in Chile. DEA combined with expansion factor analysis provides a robust framework to identify best practices and quantify improvement margins, supporting more equitable cancer prevention in primary care systems.

Keywords: Primary Health Care; Cancer Screening; Efficiency; Data Envelopment Analysis; Chile

Biography:

Roque Alfaro Navarro is a sociologist and public health researcher in Chile. He holds a Master in Public Management and Public Policy from the University of Chile and is currently pursuing a Master of Public Health. His research focuses on efficiency and equity in primary health care systems, particularly in cancer prevention and early detection. He has conducted national-level evaluations of municipal health system performance using Data Envelopment Analysis (DEA) and collaborates with public health institutions on health system strengthening and digital health initiatives in rural territories.



Jacks Soratto*, Natan Gonçalves de Lima João, Antônio Augusto Schäfer, Giovana Ilka Jacinto Salvaro

University of the Extreme South of Santa Catarina, Brazil

Teamwork Challenges in Primary Health Care: A Qualitative Study in a Municipality in Southern Brazil

Introduction: Primary Health Care (PHC) is grounded in teamwork as one of its structural pillars, particularly within the Family Health Strategy (FHS). However, everyday practice reveals barriers that hinder the consolidation of integrated interprofessional collaboration.

Objective: To analyze the main challenges to teamwork from the perspective of professionals working in FHS teams in a municipality in southern Brazil.

Methods: This exploratory and descriptive qualitative study involved 69 health professionals (physicians, nurses, dentists, nursing technicians, oral health assistants, and community health workers) from 12 Family Health teams in Criciúma, Santa Catarina. Data were produced through semi-structured interviews and examined using thematic content analysis, guided by Jürgen Habermas's Theory of Communicative Action.

Results: Key challenges included insufficient institutional support for collaborative practices, limited time for team meetings, weak alignment between teams and management, fragile communication processes, individualistic work practices, segmentation of professional roles, heavy workload, staff turnover, and structural limitations within health units. These interrelated factors negatively affected care coordination, continuity of care, and the comprehensiveness of health actions. Conclusion: Strengthening teamwork in PHC requires interventions focused on improving communicative processes, enhancing work organization, upgrading structural conditions, and fostering stronger integration between management and health teams.

Keywords: Primary Health Care, Family Health Strategy, Teamwork, Interprofessional Work, Qualitative Research

Funding: Fundação de Amparo à Pesquisa e Inovação do Estado de Santa Catarina (FAPESC) grant agrément n. 2024TR002229; National Council for Scientific and Technological Development (CNPq) grant agrément n. 305670/2024-7 and n. 409498/2024-6.

Biography:

Jacks Soratto is a Full Professor in the Undergraduate Nursing and Medicine programs and in the Graduate Programs in Public Health and Health Management at the University of the Extreme South of Santa Catarina (UNESC). His research focuses on qualitative studies in health management, comprehensive care, and health education. He has published more than 85 articles in peer-reviewed journals and has supervised over 48 research projects.



Sebnem Ercelen Ceylan

University of Health Sciences, Turkey

Advancing Vaccine Technology: Development of a Hydrogel-Based Adjuvant for Enhanced Immunogenicity and Biocompatibility

Adjuvants play a crucial role in enhancing immune responses by improving antigen presentation and immunogenicity. In this study, the adjuvant potential of the newly synthesized 3D cross-linked porous anionic hydrogel particles (HG-5), sized in the range of 200 nm. HG-5 was evaluated. Combining hydrophobic fragments and hydrophilic carboxylic groups in the structure provides its dispersibility in water at a 7.2 – 7.4 pH value. BSA was used as a model antigen for adjuvant loading. The antigen-binding capacity of the newly synthesized adjuvant was determined by BCA and SDS-PAGE assays. The BSA loading capacity of the adjuvants was determined to be 50% by evaluating various parameters, including temperature, incubation time, and mixing conditions. Dynamic Light Scattering (DLS) analysis determined that HG-5 has a size of 200 nm, with a polydispersity index (PDI) of 0.15. Hemolytic activity assays demonstrated no detectable hemolysis even at the highest concentration of HG-5 (25 mg/mL). The viscosity of the adjuvant was analyzed in addition to the evaluation of the RBC rheology after HG-5 incubation to assess its potential influence on blood flow dynamics. The effect of HG-5 on DNA stability and mitochondrial integrity in normal cells was evaluated. No evidence of DNA condensation, fragmentation, or single-strand breaks was observed following the adjuvant treatment. Additionally, HG-5 did not induce mitochondrial dysfunction. In vivo evaluations were conducted using BALB/c mice administered HG-5 at two doses: 800 µg/mouse (40 mg/kg) and 8 mg/mouse (400 mg/kg). HG-5 demonstrated low toxicity, with no significant changes in organ weight. Subcutaneous administration of HG-5 over 28 days resulted in no adverse effects, allergic reactions, weight loss, or mortality. Notably, a significant increase in specific antibodies against BSA was detected in HG-5-immunized mice compared to the control group. These results demonstrate that HG-5 has adjuvant properties favourable for safe and effective vaccine development.

Keywords: Vaccine Adjuvant, Hydrogel, Antigen Delivery, Vaccine formulation

Biography:

Şebnem Erçelen Ceylan is a faculty member at the Department of Biophysics, University of Health Sciences. She has extensive experience as a project manager and researcher in national and international scientific projects, particularly in drug delivery systems and vaccine adjuvants. Her research focuses on drug carrier nanosystems, including antigen delivery, and the biophysical characterization and physicochemical stability of vaccine adjuvant formulations. She is currently the Principal Investigator of a NATO Science for Peace and Security Program–funded project on hydrogel-based vaccine adjuvants. Her work contributes significantly to biophysics, nanomedicine, and immunology, supporting the advancement of vaccine technologies for global health.



Rabietou Ly

Institut Pasteur de Dakar, Senegal

FEF AFROSCREEN: Strengthening Regional One Health Preparedness Through a Community-of-Practice Model (October 2025 – April 2026)

Introduction: FEF AFROSCREEN is a regional One Health (OH) initiative coordinated by the Institut Pasteur de Dakar to strengthen collaboration, knowledge sharing, and preparedness capacities across Africa through a community-of-practice approach. The initiative combines scientific webinars, institutional ECHO sessions, and regional coordination activities to support National One Health Platforms and reinforce pandemic preparedness. It demonstrates the broad reach, strong engagement, and multidisciplinary collaboration that can be achieved through a regional OH community-of-practice model.

Methods: Participation data were collected from Zoom reports for four AFROSCREEN webinars and the iECHO platform for three ONE HEALTH COMMUNITY ECHO sessions between October 2025 and April 2026. Engagement was defined as attendance in at least one session and retention as participation in two or more sessions within the same series.

Results: Across seven sessions, FEF AFROSCREEN convened a multidisciplinary and multi-country One Health community involving participants from 90 countries and generating more than 2,445 learning hours. The four AFROSCREEN scientific webinars gathered 792 unique participants across the first three sessions, with a 25.8% retention rate (204 attending two or more webinars and 58 attending all three),while the fourth webinar recorded 513 additional connections. The ONE HEALTH COMMUNITY ECHO series reached 1,211 registrants from 42 countries, including 30 African countries, with 667 active participants generating 1,091 session attendances. Activities mobilized 12 high-level experts representing National One Health Platforms and partner institutions from Burkina Faso, Côte d'Ivoire, Madagascar, Cameroon, and other African countries. Sessions addressed OH coordination, pandemic preparedness, antimicrobial resistance (AMR), communication risk assessment, and community engagement strengthening peer-to-peer learning and regional collaboration across Africa.

Conclusion: FEF AFROSCREEN demonstrates the value of a regional community-of-practice model in strengthening One Health preparedness, collaboration, and collective learning by convening a multidisciplinary, multi-country OH network with measurable engagement and retention outcomes.

Keywords: One Health, Pandemic Preparedness, Community of Practice, Regional Collaboration, Health Security

Biography:

Rabietou Ly holds a Master of Science in Dental Hygiene and a Master of Public Health from Massachusetts College of Pharmacy and Health Sciences (Boston, MA). She is currently Project Manager at the Institut

Pasteur de Dakar (Senegal), coordinating FEF AFROSCREEN regional One Health initiatives focused on preparedness, collaboration, and strengthening multidisciplinary communities of practice across Africa. She has over 15 years of clinical dental practice experience in both public and private sectors and served as a Clinical Program Manager at Thundermist Health Center (Woonsocket, RI), overseeing programs including Ryan White, Women's Cancer Screening, and Family Planning.



Krystal Mayers-Pagan

Dickinson University, United States of America

Rebuilding the Public Health Workforce: Strengthening the Pipeline Through Campus-Based Training

The public health workforce is facing a critical decline driven by workforce burnout, pandemic fatigue, insufficient funding, and a wave of retirements accelerated by the COVID-19 crisis. Recent public health graduates have very little to no practical experience in the field, leading to delays in field immersion or not entering at all. Agencies such as the Centers for Disease Control and Prevention (CDC) have highlighted persistent staffing shortages that threaten the capacity of local and state health departments to respond to emerging health threats, chronic disease burdens, and health inequities. Without strategic intervention, these shortages risk weakening national preparedness, widening disparities, and undermining community trust in public health systems.

One sustainable solution is the expansion of structured public health education and training programs on college campuses. By pairing public health principles with practical, hands-on experiences, institutions of higher education can cultivate a robust pipeline of future professionals. Such programs will bridge the gap between academic learning and real-world practice. These applied experiences not only strengthen workforce readiness but also foster early professional identity formation and long-term commitment to public service.

Additionally, targeted recruitment strategies that prioritize students from underrepresented and rural communities can help diversify the workforce and address geographic shortages. Certificate programs, accelerated bachelor-to-master pathways, and paid field placements can reduce financial barriers and increase accessibility. Embedding leadership development, emergency preparedness training, and interdisciplinary collaboration into campus programs ensures graduates are equipped with both technical competencies and adaptive skills.

Investing in campus-based public health training programs represents a proactive, scalable strategy to rebuild and modernize the workforce. By strengthening academic–practice partnerships and expanding equitable access to public health education, colleges and universities can play a central role in stabilizing workforce capacity and safeguarding population health for future generations.

Keywords: Public Health Workforce Development, Experiential Learning and Field Training, Workforce Preparedness and Sustainability, Health Equity and Workforce Diversity

Biography:

Dr. Mayers-Pagan is an advanced public health practitioner committed to improving outcomes in communities disproportionately affected by health disparities. She serves as University Assistant Director of Student Wellness Services at Fairleigh Dickinson University, leading healthcare policy development, programs, and operations to promote campus well-being. Her previous roles include leadership and public health positions at Newark Community Health Centers, NYC Department of Health and Mental Hygiene, and the CDC. Passionate about advancing equitable care for young adults, she promotes health equity through teaching and mentorship. She holds multiple degrees including a Doctor of Health Sciences degree and an MPH degree.



Damalie Nakanjako

Makerere University College of Health Sciences, Uganda

Multidrug Resistant Klebshiella Pneumoniae and Escherichia Coli were the Leading Causes of Death among Patients Hospitalized at Mulago National Referral Hospital, Kampala, Uganda

Background: Pneumonia, responsible for 3 million deaths annually worldwide, remains a leading cause of death from hospital-acquired infections. Empirical and not based on microbiological data because of difficulty in obtaining reliable lower respiratory tract specimens as they are frequently contaminated by upper respiratory tract bacterial flora. We examined aseptically collected lung specimens from decedents with pneumonia to a) isolate the multi-drug-resistant gram-negative bacteria (MDR GNB) and analyze their antimicrobial susceptibility profiles and resistance phenotypes to beta-lactams and b) determine the factors associated with fatal MDR GNB pneumonia.

Methods: In a descriptive autopsy-based study at Mulago National Referral Hospital mortuary, Lung tissue and or aspirates were collected from deceased adults with an ante-mortem diagnosis of pneumonia or other lower respiratory tract infections. Samoles were collected within a postmortem interval not exceeding 20 hours, processed, and analyzed for bacterial identification, susceptibility testing, and resistance phenotypes to beta lactams; at the Clinical Microbiology Laboratory at Makerere University College of Health Sciences, Kampala, Uganda.

Results: Overall, 120 adults died during hospitalization with a primary diagnosis of pneumonia in the period betweenn June-December 2024; of whom 60/100 (50%) were female, mean age 50.2 (16.6) years, and median duration of hospitalization of 42.5 (Inter-quartile range 19.0 - 80.0) hours. Nearly half (53/120, 44%) were referrals from private health care facilities while 43 (35.8%) were from public health care facilities. Thirty-two (32/120, 26.7%) were confirmed to be living with HIV and 59/120 (49%) had other co-morbidities. One hundred three 103/120 (85.8%) had received empirical antibiotic treatment.

Bacteria isolated from lung tissue/aspirates were Klebshiella pneumoniae species in 54(45.0%) patients, Escherichia coli in 33(27.5%), Pseudomonas aeruginosa in 17(14.2%) and Acinetobacter species in 12(10.0%) of the patients. The bacteria isolates were resistant to most of the antibiotics used for empirical therapy with resistance to Ceftriaxone at 86.7%, Piperacillin-tazobactam at 44.2%, Coamoxiclav 46.7% and Meropenem at 21.7%. Amikacin and Tigecycline had the least resistance at 20% and 14.3% respectively. Overall, Cabarpenem resistance (defined by resistance to either Imipenem or Meropenem or Ertapenem) was observed in 60/120 (50%) of patients. Patients who had pneumonia with co-morbidities were 2.5 times more likely to have Cabarpenem resistance; Odds Ratio, OR (95% Confidence interval (CI) 2.51(1.07 to 5.87); p value =0.033 and patients who were referred from private health care facilities were almost 5 times more likely to have Cabarpenem resistance; OR 4.92 (CI 1.35 to 17.9); p-value= 0.016.

Conclusion: Multidrug resistant gram-negative bacteria were responsible for all fatal bacterial pneumonia during hospitalization. Patients with co-morbidities and referrals from private clinics had higher risk of carbapenem resistance.

Biography:

Professor Dr. Damalie Nakanjako is a professor of medicine and the principal of the College of Health Sciences at Makerere University (Uganda), as well as the previous dean of the School of Medicine. She has over 22 years' experience in HIV/AIDS care on different platforms. These include community trials with simple interventions such as safe water and cotrimoxazole prophylaxis to reduce morbidity and mortality among people living with HIV, hospital-based studies on basic tools like provider-initiated HIV testing and routine TB screening to improve access to HIV diagnosis, management of TB-HIV co-infections in hospital settings, epidemiological studies to understand immune recovery in long-term HIV treatment cohorts, and laboratory-based studies in human health (including the "one health" approach to zoonotic infections). Prof. Nakanjako is also the ADAPT principal investigator at the College of Health Sciences, which involves working with the ADAPT member institutions to respond to the emerging challenge of anti-microbial resistance among humans and animals.



Rosa Castro-Zarzur

Senior Economist, American Institutes for Research (AIR),

United States of America

Assessing the Food and Nutrition Environment of Women and Children in Six Sub-Saharan African Countries: Baseline Evidence from the CASCADE Nutrition Program

Malnutrition remains a critical challenge in sub-Saharan Africa (SSA), where nutrient deficiencies and child stunting persist at high rates. Its drivers are deeply intertwined: poverty, infectious disease burden, inadequate maternal and child health services, environmental shocks including droughts and conflict, low agricultural biodiversity, and limited maternal knowledge of infant and young child feeding practices. Recent crises, including the COVID-19 pandemic and the war in Ukraine, have further eroded incomes and increased food prices, deepening food insecurity. The CASCADE program addresses these challenges in six SSA countries by seeking to increase access to and consumption of healthy diets—particularly among women of reproductive age (WRA) and children—and to strengthen household resilience to economic and climate-related shocks, working across policy, services, community, gender, and coordination domains. This paper presents findings from a multi-country baseline study conducted by the American Institutes for Research (AIR) to guide the refinement of CASCADE activities. Results confirm accurate program targeting: across all six countries, approximately half of WRA consume minimally diverse diets, and most live in moderately or severely food-insecure households. While most households engage in agricultural production, production diversity is low—averaging fewer than three crops, typically a cereal, a legume, and a root or tuber—with very limited cultivation of fruits and vegetables. Most women achieve adequate empowerment in production, income, and leadership, though specific indicators show room for improvement. Access to nutrition information and services remains scarce. These findings underscore the need for integrated interventions that jointly strengthen dietary diversity, agricultural production, women's empowerment, and nutrition services.

Biography:

Rosa Castro-Zarzur is an economist with more than 10 years of experience evaluating food security and nutrition programs in low- and middle-income countries. Her current work includes a quasi-experimental impact evaluation of the Philippines Multisectoral Nutrition Project, which aims to reduce stunting in children under five; the evaluation of the CASCADE nutrition program in six sub-Saharan African countries; and two multiarmed experimental evaluations of a programme promoting the uptake of Orange-Fleshed Sweet Potato in Tanzania to reduce Vitamin-A deficiency in mothers and young children. She holds a PhD in agricultural and resource economics from the University of Maryland and an MPP from the University of Chicago.

Azene Zenebe*[1], Negal Lakew[2], Quinton A. Sims[3], Tyleah J. Hill[4]

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[4]Undergraduate Student, Publich Health Informatics and Technology, Bowie State University, Maryland, United States of America

Exploring Data to Study Digital Well-Being

Digital technologies increasingly influence how people engage in daily life with both positive and negative effects, making digital well-being an emerging area of public health research. While many people associate digital well-being with limiting screen time, research suggests it is influenced by a much wider range of psychological, social, health, and technology-related factors. The purpose of this study was to explore what factors are associated with digital well-being, examine the relationship between psychological measures and digital well-being, and investigate whether economic, educational and demographic characteristics are associated with differences in digital well-being. This study used the National Cancer Institute's Health Information National Trends Survey (HINTS) Version 7, which includes responses from 7,278 participants who are individuals selected from households in the USA. Following the Cross-Industry Standard Process for Data Mining (CRISP-DM) approach, we selected variables relevant to the research and cleaned the dataset. A composite Digital Well-Being Index (DWI) was developed by combining measures of patient-centered communication, health information-seeking experience, and connectedness to serve as the primary outcome measure. The data was analyzed using descriptive statistics, visualization, group comparisons, and Pearson correlation. Among the variables we examined, psychological distress showed the strongest relationship with digital well-being, with negative correlation ($r = -0.51$), indicating a moderate negative association. In contrast, demographic characteristics such as age and household income showed only weak relationships with DWI, while social media use, internet use, body mass index, and weekly exercise demonstrated little or no linear relationship. These findings demonstrate the value of nationally representative survey data for studying digital well-being and suggest that psychological well-being may play a more influential role than demographic or technology-use characteristics. Although the cross-sectional design does not permit causal inference, the study provides a foundation for future research on the determinants of digital well-being and the development of evidence-based interventions.

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17-18

AUGUST 2026

Orlando, Florida, USA



DAY 1

POSTER PRESENTATIONS

HYBRID EVENT

Alejandro Paneque*, Trucvy Nguyen, Lucas Douridas, Janice Cato Varlack

University of Central Florida College of Medicine, Orlando, Florida,

United States of America

Evaluating Community-Based Pesticide Safety Training Among Florida Farmworkers: Implications for Occupational Health Policy

Farmworkers experience disproportionate occupational exposure to pesticides, yet pesticide-related illness remains underreported due to limited access to healthcare, language barriers, and insufficient safety training. This study evaluates the perceived effectiveness, knowledge retention, and informational needs associated with community-based pesticide health and safety training conducted among Florida farmworkers. We analyzed post-training evaluation data collected from 172 pesticide health and safety trainings conducted by the Farmworker Association of Florida between 2007 and 2012. A total of 3,184 farmworkers across nine Florida counties participated. The training program employed interactive, culturally and linguistically tailored methods aligned with the EPA Worker Protection Standard. Descriptive analyses summarized participant perceptions of training importance, content relevance, unmet informational needs, and recommendations for improvement.

Overall, 97% of participants reported a positive opinion of the training, and 99% indicated the training was important. Nearly half (47%) stated that all training content was important, while others emphasized protective safety practices (40%) and worker rights (10%). Most participants (91%) found the information necessary, and 92% expressed interest in learning more about pesticides. The most frequently requested topics included pesticide names (65%), how to report workplace violations (40%), and recognition of exposure symptoms (35%). Almost half of the participants (46%) recommended more frequent training sessions, citing the need for knowledge reinforcement and updates on newly used chemicals. Notably, 23% highlighted the importance of protecting family members from take-home pesticide exposure. Community-based, interactive pesticide safety trainings are highly valued by farmworkers and address critical occupational health knowledge gaps. Findings support policies mandating at least annual, culturally appropriate pesticide safety training and improved access to pesticide-specific information. Strengthening worker education may reduce exposure-related illness and advance environmental and occupational health equity.



Thamer Alslamah

Qassim University, College of Applied Medical Sciences,

Public Health Department, Saudi Arabia

Undergraduate Health Sciences Students' Perceptions and Practices of Evidence-Based Practice: A Cross-Sectional Study in Saudi Arabia

Background: Evidence-based practice (EBP) is vital for clinical professionals, including physicians, physiotherapists, nurses, dentists, and psychiatrists from diverse cultural backgrounds. EBP ensures the implementation of systematic, standardised, safe, and cost-effective interventions. While existing Saudi literature has primarily focused on current practitioners, exploring the perspectives of local healthcare students regarding EBP is essential.

Methods: A descriptive survey with cross-sectional data collection was conducted online using the Arabic version of the Student Evidence-Based Practice Questionnaire (S-EBPQ) with 132 Saudi undergraduate students in the health sciences. Descriptive statistics, t-test, ANOVA, and linear regression were used for data analysis.

Results: The results indicate that undergraduate health sciences students viewed EBP positively, with the attitude sub scale being the highest (mean = 5.32), and the practice sub scale being the lowest (mean = 4.89). The multiple linear regression analysis revealed no significant differences due to demographic characteristics (gender, age, study year, and marital status). Retrieving and reviewing the evidence on the EBP practice revealed a significant positive effect ($t = 3.537$, $P < 0.001$, along with a significant positive effect of sharing and applying EBP ($t = 2.255$, $P = 0.026$) on the EBP practice. However, there was no significant effect of attitude toward EBP on the EBP practice ($P = 0.921$).

Conclusion: This study revealed that significant levels of EBP exist among health sciences undergraduates; however, the outcomes showed that practice scores were less than attitude scores. While theoretical knowledge is strong, opportunities exist for improvement in critical analysis and application to specific cases. Moreover, educators can enhance proficiency through interactive learning experiences and practical workshops.

Keywords: Evidence-Based Practice, Health Sciences, Undergraduate Students, Saudi Arabia, Epidemiology

Biography:

Thamer Alslamah has completed his PhD at the age of 38 years from University of Glasgow and Associate Professor at Qassim university. He has published more than 29 papers in reputed journals and has been serving as an editorial board member of repute.



Raghad Alnusairat*, Mohammad Abu-Ghosh, Dareen Saleh, Joud Al-Haddad, Leen Sabbah, Muna Barakat, Malik Sallam

University of Jordan, Jordan

Would Senior Citizens Get Vaccinated Against RSV? Exploratory Analysis Using a Novel Survey Instrument

Objective: To assess attitudes of senior citizens toward the recently approved RSV vaccines using a novel survey instrument.

Methods: Fifteen survey items were developed from literature on adult vaccination attitudes toward respiratory viruses (SARS-CoV-2, influenza) and tested for content, face, and construct validity. Data was collected through in person interviews among adults aged 50 years or older in Jordan from May until June 2024. Construct validity was evaluated using exploratory factor analysis (EFA) with principal component extraction.

Results: The final sample included 231 participants. EFA identified five domains explaining 71.9% of variance: Fear, Information, Accessibility, Benefit, and Conspiracy. Overall, 55.4% were willing to receive a free RSV vaccine, 16.0% were hesitant, and 28.6% were resistant. Multivariate analysis showed that acceptance was higher among those with lower income, prior vaccination history, agreement with the Benefit domain, and lower Fear scores.

Conclusions: This study developed a validated survey instrument to assess RSV vaccine attitudes among older adults. Findings highlight the importance of emphasizing vaccine benefits, addressing fears, and considering socioeconomic factors when designing public health interventions. Applying this tool in other settings could guide strategies to improve RSV vaccine uptake and reduce disease burden in aging populations.

Keywords: RSV, Vaccine Acceptance, Older Adults, Survey Validation, Public Health

Biography:

Raghad Alnusairat is a final-year medical student at the University of Jordan. As a co-author of research published in peer-reviewed journals, she is actively involved in clinical studies focusing on infectious diseases and vaccine attitudes. Raghad aims to integrate her experience in immunization strategies into her future career in Pediatrics, with a focus on preventative care and public health awareness.



Yared Mezemir Tiruneh

University of Eastern Piedmont (Università del Piemonte Orientale - UPO), Vercelli, Italy

Traditional Diets and Cultural Beliefs Affecting Diabetes Prevention and Control in Africa

Type 2 diabetes mellitus (T2DM) is an increasing public health challenge across Africa, driven by rapid urbanization, socioeconomic change, and the ongoing nutrition transition. This narrative review examines the role of traditional African diets and cultural beliefs in diabetes prevention and control. A comprehensive literature search was conducted using PubMed, Scopus, Web of Science, and Google Scholar, including peer-reviewed studies published between January 2019 and September 2025. The review found that traditional dietary patterns, characterized by diets rich in whole grains, legumes, indigenous vegetables, root crops, and fermented foods, provide dietary fiber, antioxidants, and bioactive compounds that may protect metabolic health. However, these dietary patterns are increasingly being replaced by ultra-processed foods, contributing to the growing burden of diabetes. Cultural beliefs, including communal eating practices, perceptions of body size, traditional healing, food taboos, and gender roles, strongly influence dietary behaviors and diabetes management. Food insecurity, rising food costs, urbanization, and the widespread availability of processed foods further limit adherence to healthy traditional diets. Evidence from the reviewed studies suggests that community-based programs, school nutrition initiatives, and supportive food policies, including taxation of sugar-sweetened beverages and measures that improve access to healthy traditional foods, may contribute to diabetes prevention when adapted to local cultural contexts. The review also highlights important research gaps, particularly the limited number of randomized controlled trials and the underrepresentation of rural populations, emphasizing the need for culturally appropriate research and interventions to strengthen the evidence base in Africa.

Biography:

Yared Mezemir Tiruneh, MD, is a medical doctor and ECFMG-certified physician from Ethiopia. He is currently pursuing an MSc in Disaster and Health Crisis Management at the **University of Eastern Piedmont (UPO), Italy**. He is the Founder and Executive Director of Life Bridge, a non-profit organization focused on public health initiatives in Ethiopia. His research explores the role of nutrition, cultural beliefs, and community-based approaches in the prevention and control of non-communicable diseases, with a particular focus on diabetes in Africa.

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AUGUST 2026

ORLANDO, FLORIDA, USA



DAY 2

VIRTUAL PRESENTATIONS

Zoom Meeting (GMT-4) Time Orlando, Florida, USA



Xianghui Yang

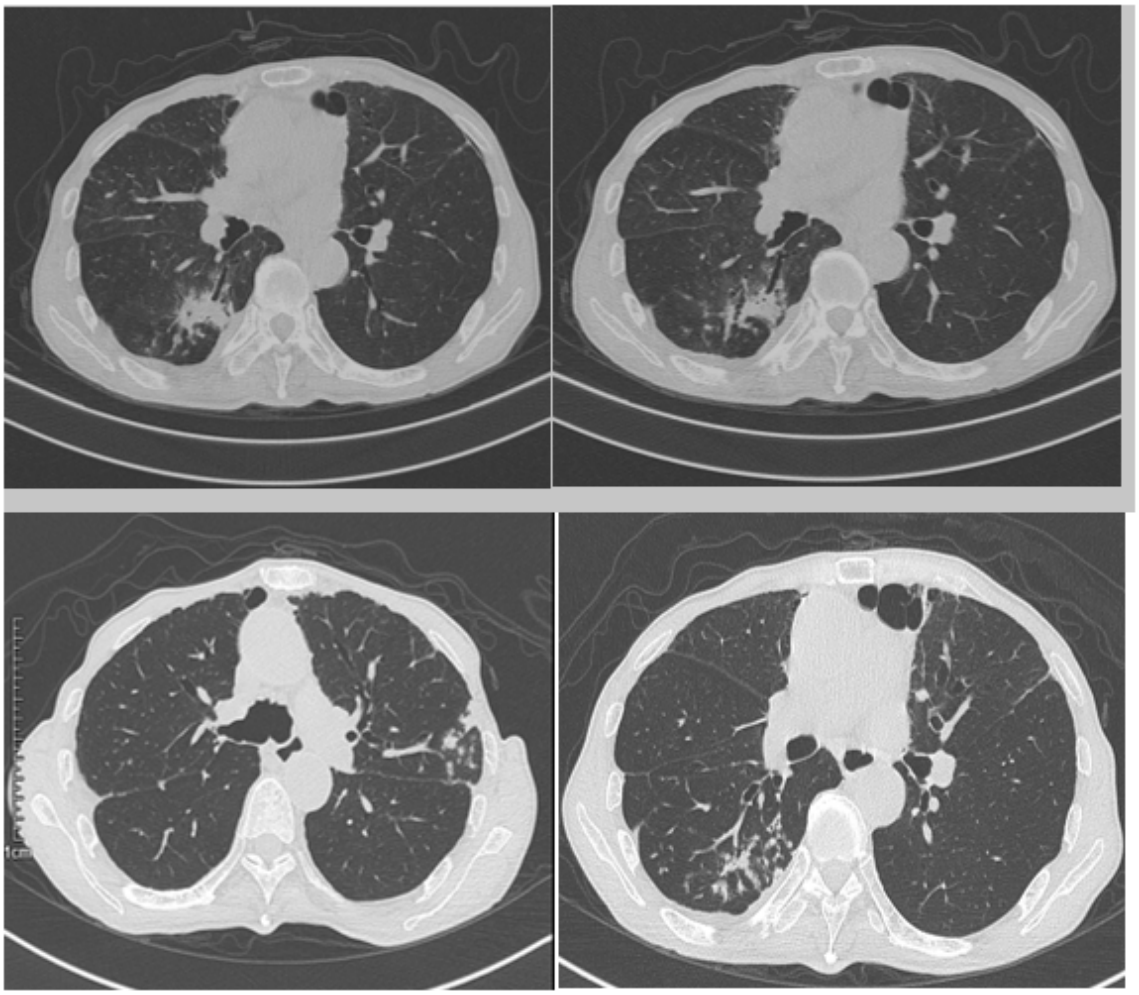
Department of Infectious Diseases, Beibei Affiliated Hospital of Chongqing Medical University /Chongqing Ninth People's Hospital, Chongqing, China

Mycobacterium Intracellulare Pulmonary Disease Co-Isolated With Actinomyces Graevenitzii in An Immunocompromised Patient After Liver Transplantation: A Case Report

Immunosuppressed solid organ transplant recipients are considered a high-risk population for opportunistic infections, among which nontuberculous mycobacterial (NTM) infection has attracted increasing attention due to its atypical clinical presentation, low rate of microbiological confirmation, and difficulty in treatment, with pulmonary infection caused by the Mycobacterium avium complex (MAC) being the most common. Considerable challenges exist in the diagnosis and treatment of NTM infection in these patients, and co-infection with Actinomyces species is even rarer and further complicates both diagnosis and management. We report a case of pulmonary Mycobacterium intracellulare disease with possible concurrent Actinomyces graevenitzii infection in a 71-year-old male with long-term immunosuppression after liver transplantation. The patient presented with chronic cough, expectoration, fever, and chest pain. Chest computed tomography (CT) revealed scattered patchy opacities and bilateral multiple nodules. Bronchoalveolar lavage fluid (BALF) showed weakly positive acid-fast staining; routine aerobic culture grew Actinomyces graevenitzii, while Xpert MTB/RIF was negative. A clinical diagnosis of pulmonary actinomycosis was made, and the patient received intravenous penicillin followed by oral doxycycline. Partial clinical and radiological improvement was achieved initially, but follow-up imaging demonstrated disease progression with new nodules and cavities. A delayed mycobacterial culture (approximately 9 weeks) returned positive, and repeat BALF metagenomic next-generation sequencing (mNGS) detected Mycobacterium intracellulare (9 reads). Actinomyces graevenitzii was not identified on mNGS after 16 weeks of anti-actinomycotic therapy, suggesting controlled infection or colonization. The final diagnosis was therefore pulmonary Mycobacterium intracellulare disease with possible concurrent Actinomyces graevenitzii infection. Anti-NTM therapy with azithromycin, rifampicin, ethambutol, and levofloxacin was initiated, and the patient showed marked radiological improvement at six-month follow-up. This case highlights several key lessons. First, NTM infection should be considered in immunocompromised patients with pulmonary infection, especially when acid-fast staining is abnormal but tuberculosis is excluded. Second, the detection of Actinomyces in respiratory specimens does not rule out coexisting NTM, particularly in hosts with structural lung disease and severe immunosuppression. Third, dynamic monitoring of mycobacterial cultures—given their slow growth—is essential, and mNGS can serve as a valuable complementary tool when clinical response is incomplete or lesions progress. Fourth, drug-drug interactions between rifampicin and tacrolimus require close monitoring of trough levels to prevent graft rejection. This experience suggests that it is critical to dynamically revise the diagnosis by continuously following mycobacterial cultures and integrating tests such as mNGS when acid-fast staining is abnormal, imaging progresses persistently, or treatment response is incomplete—especially when a single pathogen cannot explain the full clinical course in immunocompromised patients with chronic pulmonary

infection. During anti-NTM therapy, attention must be paid to the drug-drug interaction between rifampicin and tacrolimus, and blood concentrations should be closely monitored.

Keywords: Non Tuberculous Mycobacteria (NTM); Actinomyces Graevenitzii; Liver Transplantation; Immunosuppression; Metagenomic Next Generation Sequencing (mNGS)



Biography:

Dr. Yang Xianghui is an attending physician in the Department of Infectious Diseases, Affiliated Beibei Hospital of Chongqing Medical University. She obtained a master's degree in clinical medicine with a specialization in infectious diseases. Dr. Yang's clinical practice focuses on difficult infectious conditions, particularly pulmonary tuberculosis and HIV-associated opportunistic infections. Her current research is centered on the immunological mechanisms of pulmonary tuberculosis.

James Michael Mc Donnell

Sir Charles Gardiner Hospital, Western Australia

Granulomatous Amoebic Encephalitis Presenting as a Transient Ischaemic Attack Mimic in an Immunocompetent Patient: A Diagnostic Challenge

Background: Granulomatous amoebic encephalitis (GAE) is a rare, frequently fatal infection caused by free-living amoebae, predominantly Balamuthia mandrillaris and Acanthamoeba species.

Diagnosis is challenging because patients often present subacutely with non-specific neurological symptoms, bland cerebrospinal fluid (CSF) findings and radiological features that mimic neoplastic or inflammatory disease. We describe an immunocompetent patient with GAE whose diagnosis required brain biopsy.

Methods: A retrospective review of the patient's clinical course, laboratory investigations, serial neuroimaging, operative findings, histopathology and microbiological testing was undertaken. Brain tissue obtained during posterior fossa decompression underwent histopathological assessment with confirmatory molecular testing.

Results: A 71-year-old previously independent immunocompetent woman presented with transient aphasia followed by progressive headache, nausea and cognitive decline. Serial MRI demonstrated multifocal enhancing cerebral and cerebellar lesions with worsening oedema and hydrocephalus. CSF remained acellular with normal protein and glucose, and multiplex PCR was negative, delaying recognition of an infectious aetiology. Extensive investigations for malignancy, autoimmune disease and conventional infection were unrevealing. Following neurological deterioration, external ventricular drainage, posterior fossa decompression and cerebellar lesion biopsy established the diagnosis of GAE. A multidrug regimen comprising miltefosine, flucytosine, meropenem, trimethoprim-sulfamethoxazole, voriconazole, pentamidine and azithromycin was initiated, with nitroxoline sought as adjunctive therapy. Despite aggressive treatment, the patient died.

Conclusions: GAE should remain an important differential diagnosis in immunocompetent patients with progressive multifocal brain lesions despite bland CSF findings. Early consideration of tissue diagnosis and molecular testing may shorten diagnostic delay and facilitate timely institution of combination antimicrobial therapy. This case also highlights the emerging interest in nitroxoline as a potential adjunctive treatment for this devastating disease.

Keywords: Granulomatous Amoebic Encephalitis; Balamuthia Mandrillaris; Acanthamoeba; Neuroinfection; Case report



Vladan Radosavljevic

Institute of epidemiology, Military Medical Academy, Belgrade, Serbia

Radosavljevic's Urinary Screening Biomarkers of the Key Chemical Carcinogens for Bladder Cancer

The aim of the study was to examine the possibility of using the urinary concentration of 1-hydroxypyrene for screening high-risk male individuals for bladder cancer. Radosavljević's urinary screening protocol for the key chemical carcinogens used. Numerical data were arithmetic mean with standard deviation or median with interquartile range, while categorical data shown as percentages. Two independent samples compared by Student t-test or Mann-Whitney U test, depending on the data distribution. Normality evaluated by Shapiro-Wilk test and box plots. The analysis performed in statistical software IBMSPSS ver. 29. This case-control study comprised 117 urinary bladder male cancer patients and 110 healthy male controls. The average age of patients was 67.86±9.94 years, while for controls was an average of 82.95±7.62 years. The mean urinary values of 1-hydroxypyrene at 1st measurement – in patients 205.0 pg/ml (IQR = 116.5-456.5) and in controls 136.5 pg/ml (IQR =76-374.5) with statistically higher values in urinary bladder male cancer patients than in controls (p = 0.020). At 2nd measurement – in patients 183.0 pg/ml (IQR = 141.8-407.3) and 137.0 pg/ml (IQR = 73-353.0) with statistically higher values in urinary bladder male cancer patients than in controls (p = 0.013). 1-Hydroxypyrene results were higher in bladder cancer patients group, but determination of 1-hydroxypyrene alone in urine is not sufficient for urinary screening of bladder cancer in men. We suggest that HPLC and ICP analysis urinary biomarkers from other chemical carcinogens incriminated as causes of bladder cancer, from Group 1 carcinogens according to IARC.

Biography:

Vladan Radosavljevic graduated (1991), specialized (1995), and received his doctorate (1999) in epidemiology at the Medical Faculty of the University of Belgrade, Serbia. He was the head of the Department of Epidemiology and deputy director of the Military Institute for Preventive Medicine in Belgrade from 2003 to 2010, and head of military preventive medicine from 2010 to 2020 in the Ministry of Defense of Serbia. In 2020 he moved to the Institute of Epidemiology of the Military Medical Academy, Belgrade, where he works as an expert epidemiologist. He was a professor at the Biological Weapons course at the Military Academy of the University of Defence in Belgrade and a research associate at the Epidemiology course. Since 2015, Dr. Radosavljevic is a United Nations expert on biological weapons within the mechanism of the United Nations Secretary General.



Jorge Urdaneta Aqui*, Adriana Bautista Araujo, Susana Velazquez, Berenice Piñero, Daniel Belleli

International Institute for Health Care Professionals,

United States of America

Declining Birth Rates, Obstetric Unit Closures, and Rising MaternalRisk in Florida: A Public Health Crisis Requiring Midwifery Expansion An Epidemiological Trend Analysis

Florida is confronting a growing maternal health crisis driven by declining birth rates, rising maternal mortality, and the rapid closure of obstetric units across the state. Although the United States reported a maternal mortality ratio of 17 per 100,000 live births in 2024, Florida's burden remains higher, with ratios of 18.5 statewide, 24.8 in Broward County, and 20.3 in Miami-Dade County. The natality rate trends to decrease in Florida, like all the United States, and this sustained decline has contributed directly to the financial instability of maternity services.

Since 2020, at least five South Florida hospitals, including North Shore Medical Center, Jackson West, Holy Cross Health, Hialeah Hospital, and Jackson South, have closed their labor and delivery units. With fewer births and reduced revenue, hospitals are downsizing or eliminating perinatal beds, creating large geographic gaps in maternal care. There is an existent decrease of the birth rate, and this demographic shift now forces pregnant women to travel significantly longer distances for prenatal care, labor evaluation, and delivery. These delays increase the risk of preventable complications such as hemorrhage, hypertensive disorders, infection, and cardiomyopathy; conditions that already account for the majority of pregnancy-related deaths in the United States. Expanding the midwifery workforce is a critical strategy to address these gaps. Midwives can deliver high-quality, community-based prenatal, intrapartum, and postpartum care in regions where hospitals have reduced or eliminated obstetric services. Their integration into Florida's maternal health system would improve access, reduce delays, and strengthen outcomes for vulnerable populations. This analysis underscores the urgent need for coordinated public health action to address declining birth rates, obstetric unit closures, and maternal mortality in Florida, while elevating midwifery as an essential component of an equitable and resilient maternal care infrastructure.

Keywords: Maternal Mortality; Obstetric Unit Closures; Birth Rate Decline; Midwifery; Florida Public Health

Biography:

Jorge Urdaneta Aqui MD, MS, LM an OB/GYN physician with extensive experience in high-risk obstetrics, health policy, and maternal health advocacy. Trained at the Universidad del Zulia in Venezuela, he later completed a Magister in Health Administration with a concentration in Health Policy and Planning, strengthening his expertise in system-level decision-making and maternal health program development. His career includes service in rural and urban settings, leadership in

High-risk pregnancy care, and academic roles training future clinicians. After relocating to the United States, he expanded his scope of practice by earning a Midwifery Certificate and becoming a Licensed Midwife in Florida.



Andre Williams*, Christine Hoch, Rita Gengo, Louise Buie, Lynne Palma

Florida Atlantic University, Christine E. Lynne College of Nursing, United States of America

Nursing Turnover and Hours per Resident Day in Florida Nursing Homes: Examining the Impact of Facility Ownership Type

Staffing instability (high nursing turnover) drives up operating costs in nursing homes due to expenses such as recruitment and agency staffing. Additionally, high care intensity, measured by nursing hours per resident day (HPRD), is essential for quality resident outcomes, including reduced adverse events and hospitalizations. In Florida, where for-profit entities constitute 76.7% of the nursing home sector amid an increasing prevalence of medically complex residents, this research investigates the association between facility ownership structures (for-profit, non-profit, and government) and critical indicators of care intensity and workforce stability, specifically nursing HPRD and staff turnover. Using 2023 CMS Provider Data for Florida and Generalized Estimating Equations, accounting for regional differences, the analysis showed that government-owned facilities provided the highest staffing intensity, with 1.295 additional HPRD compared to for-profit homes, and non-profits offered 0.441 more hours (p-value < 0.001 for both). Furthermore, turnover rates were significantly lower in non-profit (10.051%, p-value < 0.001) and government (8.821%, p-value = 0.013) facilities than in for-profit models. The findings suggest that non-profit and government nursing homes exhibit higher care intensity and workforce retention than the prevailing for-profit model in Florida. Addressing workforce instability and enhancing care quality in Florida's nursing home sector requires a strategic policy framework that prioritizes higher staffing retention and incentives to increase the intensity of care.

KeyWords: Nursing Home, Ownership Type, Nursing Hours Per Resident Day (HPRD), Staff Turnover, Nursing Workforce Stability

Biography:

Andre Williams completed his PhD at age 29 from Virginia Commonwealth University. He is an Assistant Professor of Data Science at Florida Atlantic University. He has published over 40 papers in reputed journals.



Basant Adhikari*, Cheerawit Rattanapan, Orapin Laosee, Piyapong Janmaimool

University of Mahidol, Thailand

Effects of Health Insurance on Economic Burden and Health Service Utilization among People with Noncommunicable Diseases in Low- and Middle-income Countries: A Systematic Review

Background: Noncommunicable diseases (NCDs) are leading causes of mortality and impose significant financial burdens on households. Health insurance is intended to mitigate these economic burdens and increase health service utilization among people with NCDs. This study aims to investigate the impacts of health insurance on protecting people with NCDs from economic burden and their health service utilization in Low-and middle-income countries (LMICs).

Method: A systematic search of the relevant articles was conducted in the PubMed, Scopus, and Embase databases in accordance with the PRISMA guidelines. The search strategy was based on keywords representing the population (non-communicable diseases), exposure (health insurance), and outcomes (economic burden and health service utilization). Data were synthesized according to NCD type and reported outcomes.

Results: Of the 3,992 articles screened, 15 met the inclusion criteria. Socioeconomic status was the most common determinant of NCD-related economic burden, alongside health service utilization, multiple morbidities, employment status, family size, and education. Health insurance was strongly associated with increased service utilization, whereas multiple morbidities, socioeconomic status, physician access, and education also influenced care use. The impact of insurance on financial burden was mixed; 7 out of 10 studies found no significant relief, while all reported increased service utilization among the insured.

Conclusion: Health insurance was associated with increased health service utilization among people with NCDs, but its protective effect against economic burden remained inconclusive. Increased utilization was frequently linked to higher healthcare payments due to limited benefit coverage. Strengthening insurance design and assessing utilization pathways are essential to improve financial protection.

Biography:

Basant Adhikari is a public health professional working with the Ministry of Health and Population, Nepal. He is actively involved in national and international public health networks, including the Nepal Public Health Association (NEPHA) and the World Federation of Public Health Associations (WFPHA). He is currently pursuing a PhD in Public Health at Mahidol University, Thailand. His academic and professional interests include health policy and systems research, global health, and evidence-informed public health practice. His work focuses on generating and translating research evidence to support health system strengthening and improve population health outcomes.



Elizabeth Crump

Florida Atlantic University, United States of America

The Diagnostic Challenge of Post-Infectious Myoclonus Presenting as Acute Encephalopathy in a Medically Complex Adult

Infectious-associated neurologic complications are rare and include encephalitis and multiple hyperkinetic movement disorders. These post-infectious manifestations often have normal or nonspecific neuroimaging and mimic metabolic, autoimmune, and medication-related encephalopathy, creating diagnostic uncertainty. We present a case of acute encephalopathy with myoclonus following an influenza-like illness, highlighting the diagnostic challenges in distinguishing such etiologies in atypical post-infectious myoclonus.

A 53-year-old woman with type 1 diabetes mellitus, hypothyroidism, bipolar disorder, and suspected adrenal insufficiency presented with acute encephalopathy and progressive distal extremity spasms one week after an influenza-like illness. She developed worsening myoclonic-appearing movements, confusion, and inability to follow commands.

Review of the patient's centrally-acting medications (benzodiazepines, opioids, baclofen, antidepressants, and antipsychotics) prompted discontinuation of venlafaxine, though movement symptoms persisted.

On presentation, she was afebrile with intermittent distal spasms. Labs showed hyponatremia (Na 122 mEq/L) and hyperglycemia. Head CT, brain MRI, and EEG were noncontributory. Symptoms gradually improved during hospitalization with supportive care. Neurology and psychiatry favored post-infectious myoclonus and recommended outpatient follow-up.

With similarities to tremors of severe hyponatremia, hypothyroidism, extrapyramidal dysfunction, and glycemic aberrations, post-infectious myoclonus prompts a broad differential. Here, a patient with multiple comorbidities, each associated with movement disorders, presented with myoclonus. Five recorded cases of post-viral myoclonus show similar disease courses: intermittent, worsening, and non-generalizing spastic activity within two weeks of viral infection and resolution within two months. However, these cases lack this patient's altered mental status, distal myoclonus without truncal involvement, and multiple concurrent autoimmune exacerbations. Therefore, this patient's serotonergic medications (ie. venlafaxine, oxycodone, trazodone, and lurasidone) were reviewed as serotoninergic stimulation can similarly present with myoclonus. Tremors associated with hyponatremia, glycemic fluctuation, and hypothyroidism were disproportional to the patient's symptomatology and less implicated. This patient's extensive medical history and severe movement dysfunction suggests involvement of multiple etiologies worsening a primarily post-infectious cause, escalating diagnostic complexity.

Keywords: Influenza, Myoclonus, Serotonergic Activation

Biography:

Elizabeth Crump is a fourth-year medical student from Florida Atlantic University Charles E. Schmidt College of Medicine. Elizabeth graduated from the Ohio State University in 2022 after majoring in Microbiology with a minor in Epidemiology. She has research interests in Neurology, movement disorders, and behavioral health. In her free time, she enjoys volunteering with Up Ending Parkinson's, a group helping those with movement disorders stay active through rock climbing.



Mariano Votta

Responsible EU Affairs at Cittadinanzattiva, Director Active Citizenship Network, Italy

A Broader Narrative on Respiratory Diseases. A Citizens and Patients Perspective Towards the Development of on Eu Respiratory Health Plan

Respiratory diseases represent a major and persistent public health challenge in the European Union, con tributing substantially to morbidity, mortality, healthcare utilisation, and health inequalities. Despite existing initiatives, respiratory health remains insufficiently integrated into broader infection, prevention and control strategies, vaccination plans, programmes to fight antimicrobial resistance. For instance, as COVID-19 transitions from a pandemic to an endemic disease, its integration into the broader policy and healthcare framework for respiratory diseases becomes imperative.

The presentation will provide a concrete example of activities that CSOs (Civil society organizations) and PAGs (Patients' advocacy groups) can carry out in support of public policy, with a particular focus on vaccine preventable respiratory diseases: main findings from a European qualitative survey - promoted by the Italian NGO Cittadinanzattiva through its EU branch, called “Active Citizenship Network” - conducted among PAGs and CSOs to evaluate progress and gaps in policy, service transformation, public awareness, and preparedness for future respiratory health threats; a consen sus-based expert policy analysis conducted through a multidisciplinary European Working Group on Respiratory Care to outline policy priorities to support a more integrated, equitable, and resilient European respiratory health strategy; a communication campaing realized with 13 national patient advocacy groups across Europe, calling the EU to move towards a comprehensive EU Respiratory Health Plan.

Biography:

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch “Active Citizenship Network”.

Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects.

Mariano holds a Degree in Political Science and two post-graduate master's degrees in European Public Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals.

He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare," – now at its third mandate - endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016 Mariano won the Efhre International University Excellence Awards on patients’ rights.

Joey Colby Bernert

West Virginia University, United States of America

Surveillance Bias and the Hidden Burden of Community Q Fever Exposure in the United States

Background: Q fever, caused by Coxiella burnetii, is conventionally characterized as an occupational disease affecting agricultural workers. However, the pathogen's environmental resilience and airborne transmission capacity suggest broader community exposure.

Objective: To assess whether U.S. surveillance systems systematically undercount community Q fever exposure by optimizing for occupational case detection.

Methods: We synthesized four independent data sources: CDC National Notifiable Disease Surveillance System data (2000-2019), National Inpatient Sample hospitalizations (2010-2019), National Health and Nutrition Examination Survey serology (2003-2004), and a global systematic review of 81 Q fever outbreaks. We compared geographic, demographic, and temporal patterns to identify surveillance gaps.

Results: CDC surveillance identified approximately 200 annual cases with peak incidence at ages 60 to 64 years (occupational pattern) and clustering in livestock-dense states (South Dakota: 12.43 per million; Iowa: 5.71 per million). However, NHANES serology revealed 3.0% population seroprevalence (6.2 million exposed), with 87% reporting no agricultural work history. National Inpatient Sample data showed 46% of Q fever hospitalizations occurred in large metropolitan areas, with a four-fold increase in inpatient frequency from 2010 to 2019. Global outbreak data demonstrated 53% of outbreaks were community-acquired with indirect transmission predominating.

Conclusions: U.S. Q fever surveillance captures occupational cases while systematically missing community exposure, resulting in a 99.7% detection gap. Surveillance systems optimized for occupational reporting fail to detect environmental and urban community transmission. Policy recommendations include expanding case definitions to include residential proximity to livestock, enhanced urban surveillance, clinician education on non-occupational presentations, and environmental sampling at urban-rural interfaces.



Elizabeth Watson

Walden University, United States of America

A Study of the Impact of Doula Care on Black Birth Outcomes in Baltimore, Maryland

This study examines the impact of various maternal factors and continuous labor support on birth outcomes among 124 birthing people in the Baltimore region of Maryland who sought and/or received doula care. The cohort primarily consists of Black birthing people and includes detailed data on maternal age, race, education level, employment status, health insurance status, income level, preexisting health challenges, and pregnancy or delivery related health challenges. The study also explores whether the pregnancy was the birthing person's first, as well as neonatal outcomes such as NICU admission, low birth weight, and other newborn health concerns. Due dates and delivery dates were compared and analyzed where available to provide a comprehensive understanding of the timing of births among the cohort. The findings highlight known correlations between maternal socioeconomic factors, health factors, and adverse birth outcomes; they emphasize the critical role of doula support during the prenatal period and labor and delivery in improving maternal and neonatal health, as well as in providing culturally competent care and positive birth experiences. This research contributes to the growing body of evidence on the benefits of doula care, particularly for marginalized communities, and underscores the need for targeted interventions to address health disparities among Black Birthing persons.

Keywords: Doula, Birth Outcomes, Maternal Health, Minority Maternal Health, Minority Birth Outcomes

Biography:

Elizabeth Watson began her health career as an EMT in Western Kentucky and completed a certificate in paramedicine from Lenoir Community College in Kinson, NC, through a hybrid program. Since then, she has completed a Bachelor of Science in Healthcare Administration and a Master of Public Health degree and is currently a PhD in Public Health student at Walden University, specializing in Epidemiology.



Jordan Harry

Ochsner Health, United States of America

Impact of Molecular Point-of-Care Testing on Antibiotic Prescribing for Suspected Group a Streptococcal Pharyngitis: A Retrospective Before-and-After Real-World Study

Background: Inappropriate antibiotic prescribing for acute pharyngitis remains a key driver of antimicrobial resistance. Rapid antigen detection tests (RADT) for Group A Streptococcus (GAS) are widely used but have suboptimal sensitivity, contributing to diagnostic uncertainty and inappropriate antibiotic use. Molecular point-of-care tests (mPOCT) provide higher sensitivity and may reduce unnecessary antibiotic prescribing; however, real-world comparative data remain limited.

Objective: To evaluate the impact of transitioning from RADT to mPOCT on antibiotic prescribing in patients with suspected GAS pharyngitis.

Methods: We conducted a retrospective, before-and-after study across urgent care clinics within a large US health system (Ochsner). Patient records with a negative GAS test from 2017 to 2026 analyzed, included patients had a negative GAS test during their encounter that received an antibiotic prescription. Patients with the following diagnoses from the encounter were excluded acute otitis media, UTI's, pneumonia, sinusitis, and bronchitis. The pre-implementation period (2017–2019) utilized RADT, and the post-implementation period (2020–May 2026) utilized a mPOCT (IDNow). The primary outcome was the rate of antibiotic prescribing following negative GAS test results.

Results: 72,818 patient records were analyzed. Transition to mPOCT was associated with a significant reduction in antibiotic prescribing following negative test results. Overall, antibiotic prescribing after negative results declined from 28.7% in the RADT period to 16.6% in the mPOCT period, representing a 12.2 percentage point reduction (95% CI, 11.5 to 12.8) and relative reduction of 42.3% ($p < 0.001$).

Conclusions: Implementation of mPOCT for GAS pharyngitis was associated with a clinically meaningful reduction in unnecessary antibiotic prescribing. These findings support the role of molecular point-of-care diagnostics as a key component of antimicrobial stewardship and suggest potential downstream clinical and health economic benefits.

Keywords: Group A Streptococcus, Pharyngitis, Antibiotic Stewardship

Biography:

Jordan Harry is a Board-certified internal medicine physician. Founding Medical Director of Ochsner Health. Student Health Services. Currently overseeing three active partnerships serving approximately 8,000 students across Greater New Orleans. Concurrently serve as Quality Officer for Ochsner's Urgent Care service line, providing quality oversight for 30+ providers across 15 clinics.

Madison Zeng*, Chelsea Pham, Meredith Kells

University of Rochester School of Nursing, United States of America

Social Determinants of Health and Nasogastric Tube Feeding Practices in Adolescent Eating Disorders Treatment: A Scoping Review of Inpatient and Outpatient Literature

Introduction and Background: Nasogastric tube (NGT) feeding is an established intervention for nutritional rehabilitation in adolescents with restrictive eating disorders (EDs), including anorexia nervosa (AN) and avoidant/restrictive food intake disorder (ARFID). Despite its clinical prevalence, NGT practice characteristics have not been systematically described, and outpatient NGT use has never been regarded in the published literature.

Research Objectives: This scoping review aimed to (1) map published literature on NGT use in adolescent ED care with attention to social determinants of health (SDoH);

(2) characterize inpatient versus outpatient NGT practices; (3) identify gaps in SDoH examination; and (4) define evidence gaps to guide primary research.

Methodology: PubMed, Embase, and Scopus were searched using Boolean terms combining nasogastric/eternal feeding, eating disorders, adolescent/pediatric populations, and SDoH indicators. Screening was conducted via Covidence. Eligible studies required peer-reviewed empirical data on adolescents/young adults (aged 10 - 24) with a DSM-5 ED diagnosis in which NGT was described as a clinical intervention.

Results: Six eligible studies were identified, all conducted in the United States (2017 - 2024), examining inpatient NGT use exclusively. Outpatient NGT was entirely absent from the literature. Enteral feeding ranged from 13.8% to 30.0% across inpatient studies. NGT use independently predicted longer hospital length of stay (IRR 1.62; +7.2 days). Between-hospital variation in NGT use ranged from 0% to 94%, yet no study described NGT protocol in meaningful clinical detail, and no study examined SDoH as analytic exposures.

Implications and Conclusions: Enteral tube feeding is common in adolescent inpatient ED care but clinically uncharacterized. No study describes protocol details, and outpatient use represents a complete evidence gap. Between-hospital variation cannot be explained by existing literature.

Keywords: Eating Disorders; Adolescent; Social Determinants of Health; Nasogastric Tube Feeding; Clinical Characterization

Biography:

Madison Zeng (she/her) is a public health student and research assistant in the Division of Adolescent Medicine at the University of Rochester-Galisano Children's Hospital, working within the Center for Adolescent Eating Disorder Programs under the mentorship of Dr. Meredith Kells. Her ongoing research focuses on characterizing clinical practices and health equity dimensions of nasogastric tube feeding in adolescents with restrictive eating disorders. As an emerging scientist-practitioner, youth behavioral health advocate, and community leader, Madison is committed to advancing evidence-based, equitable care for underserved populations with eating disorders across medical settings.

Avanthi S. Puvvala*, Kylie S Andonian, Alana Starr, Lisa Martinez

Florida Atlantic University, Unites States of America

Measuring Sun Exposure, Awareness of Heat-Related Illness, and Access to Sun Protection Resources Among Adult Patients at Two Free Clinics: A Cross-Sectional Survey

Background: Extreme heat is the leading weather-related cause of death in the United States, and medically underserved populations face disproportionate vulnerability due to intersecting socioeconomic, environmental, and healthcare access disparities. Patients at free clinics represent a high-risk group whose heat-illness knowledge and protective-resource access remain understudied.

Objective: To evaluate awareness of heat-related illness, protective behaviors, and access to protective resources among adult patients at two free clinics in South Florida.

Methods: This cross-sectional study used a 20-item investigator-developed electronic survey administered in English, Spanish, or Portuguese to adults recruited via convenience sampling outside two free clinics in Palm Beach County, Florida. Responses were analyzed using descriptive statistics. The study was consistent with IRB protocol.

Results: Of 71 participants (69.0% female, 46.5% Hispanic/Latino, 53.3% uninsured), nearly 40% reported more than 30 minutes of daily peak-hour sun exposure, yet fewer than one-third consistently used sunscreen (29.6%) or protective clothing (26.8%). Access to cooling resources are inconsistent. Awareness of sun-protective measures were high (59% - 77%), but the symptoms recognition was incomplete: 68.9% of participants identified shivering and goosebumps as signs of heat stroke. One-third reported personally experiencing or knowing someone who experienced heat stroke within the last year.

Conclusions: The responses from free clinic patients demonstrated meaningful gaps in protective behaviors, resource access, and symptom recognition. Free clinics are a necessary setting for integrated heat-health education and resources access in vulnerable populations

Background: Extreme heat is the leading weather-related cause of death in the United States, and medically underserved populations face disproportionate vulnerability due to intersecting socioeconomic, environmental, and healthcare access disparities. Patients at free clinics represent a high-risk group whose heat-illness knowledge and protective-resource access remain understudied.

Biography:

Avanthi Puvvala is a third year medical student at Florida Atlantic University College of Medicine. She has a deep interest in global and public health relating to climate health and maternal health. She has taken part in many health equity research projects and initiatives and hopes to work in the field in the future as a physician.



Prince Hamungala* Clyde Moono Hakayuwa

Pre-emptive Healthcare Initiative, Zambia

The Impact of Functional Disabilities on Personal Hygiene and Disease Transmission Among Pupils at Flamboyant Special School, Mazabuka District

Background: Children with functional disabilities in low-resource settings, such as Zambia, face heightened risks of poor personal hygiene and infectious disease transmission due to physical, intellectual, or sensory impairments, compounded by inadequate water, sanitation, and hygiene (WASH) facilities and limited healthcare access. This study addresses these challenges at Flamboyant Special School in Mazabuka District, Southern Province, Zambia, where pupils with disabilities are particularly vulnerable to hygiene-related health inequities.

Objectives: The objective was to assess the impact of functional disabilities on personal hygiene practices and disease transmission among pupils at Flamboyant Special School.

Method: A cross-sectional, mixed-methods design was employed, involving structured questionnaires administered to teachers and caregivers for 61 pupils (aged 4–35 years, median ~13 years; 52.5% female), observational checklists of school facilities, and analysis of school health records. Quantitative data were analyzed using descriptive statistics and chi-square tests to identify associations between disability types and hygiene/disease outcomes. Qualitative insights from key informant interviews informed thematic analysis of barriers, using NVivo for coding. Ethical approval was obtained from the Tropical Diseases Research Centre Ethics Committee, with informed consent ensured through accessible formats. Among the 61 pupils, intellectual disabilities predominated (68.9%), followed by hearing impairments (16.4%), combined intellectual-physical disabilities (8.2%), Down syndrome (4.9%), and others (1.6%). Assistive devices were absent for 91.8%.

Figure 1: Diagram illustrating types of disabilities (physical, intellectual, sensory, developmental, behavioral).



Hygiene practices showed strong independence in basic skills (e.g., 77.0% washing hands after toilet use), but inconsistencies were evident: 24.6% required assistance with routines, and 27.9% could not alert staff when unwell, increasing transmission risks. Menstrual hygiene was independent for 64.0% of applicable girls (n=25). Nutritional deficits were widespread, with 85.2% consuming balanced diets but 36.1% frequently eating sugary foods. School assessments revealed high attendance (95.1%) but gaps in toilet accessibility (24.6%) and health services (31.1%). Chronic conditions affected 8.2%; recent illnesses were low (diarrhea 3.3%). Chi-square analyses showed significant associations between intellectual disabilities and reduced hygiene independence ($p<0.05$).

Table 1: Key Hygiene Indicators

Question/Indicator	Positive Responses (Independent/Yes)	Negative/Concerning Responses (Needs Help/No)
Washes hands after toilet use	77.0% (47/61)	23.0% (14/61)
Uses toilet appropriately	83.6% (51/61)	16.4% (10/61)
Participates in hygiene routines	75.4% (46/61)	24.6% (15/61)
Can alert staff when unwell	72.1% (44/61)	27.9% (17/61)

Conclusion: Functional disabilities significantly impair hygiene and elevate disease risks, driven by infrastructural and institutional gaps. Recommendations include disability-adapted WASH upgrades, menstrual hygiene kits, school feeding programs, and staff training, aligned with PHI and partners like UNICEF. These findings underscore the need for inclusive policies in Zambian special education.

Keywords:

1. **Functional Disabilities** – Central to the study, encompassing physical, intellectual, and sensory impairments affecting hygiene and disease transmission.
2. **Personal Hygiene** – A key outcome variable, critical to understanding health risks among pupils with disabilities.
3. **Disease Transmission** – Highlights the public health impact of hygiene challenges, tying directly to global health disparities.

WASH (Water, Sanitation, and Hygiene) – Reflects the infrastructural barriers in low-resource settings like Zambia, a major contributor to health inequities.

Biography:

Prince Hamungala serves as the Executive Director of the Pre-emptive Healthcare Initiative (PHI) in Mazabuka, Zambia. He specializes in preventive strategies for vulnerable populations, including children with disabilities. His work emphasizes community-based interventions to address hygiene, nutrition, and disease prevention in low-resource settings. Mentored by experts in the field, Prince is committed to evidence-based research that informs policy and improves outcomes. His educational background in health and hands-on involvement in Zambian healthcare initiatives have equipped him to tackle systemic challenges effectively.



Katia Floripes Bezerra

Federal University of Alagoas Faculty of Medicine, Brazil

Impact of Territorialization on Health Action Planning and Healthcare Outcomes in Primary Health Care: A Systematic Review and Meta-Analysis

Introduction: Territorialization is a fundamental tool in Primary Health Care (PHC), enabling the understanding of the epidemiological, social, and demographic characteristics of the population assigned to healthcare teams. Its implementation supports health action planning, the identification of vulnerable groups, and the organization of services according to local needs. However, the magnitude of its effects on healthcare performance indicators remains insufficiently consolidated in the literature.

Objective: To evaluate the impact of territorialization on health action planning and healthcare outcomes in PHC through a systematic review and meta-analysis.

Methods: A systematic review was conducted in PubMed, Scopus, Web of Science, and the Virtual Health Library, including studies published between 2010 and 2025. Observational and quasi-experimental studies comparing services with structured territorialization-based planning to those without this strategy were included. The primary outcome was the achievement of healthcare and preventive performance indicators. Meta-analysis was performed using a random-effects model, with calculation of relative risk (RR), 95% confidence intervals (95% CI), and a significance level of 5%.

Results: Twelve studies were included, encompassing 48,732 individuals followed in PHC settings. Territorialization was associated with a higher likelihood of achieving healthcare performance targets compared with conventional planning (RR = 1.34; 95% CI: 1.18–1.52; $p < 0.001$). A significant increase in the coverage of preventive and health promotion actions was also observed (RR = 1.27; 95% CI: 1.12–1.44; $p = 0.0003$). Heterogeneity was moderate ($I^2 = 46\%$), and sensitivity analyses did not significantly alter the findings.

Conclusion: Territorialization demonstrated a positive impact on health action planning, contributing to improved healthcare indicators and greater effectiveness of PHC. These findings reinforce its importance as a management and organizational strategy for strengthening health services and promoting population-centered care.

Keywords: Territorialization; Primary Health Care; Health Planning; Family Health Strategy; Meta-analysis.

Biography:

Katia Floripes Bezerra Graduate Nurse from the Federal University of Alagoas, with a Master's degree in Health Sciences and a Doctorate in Medicine and Human Health. Currently a sixth-semester medical student at the Faculty of Medicine.



Shima Ali Sadia

Monroe University, United States of America

Verified Action Packets: An Implementation Model for Translating Public Health Guidance into Community-Level Action

Emerging public-health threats and ongoing prevention needs can be identified through surveillance systems, program data, and community health assessments; however, timely information is not consistently translated into community-level action. Persistent barriers include limited health literacy, language discordance, low institutional trust, practical constraints, and the continued circulation of outdated or inaccurate information. A feasible implementation model is proposed to strengthen the "last mile" of public-health communication and to create conditions under which verified guidance may be more readily converted into action across both routine public-health practice and emergency response.

The model is centered on the **Verified Action Packet**, a concise and auditable communication unit in which an authoritative source, target audience, jurisdiction, validity period, prioritized action, and local service or resource are specified. Each packet proceeds through eight operational stages: **Detect, Verify, Authorize, Translate, Route, Deliver, Correct, and Evaluate**.

To support feasibility, initial implementation would be restricted to a defined jurisdiction, a limited network of trusted delivery partners, and selected public-health scenarios, such as vaccination, screening, testing, masking, treatment access, heat-risk precautions, or other time-sensitive prevention activities. Large language models may support constrained drafting, plain-language adaptation, formatting, and language adaptation; however, health facts, translation approval, and publication authorization remain human responsibilities.

The model is designed to minimize personal-data collection while preserving an audit trail for message origin, approval, distribution, correction, and retirement. A preregistered, equity-centered pilot evaluation is outlined to assess comprehension, action, trust, accessibility, language concordance, correction speed, and subgroup reach. This framework offers a protocol for converting verified public-health guidance into practical, local, and measurable action.

Keywords: Public Health Communication; Verified Action Packets; Health Equity; Community-Level Implementation; Emergency Preparedness

Biography:

Shima Ali Sadia is a registered physician in Bangladesh and a U.S.-based public health professional with over ten years of clinical and preventive health experience. She identifies as a "Healthycian," bridging medicine and public health. Her work focuses on preventive health education, chronic disease support, care coordination, and culturally responsive health communication. She applies her clinical expertise to advance evidence-based and equitable healthcare, focusing on data-driven public health for everyone.



Shivai Gupta

University of Florida, United States of America

Exploring MHC Class II I-Ab Blockade As A Potential Treatment For Sjögren's Disease In The Mouse Model

Sjögren's disease (SjD) is a chronic systemic autoimmune disorder with a marked female predominance, characterized primarily by progressive exocrine gland dysfunction. This study evaluates the therapeutic efficacy of 2-chloro-1-(4-hydroxy-phenyl)-ethanone (CHPE) and metformin using the C57BL/6.NOD-Aec1Aec2 mouse model, an established preclinical system that recapitulates key immunopathological features of human SjD.

Molecular docking analyses demonstrated high-affinity binding of both CHPE and metformin to the antigen-binding groove of the MHC class II I-A molecule, implicating potential inhibition of antigen presentation as a mechanistic basis for immune modulation. These computational findings were corroborated by in vitro assays confirming significant attenuation of T cell activation by both compounds. In vivo, both preventative and therapeutic administration of CHPE and metformin markedly reduced lymphocytic infiltration in the lacrimal glands, with metformin demonstrating a particularly pronounced effect in female mice. Salivary gland infiltration exhibited comparatively limited responsiveness, although a reduction in focal scores was observed in male mice receiving preventative CHPE treatment.

Immunophenotypic analyses revealed that both agents altered the composition of glandular lymphocytic infiltrates, most notably through depletion of B cell populations, with distinct sex-specific patterns of therapeutic response. Systemic autoimmunity was further attenuated, as evidenced by reduced anti-nuclear antibody titers with CHPE exerting stronger suppressive effects in females. Functional improvements in salivary and lacrimal secretion were observed under both treatment regimens, with metformin demonstrating superior efficacy in the preventative setting, particularly among female subjects. Mechanistic interrogation via T cell receptor transductant assays established that the immunomodulatory effects of CHPE and metformin operate through antigen-specific pathways, selectively inhibiting T cell responses to SjD-associated autoantigens. Collectively, these findings provide compelling preclinical evidence that CHPE and metformin can modulate dysregulated immune responses and restore exocrine gland function in SjD, with therapeutic outcomes exhibiting notable sex- and age-dependent variation. These results underscore the promise of these compounds as candidates for personalized therapeutic strategies in SjD, tailored to individual patient immunobiological profiles.



Kostin Filipp Nikolaevich

Dmitry Rogachev National Medical Research Center of Pediatric Hematology, Oncology and Immunology, Russia

Organizational and Methodological Work in the Field of Pediatric Oncology and Hematology in the Regions of the Russian Federation: Problems and Prospects

Organizational and methodological work in the field of pediatric oncology and hematology plays a key role in ensuring the availability and quality of medical care in the regions of the Russian Federation. Despite the overall success, significant variability in care remains, which dictates the need to align conditions and bring regional practices in line with modern clinical guidelines. An analysis of regulatory documents and work experience in a number of regions of the Russian Federation revealed a number of problems, including insufficient number and qualifications of personnel, lack of uniform standards and protocols, fragmented information exchange, as well as a shortage of resources for the introduction of innovative technologies. Significant differences in the availability of modern diagnostic and treatment methods were noted depending on the region, and the analysis of patient routing indicated cases of late diagnosis and referral to specialized centers. To solve these problems, it is necessary to strengthen human resources, introduce common standards, optimize information exchange, actively develop telemedicine consultations, strengthen cooperation between regional and federal institutions, and create an effective system for monitoring and evaluating the quality of medical care. Strengthening organizational and methodological work should become a priority area for the development of pediatric oncological and hematology services in the country.

Biography:

Kostin Filipp Nikolaevich is the Deputy Director of the Department for Planning and Strategic Development of the Pediatric Oncology and Hematology Service. He has published more than 25 articles in renowned journals.



Wessal Hassan Omer Mohamed[1]*, Moses Ntaro[1]

Mbarara University of Science and Technology, Uganda

Maternal, Fetal, and Neonatal Outcomes Associated with Brucellosis and Toxoplasmosis During Pregnancy in Low- and Middle-Income Countries: Systematic Review Protocol

Introduction: Brucellosis and toxoplasmosis are neglected zoonotic diseases that remain important causes of illness in low- and middle-income countries (LMICs), where close human–animal interactions, food safety challenges, and limited diagnostic capacity increase infection risk. Pregnant women are particularly vulnerable because these infections may lead to serious maternal, fetal, and neonatal complications, including miscarriage, stillbirth, preterm birth, congenital infection, and neonatal morbidity. This review aims to synthesise evidence on maternal, fetal, and neonatal outcomes associated with brucellosis and toxoplasmosis in LMICs.

Methods and Analysis: This protocol was developed in line with PRISMA-P 2015 guidelines. A systematic search will be conducted in PubMed/MEDLINE, Scopus, CINAHL, the Cochrane Library, Europe PMC, African Journals Online, and Google Scholar for studies published between 2020 and 2026. The protocol has been registered with Open Science Framework (OSF). Observational studies reporting maternal, fetal, or neonatal outcomes among pregnant women diagnosed with brucellosis and/or toxoplasmosis in LMICs will be included. Two reviewers will independently conduct study selection, data extraction, and quality assessment using Joanna Briggs Institute tools. Due to expected heterogeneity, findings will be synthesised narratively following SWiM guidance.

Preliminary Findings: Preliminary screening suggests evidence linking both infections with adverse pregnancy outcomes, including miscarriage, stillbirth, preterm birth, low birth weight, fetal growth restriction, congenital infection, and neonatal complications. Toxoplasmosis is more often associated with fetal and neonatal outcomes, while brucellosis shows stronger associations with miscarriage, stillbirth, and early neonatal death.

Conclusion: This review will provide comprehensive evidence to inform maternal health interventions and zoonotic disease control strategies in LMICs.

Keywords: Brucellosis, Toxoplasmosis, Pregnancy, Maternal Outcomes, Fetal Outcomes, Neonatal Outcomes, Systematic review, One Health

Biography:

Wessal Hassan Omer Mohamed is a Sudanese public health professional and Master of Public Health student at Mbarara University of Science and Technology, Uganda. She has over six years of experience in the public health field in Sudan, with a focus on community health and disease prevention. Her research interests include infectious disease epidemiology and maternal health, particularly in low-resource and humanitarian settings. She is committed to contributing to evidence-based interventions that improve maternal and child health outcomes in vulnerable populations.



Eman H. Elbanna

Alexandria University, Alexandria, Egypt.

Assessing and Improving Patient-Centered Care at Alexandria's Family Health Centers: Impact of an Educational Intervention on Physician Communication and Patient Experience

Introduction: Patient-centered care (PCC) is a cornerstone of high-quality healthcare, particularly in chronic disease management, where effective physician–patient communication is essential. This study evaluated the impact of a targeted educational intervention on PCC and communication skills among family physicians managing chronic patients in family health centers in Alexandria, Egypt.

Methods: A multi-center, mixed-methods, one-group pre-post intervention study was conducted in 12 family health centers and units. Fifty-two family physicians and 188 chronic patients participated. The intervention comprised virtual educational sessions incorporating lectures and interactive discussions on patient-centered communication. Outcomes were assessed before and after the intervention using validated instruments. Physicians completed the Patient-Centered Care Scale (PCC-27), Physician Satisfaction Scale, Time Scale, and Primary Care Assessment Tool (PCAT). Patients completed the Consultation Care Measure (CCM-21), Medical Interview Satisfaction Scale (MISS-21), and Patient Assessment of Chronic Illness Care (PACIC-11). Additionally, 376 audio-recorded physician–patient consultations (188 pre- and 188 post-intervention) were objectively evaluated using the Measure of Patient-Centered Communication (MPCC). Data were analyzed using the Wilcoxon signed-rank test and effect size calculations.

Results: The intervention significantly improved patient-centered communication and patient-reported experiences. Physicians demonstrated a significant improvement in perceived primary care quality measured by the PCAT ($p=0.001$, $r=0.52$), while other physician-reported measures showed no significant changes. Large effect sizes were observed for CCM-21 ($r=0.84$), MISS-21

($r=0.87$), PACIC-11 ($r=0.86$), and MPCC ($r=0.85$) (all $p=0.001$). Observed consultations showed enhanced empathy, active listening, explanation clarity, and shared decision-making. Patients reported significantly greater satisfaction and improved perceptions of chronic illness care.

Conclusion: A structured educational intervention effectively enhanced patient-centered communication and patient experience in primary care. Integrating PCC training into family medicine education may strengthen healthcare quality and support sustainable patient-centered practice.

Keywords: Patient-Centered Care

- Family Medicine
- Primary Health Care

- Communication Skills
- Chronic Disease Management

Biography:

Dr. Eman H. Elbanna is a Lecturer and Consultant of Public Health majoring in Health Management, Planning & Policy at the High Institute of Public Health, Alexandria University, Egypt, and a Clinical Nutrition Specialist. Her research focuses on patient-centered care, healthcare quality improvement, primary healthcare, chronic disease management, medical education, and health systems strengthening. She is an Institute for Healthcare Improvement (IHI) Fellow and has completed advanced training through Harvard Medical School, the American University of Beirut, and the Yale School of Medicine. Dr. Elbanna is committed to advancing patient experience and implementing evidence-based innovations in primary healthcare.

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