

developed by the Pediatric Resident Burnout and Resilience Study Consortium (PRBRSC). Pediatric and IM/peds residents from 34 member institutions were eligible to participate. Chi-squared analyses compared burnout, empathy, spirituality, resilience, and mindfulness in GH and non-GH residents. GH involvement was measured in terms of track participation and also recent/current GH elective. Measurement tools included Davis Empathy Scales including Empathy concern (IRLEC) and Perspective taking (IRLPT), Hatch Spirituality scale, Smith's Brief Resilience Scale, Maslach Burnout Inventory, and Cognitive and Affective Mindfulness Scale. P-values  $\leq 0.05$  were considered significant. In 2016-2017, 3830 surveys were completed, with 486 (12%) residents reporting GH involvement (GH track or recent/current elective). Residents involved in GH were less likely to be married or have children, and more likely to be IM/Peds residents, when compared to those not involved in GH ( $p \leq 0.05$ ). Residents in GH tracks had higher IRLEC and Hatch scores ( $p \leq 0.05$ ). However, track participants who had completed a recent GH elective (current or last rotation) scored no differently than their GH peers. In conclusion, although GH involvement can enhance personal and professional development and is associated with higher resident empathy and spirituality, the data suggest that it may not offer protection against burnout. Future work should focus on preparing residents for GH with effective pre-departure training, adjusting workloads, and encouraging use of mental health resources to diminish burnout in GH participants.

## 801

### THE EBOLA DATA PLATFORM: A NOVEL COLLABORATION FOR TRAINING AND RESEARCH IN EMERGING INFECTIONS

**Mahamoud S. Cherif**, Elaine Craig, Samantha Strudwick, Alice Hawryszkiewicz, Laura Merson

*Infectious Diseases Data Observatory, Oxford University, Oxford, United Kingdom*

Despite the potential public health gains of enabling access to patient-level data on emerging infections, the launch of a centralised, international platform to deliver on this remit has not been achieved to date. Barriers include concerns over retention of national data ownership, patient privacy, appropriate consent, loss of academic recognition, criticism or exploitation of the data generators, perceived data misuse and the challenges of sharing benefits with communities where data is generated. Opinions on how to address these barriers vary among the many stakeholders implicated in outbreaks and response, yet the success of a central platform relies on surmounting all of them. In the aftermath of the West African Ebola outbreak, significant collaborative efforts by the affected governments, funders, public health authorities, NGOs and academic institutions have resulted in the establishment of a governance framework to collate and enable access to emerging infections data, beginning with the data from the outbreak. Resources have been invested in developing software, hardware, standards as well as technical expertise in Ebola-affected countries to ensure robust data management and to deliver a secure and consolidated database. The inclusion of scientific and statistical training in the remit of the platform promotes use of the data by the health and research communities in West Africa. The Ebola Data Platform aims to enable ethical, equitable and rapid access to data and information on Ebola and, in the future, other emerging pathogens in resource-limited settings. The platform ultimately seeks to improve patient outcomes, public health preparedness and outbreak response by establishing a new paradigm in data access that can change the global response to public health emergencies.

## 802

### ATTITUDES TOWARDS MATERNAL VACCINATION IN PERU

**Andrea Carcelen<sup>1</sup>**, Alba-Maria Roperio<sup>2</sup>, Ines Gonzales-Casanova<sup>3</sup>, Saad Omer<sup>3</sup>

*<sup>1</sup>Johns Hopkins University, Baltimore, MD, United States, <sup>2</sup>Pan American Health Organization, Washington, DC, United States, <sup>3</sup>Emory University, Atlanta, GA, United States*

The Peruvian national expanded program on immunization currently includes Tetanus-diphtheria and influenza vaccination for pregnant women. Td coverage was reported as 56.1% for two or more doses in 2012, resulting in 82.1% of women's most recent births being covered against tetanus. Peru recommended influenza vaccination for pregnant women during the 2009-10 H1N1 vaccination campaigns, reaching only 9.1% of pregnant women. They have continued reporting providing seasonal influenza vaccine for pregnant women. Factors associated with maternal vaccination uptake are not well understood in Peru, but a 1995 missed opportunities study found that among 2,031 women of childbearing age, 47% had missed opportunities to vaccinate, most commonly for the first dose of tetanus toxoid. Reasons for missed opportunities included policy in the clinics, such as when to open a vial (31%), personal attitudes of women (30%), logistical challenges of the clinic (15%), false contraindications (20%), and attitude of health workers (4%). Given that 98.4% of women reported attending at least one prenatal care visit, the opportunity to vaccinate women is high. In order to better understand perception of vaccination during pregnancy, we will conduct in-depth interviews with 10 pregnant women. Adult pregnant women will be identified and recruited from a peri-urban community outside of Lima by community health workers. Sociodemographic data such as age, education level, religion, marital status and occupation will be collected. Women will also be scored with the Parent Attitudes About Childhood Vaccines (PACV) questionnaire to identify vaccine hesitant women. The in-depth interview guide includes knowledge of vaccines, antenatal care experience, comfort level discussing vaccination topics with healthcare personnel, information from peers about maternal vaccines, and motivating factors for vaccination. The results will be stratified by vaccine hesitancy according to the PACV. A preliminary codebook will be used, based on previous research in Latin America but will be updated as needed. Final results will be available August 2018.

## 803

### COMMUNITY SUPPORT TO DELIVER INTEGRATED COMMUNITY CASE MANAGEMENT SERVICES IN NIGER STATE, NIGERIA

**Ayodele Shola Alegbeleye<sup>1</sup>**, Olusola Oresanya<sup>1</sup>, John Dada<sup>1</sup>, Jonathan Jiya<sup>1</sup>, Kolawole Maxwell<sup>1</sup>, Patrick Gimba<sup>2</sup>, Helen Counihan<sup>3</sup>

*<sup>1</sup>Malaria Consortium, Abuja, Nigeria, <sup>2</sup>State Ministry of Health, Niger State, Nigeria, <sup>3</sup>Malaria Consortium, London, United Kingdom*

Despite strong evidence showing integrated community case management (iCCM) as a proven intervention for reducing childhood mortality, sustainability remains a challenge. Community ownership and contribution are important factors in sustainability. The RAcE-funded iCCM project in Niger state (2014-2018) aimed at improving coverage of diagnostic, treatment, and referral services for malaria, pneumonia, and diarrhoea in children 2-59 months through trained community-oriented resource persons (CORPs). The project's community engagement strategy involved CORPs and social mobilizers (SMs) to increase community demand and support for iCCM services. SMs sensitized community members on appropriate health seeking behaviour and mobilized community engagement in iCCM. CORPs' needs were discussed in community dialogues, decisions taken to address them, and follow-up actions jointly implemented by community members, SMs and state iCCM team. SMs documented community support provided to CORPs in cash or kind and validated these during CORP review meetings. The value of the support