

Poster Abstracts

P-01

Misinformed and misled: digital health misinformation as a barrier to care

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Objective: To examine the impact of digital health misinformation related to COVID-19 vaccines on vaccine confidence, healthcare utilization, and access to care, and to assess implications for public health communication.

Methods: A systematic review was conducted in accordance with PRISMA 2020 guidelines. Electronic database searches were performed in PubMed, Scopus, Web of Science, the WHO COVID-19 Research Database, CINAHL, and PsycINFO for studies published between January 2020 and May 2025. Eligible studies included quantitative, qualitative, and mixed-methods research examining digital health misinformation and its impact on vaccine uptake or healthcare-seeking behaviors among general populations. Studies were screened using predefined inclusion and exclusion criteria. Data were extracted using a standardized template, and methodological quality was assessed using the Mixed Methods Appraisal Tool (MMAT) and the Critical Appraisal Skills Programme (CASP) checklists.

Results: Twenty-seven studies met the inclusion criteria. Exposure to digital health misinformation was associated with reduced vaccine confidence and lower vaccine uptake across study populations. Reported reductions in vaccine intent ranged from approximately 6% to 20% following exposure to misinformation. Social media platforms were identified as major sources of misinformation dissemination. Despite variability in study design and population characteristics, findings consistently demonstrated a negative association between misinformation exposure and healthcare-seeking behavior. Regional studies demonstrated similar trends, with increased vulnerability linked to reliance on social media and limited access to credible health information.

Conclusion: Digital health misinformation negatively influences vaccine confidence and healthcare-seeking behaviors. Targeted, culturally appropriate public health communication and strengthened digital health literacy are necessary to mitigate the impact of misinformation and improve public health outcomes. Findings also suggest that misinformation may affect broader healthcare engagement beyond vaccination, although included studies primarily examined vaccine-related outcomes, underscoring the importance of integrating misinformation mitigation into routine public health preparedness strategies.

P-02

Building local capacity with regional impact: a community partnership between the Grenada Red Cross Society and the University of Michigan School of Public Health

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Objective: To demonstrate how a collaborative partnership between the Grenada Red Cross Society (GRCS) and the University of Michigan School of Public Health (UMSPH) built local capacity to address public health challenges and to highlight key strategies, lessons learned, and outcomes that can inform community-based initiatives across the Eastern Caribbean.

Methods: GRCS, whose mission focuses on health promotion and safety, emergency management, social welfare, and youth development, served as the primary community partner in this initiative. For this partnership, the GRCS and UMSPH co-designed and implemented a series of applied public health projects aligned with GRCS priorities. Work was conducted through regular partner meetings, iterative review, and input from GRCS staff/volunteers, and assessment to develop practical tools and recommendations. The partnership was formalized through a signed memorandum

of understanding and the launch of a summer internship program pairing graduate students with GRCS priority projects under joint supervision, with deliverables and lessons used to refine the model.

Results: This case study outlines the multi-year collaboration between the Grenada Red Cross Society and the University of Michigan School of Public Health. Since 2020, projects have included: conducting a SWOT analysis; creating a volunteer policy to strengthen organizational capacity; creating the GRCS engagement framework; a blueprint for a national sustainable volunteer-based blood donation model; a youth leader handbook; and multi-hazard preparedness materials. These outputs have been disseminated across the Eastern Caribbean as adaptable templates for regional implementation.

Conclusion: The community–academic partnership illustrates a unique global model of engagement between academic institutions and national organizations, fostering five years of sustained development in Grenada while enabling graduate public health students and Grenadian communities to collaboratively address social, community, and health equity priorities. The outcomes of these projects have also informed and guided other Eastern Caribbean countries.

P-03

The Caribbean Cure? Exploring Irish sea moss as a natural remedy for autoimmune conditions, hypertension, and gut health

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Objective: To conduct a systematic review of literature evaluating in vivo animal and in vitro evidence on the effects of Irish sea moss (*Chondrus crispus*) on gut microbiota modulation, inflammatory and immune responses, and potential mechanisms relevant to gastrointestinal, cardiovascular, and autoimmune health.

Methods: A systematic literature search was conducted using the PubMed database which focused on studies that were published up to 2025. Inclusion criteria for this review included studies published in English that were primary research studies involving animal models or in vitro experiments. Priority was given to studies that used human cell lines or in vivo animal models to better reflect translational relevance. The search was conducted using the terms: “*Chondrus crispus* AND (inflammatory OR gut OR blood pressure).”

Results: A total of 292 articles were identified, with four primary studies meeting inclusion criteria. Two in vivo and two in vitro studies reported significant increases in short-chain fatty acid production, improved immune markers, reduced inflammatory cytokine expression, and favorable modulation of the gut microbiota. No studies assessed blood

pressure regulation or comparisons with pharmaceutical therapies.

Conclusion: Irish sea moss (*Chondrus crispus*) is traditionally used for its perceived health benefits; however, scientific evaluation of its effects on gut health, blood pressure, and autoimmune symptoms remains limited. In vivo and in vitro findings support the hypothesis that Irish sea moss may improve gut microbiota balance and reduce inflammation. While current evidence seems promising, especially in comparison with pharmaceutical mechanisms, further human clinical trials are required to validate its translational potential as a complementary or alternative therapy.

P-04

Evaluating a 10-year community academic partnership in Grenada

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Objective: To evaluate the impact of the community-academic partnership with the University of Michigan School of Public Health and Grenadian community organizations from 2013 to 2023.

Methods: Community-academic partnerships can be an effective approach for addressing social determinants of health or public health challenges by fostering communities’ control over issues affecting them and elevating community voices in decision-making. Since 2013, the University of Michigan School of Public Health Office of Public Health Practice and several organizations on the Eastern Caribbean Island of Grenada have collaborated on over 25 projects. This partnership has been successful and sustained over the years providing Master of Public Health students with the opportunity to support projects that impact health equity on the island. However, the impact from the community partners’ perspective had not been formally assessed. Five key informant interviews were conducted to understand the strengths, challenges, and existing opportunities, specifically within the context of a global collaboration

Results: Six key themes emerged from the thematic analysis, showcasing the strengths and opportunities to expand the partnership. The interviews explored the effects on the community and students, partnership design, considerations, and challenges that may influence the projects, and future ideas for collaboration. Overall, the partners interviewed have an exceptionally positive experience and expressed a strong desire for expanded collaboration beyond the one week in Grenada.

Conclusion: Community-academic partnerships provide a unique opportunity for engagement between academic institutions and organizations. This study contributed to the growing body of research around community-based participatory research focused on the Caribbean, highlighting the greater need for expanded research and more evaluation of partnerships between academic institutions and community and governmental organizations. The results of this evaluation can serve as a guide for future iterations of partnerships, particularly in the Caribbean region.

P-05

Building health together: a longstanding collaboration between the University of Michigan Public Health Action Support Team and the Caribbean nation of Grenada

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Objective: To describe a longstanding partnership between the University of Michigan School of Public Health's Public Health Action Support Team (PHAST) and the Caribbean nation of Grenada

Methods: Since 2013, this community-academic partnership has supported community-driven public health and social service initiatives in Grenada. HAST engages graduate students through the Public Health in Action course and, more recently, supervised summer internships. This partnership operates through a co-developed, project-based model in which organizations define needs and desired deliverables, and PHAST assembles graduate student teams through a Public Health in Action course and, more recently, a summer internship program. Teams work with partners using check-ins, iterative feedback, and rapid-cycle product development (e.g., policies, frameworks, tools, training materials, and evaluation tools). Project selection, timelines, and dissemination plans are agreed upon collaboratively, emphasizing practical outputs that can be implemented and adapted locally with pre-work and while on the ground for a week in Grenada.

Results: This partnership has worked with 12 organizations on more than 30 projects. Key outcomes include: (1) development and refinement of a national alcohol and drug policy framework; (2) creation and adoption of volunteer management policies and tools that strengthened recruitment, onboarding, and retention; (3) improved capacity to support homes through the development and dissemination of an infectious disease protocol; and (4) enhanced coordination of social services related to disability and intimate partner violence through service mapping and inter-agency collab-

oration resources. Several products developed in Grenada have been transformed into adaptable templates and frameworks, now being shared across the Eastern Caribbean.

Conclusion: Community-academic partnerships foster meaningful collaboration between universities and community organizations, a particularly valuable model in the Caribbean region and in social work practice, where culturally grounded approaches are essential. The activities have further evolved into frameworks now being adapted across the Eastern Caribbean.

P-06

Factors affecting blood wastage at the national blood transfusion service in Guyana in 2023

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Objective: To determine the frequency of blood wastage and the various rejection criteria at the National Blood Transfusion Service (NBTS) in Guyana in 2023, and to provide practical recommendations for improving the blood bank management system.

Methods: This research employed a cross-sectional study design to identify the factors that led to blood wastage in 2023 at the National Blood Transfusion Service (NBTS). All donated blood products in 2023 were analyzed to determine the proportion of characteristic reasons for discard and the rate of wastage. Secondary data were collected through a review of NBTS records and documents and statistical analyses were conducted Microsoft Excel 2016.

Results: A total of 10,908 units of blood were screened in 2023 at the National Blood Transfusion Service (NBTS). Of these, 606 units were rejected. The was 95% confidence that the true frequency of rejection lay between 5.1%–6.0%. The primary reason for rejection was the presence of infectious markers, accounting for 464 units (76.6%) of the total rejections. This was followed by expired units, which represented 114 cases (18.8%). Other causes included broken bags (1.5%), components with RBC contamination (1.2%), burst bags (0.7%), bags with clots (0.7%), and units testing positive for Direct Antiglobulin Test (DAT) and Indirect Antiglobulin Test (IAT), each accounting for 0.1%.

Conclusion: This NBTS recorded a 5.56% (606/10,908) blood wastage rate in 2023 indicating a measurable loss in usable blood supply, infectious markers and expired units were the main causes. To reduce wastage and ensure a safe blood supply, improving donor screening, inventory management and quality assurance, as well as maintaining a reliable pool of low- risk donors, are crucial.

P-07

Evaluation of faculty workplace attendance and academic performance in higher education

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Objective: This study examines the relationship between faculty attendance and academic performance and explores how institutional culture, policy flexibility, and motivation shape faculty experiences across international contexts.

Methods: A mixed-methods cross-sectional design was employed using a sequential explanatory approach. Quantitative data were collected from 400 faculty members across higher education institutions through a structured online survey assessing attendance practices, policy satisfaction, motivation, and self-reported performance. Qualitative data were obtained through in-depth semi-structured interviews with 40 purposively selected participants. Thematic analysis was used to contextualize quantitative findings and highlight cross-cultural differences among participants.

Results: Quantitative results showed no significant association between physical attendance and academic performance indicators such as teaching effectiveness, research productivity, or service contributions. Instead, institutional flexibility, autonomy, and intrinsic motivation emerged as strong association of performance. Faculty under rigid attendance policies reported lower satisfaction, higher presenteeism, and reduced engagement. In contrast, faculty in institutions emphasizing trust, hybrid work options, and output-based evaluations demonstrated higher motivation and productivity. Interview themes underscored the influence of institutional culture, leadership expectations, and societal norms. Participants frequently reported that presenteeism being physically present but disengaged was more detrimental to performance than remote work. Statistical analysis showed that faculty performance measured through self-reported teaching effectiveness, research productivity, and service contributions was significantly more influenced by institutional flexibility and motivational factors than by physical attendance.

Conclusion: This study challenges traditional assumptions that physical presence is a prerequisite for academic productivity. Findings demonstrate that flexibility, autonomy, and supportive institutional cultures exert greater influence on faculty performance than attendance requirements. By adopting motivation-informed, culturally adaptable, and output-oriented evaluation models, higher education institutions can enhance faculty engagement, promote well-being, and better align with contemporary global work practices.

P-08

Assessment of pet ownership and its impact on human health in Grenada

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Objective: To assess the association between pet ownership and risk factors for chronic diseases among adults in Grenada, and to determine whether pet ownership confers protective health benefits such as reduced obesity, lower stress levels, and healthier lifestyle behaviors.

Methods: A cross-sectional study was conducted in 2024 among Grenadian citizens aged 40–65 years recruited from community health centers, markets, and church-based events using convenience and snowball sampling. Data were collected from 300 individuals, comprising 240 pet owners and 60 non-pet owners. Surveys captured demographic, lifestyle, and health information; physical measurements included height, weight, waist and hip circumference, and supra-iliac fat deposits for calculation of body mass index (BMI), body fat percentage, and waist-to-hip ratio (WHR). Descriptive statistics summarized data, and group comparisons were analyzed using Student's two-tailed t-tests.

Results: Pet owners were predominantly female (59%) compared to non-pet owners (33%). The prevalence of overweight or obese individuals was lower amongst pet owners (38%, mean BMI 24.5 ± 3.8) than non-pet owners (66%, mean BMI 27.6 ± 4.2), though not statistically significant ($p=0.43$). Stress scores were lower amongst pet owners (mean 3.6 ± 1.4 vs. 4.6 ± 1.8 ; $p=0.38$). Tobacco use was absent among pet owners but present in 17% of non-pet owners. Conversely, a higher proportion of pet owners reported having a chronic disease (62% vs. 17%). No statistically significant differences were observed in BMI, WHR, stress, or exercise levels.

Conclusion: Pet ownership in Grenada was not significantly associated with reduced risk factors for chronic disease. Although pet owners demonstrated lower obesity, stress levels, and tobacco use, their higher reported chronic illness suggests complex interactions possibly influenced by cultural perceptions of animal companionship. Larger, representative studies are warranted to clarify these relationships and inform One Health strategies linking human and animal well-being.

P-09

Food safety knowledge, attitudes and practices among abattoir workers in the municipalities of region 4 and 5, Guyana

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Objective: To assess the knowledge, attitudes and practices (KAP) related to food safety among abattoir workers in region 4 and 5 and to identify gaps that influence safe meat handling behaviors.

Methods: Fifteen (15) slaughterhouse employees from regions four and five participated in a descriptive cross-sectional study. A structured KAP questionnaire assessed self-reported practices, cleanliness attitudes, food safety knowledge, and demographic traits. KAP scores were summed up using descriptive statistics, and comparisons were done between categories like temperature control, meat handling, cleanliness, and personal hygiene.

Results: The majority of respondents (93.3%) were men, and 80% had more than five years of experience. Averaging 98.34%, knowledge scores were high in the majority of domains, with flawless scores in storage procedures, sanitation, and contamination avoidance. There is a serious information gap, nevertheless, as all respondents mistakenly thought that handling meat when unwell or with open wounds was allowed. Although opinions were largely favorable, 46.7% of respondents thought it was acceptable to eat or drink in processing areas as long as it was done “carefully.” Strong practices were reported, with 100% adherence to PPE use, equipment sanitation, workplace cleanliness, and hygiene.

Conclusion: Despite the fact that self-reported habits, attitudes, and knowledge regarding food safety were generally high, misconceptions about invisible contamination, workplace eating, and illness underscore the need for stronger training and behavioral reinforcement. To lower the risk of contamination and promote safer meat production, targeted interventions should place a higher priority on risk-based education, enhanced safety culture, and ongoing refresher sessions.

P-10

Prospective study of limited high-dependency unit space on emergency patient outcomes in Guyana

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Objective: To evaluate the impact of limited space in the HDU on patient outcomes in emergency care. Furthermore, the study aims to identify factors contributing to space limi-

tations and provide recommendations to improve patient care and outcomes despite spatial constraints.

Methods: This prospective study included 116 patients admitted to the HDU from the A&E Department and 60 medical personnel. Patient demographics, admission details, bed availability, and outcomes were collected using a data collection tool developed by the team. Challenges and staff suggestions were collected through an online survey.

Results: The mean age of patients was 48 years, with a female-to-male ratio of approximately 1:1.2. Comorbidities were prevalent in 64.7% of patients, with hypertension and type 2 diabetes mellitus being the most common. A critical supply-demand mismatch was identified with accumulated bed demand (193) exceeding availability (43) (or demand 4.49 times higher than what was available). Consequently, 85.3% (N=99) of patients experienced “boarding” delays in the A&E, and only 37.1% (N=43) were successfully transferred to the HDU. While the overall mortality rate was 29.3% (N=34), no statistically significant association was found between successful HDU transfer and survival (p=0.867) Survey responses indicated significant concerns about inadequate HDU space, staffing, and patient flow management and offered actionable recommendations with emerging themes.

Conclusion: GPHC faces a systemic resource deficit where infrastructure limitations force a reliance on human resilience to maintain patient safety. While compensatory care currently masks mortality risks, the system could reach a critical “tipping point.” Survey responses revealed a consensus on the need for enhanced HDU space, increased staffing, and better patient flow management.

P-11

Research on Guyana in a global context: bibliometric insights for strengthening Caribbean public health collaboration

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Objective: To provide the first comprehensive and longitudinal bibliometric assessment of scientific production related to Guyana, a country strategically located between the Caribbean and Amazonian regions and part of the Guiana Shield biodiversity hotspot.

Methods: A bibliometric analysis was conducted on publications indexed in the Web of Science Core Collection from 1975 to 2025. Descriptive indicators included annual publication trends, document types, languages, research categories, journals, and funding sources. Keyword co-occurrence and international collaboration networks were examined using VOSviewer to identify major thematic clusters and country-level co-authorship patterns.

Results: A total of 1,766 publications were identified. Scientific output remained limited and relatively stable until the early 2000s, followed by a sustained increase after 2010. Most publications were original research articles and were predominantly published in English. The leading research categories were ecology, environmental sciences, biodiversity conservation, plant sciences, and tropical medicine. Keyword analysis revealed four main thematic clusters: (i) biodiversity, ecosystems, and conservation; (ii) environmental systems and climate-related processes; (iii) infectious diseases and public health, particularly malaria; and (iv) pharmacology, toxicology, and bioactive compounds. International collaboration networks showed strong partnerships with North America and Europe, whereas collaborations with neighboring Caribbean and South American countries, including CARICOM member states, were comparatively limited.

Conclusion: Research related to Guyana has grown substantially over the past two decades but remains thematically concentrated and largely driven by extra-regional collaborations. Strengthening regional research capacity and fostering Caribbean-centered networks could enhance scientific integration and support more balanced and context-responsive research development.

P-12

Alterations in standard DNA methylation patterns associated with exclusive e-cigarette use: a scoping review

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Objective: To review existing literature to identify changes in standard DNA methylation pattern associated with exclusive e-cigarette usage, and if noted, compare such to that observed in tobacco smoking

Methods: A scoping review was conducted using a predefined research question and objectives. Inclusion criteria were established a priori and restricted to cross-sectional human studies assessing nuclear DNA methylation in exclusive e-cigarette users compared with tobacco smokers and/or non-smokers. A comprehensive literature search was performed in PubMed using Boolean combinations of the terms “DNA methylation,” “vaping,” and “e-cigarette use.” Retrieved records were de-duplicated and screened in two stages, including title and abstract screening followed by full-text review against predefined eligibility criteria. Relevant data were extracted systematically, and findings were collated and synthesized to identify common patterns in DNA methylation associated with e-cigarette use.

Results: Across studies, exclusive e-cigarette use was associated with detectable but variable DNA methylation changes. Global DNA methylation profiles in e-cigarette

users were generally comparable to those of non-smokers and distinct from tobacco smokers. Smoking-associated loci, particularly AHRR cg05575921, consistently demonstrated hypomethylation in cigarette smokers but not in exclusive e-cigarette users. Analyses of repetitive elements revealed LINE-1 hypomethylation in e-cigarette users compared with non-smokers, although comparisons with smokers yielded inconsistent findings. Epigenome-wide studies identified limited overlap in differentially methylated regions between e-cigarette users and smokers, primarily within epithelial tissues, with changes that were context dependent.

Conclusion: Overall, current evidence suggests that e-cigarette-associated DNA methylation changes are modest and distinct from those induced by tobacco smoking. Longitudinal studies are required to clarify the persistence and clinical relevance of the noted epigenetic alterations.

P-13

The knowledge, attitudes and practices of parents of adolescents, regarding public dental services in Trinidad and Tobago

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Objective: In Trinidad and Tobago, free public dental services are provided for children aged 2-12 years and adults over 18, but not to adolescents, creating burdens for parents and neglecting this demographic group. The knowledge, attitudes, and practices (KAP) of the parents of adolescents in Arima, Trinidad, regarding dental health and public dental health services were explored to determine their influence on the pursuit of dental care for their children and whether comprehensive policy reform should be pursued to ensure the well-being of adolescents.

Methods: Self-administered, structured questionnaires were used to collect data from parents of adolescents children regarding dental services for adolescents in Trinidad and Tobago. The study population was 890, the sample size 87, from simple random sampling. The questionnaire was designed to obtain information on specific variables providing indicators/measurements of the variables. The questionnaire consisted of twenty-seven questions about biographical information, and their knowledge, attitudes and practices regarding their children’s dental health. The responses were analysed statistically to test correlations between the variables and offer conclusions. Statistical analysis used Microsoft Excel and Google forms. The P value was considered significant when <0.05 (confidence interval 95%). Responses were submitted via hardcopy or online. The KAP Survey was used because it was reasonably easy to design, conduct, analyze and interpret, and provides valuable data

for resource allocation in planning and implementing public health programs.

Results: 98.9% knew the benefits of professional dental care. 79.3% knew dental services were available at public clinics, but only 9.1% recognized they did not include adolescents. 100% agreed that adolescents should have access to free dental services with 91.3% prepared to access those services.

Conclusion: Good knowledge and attitudes need regular reinforcement to transition into healthy practices. Public programs need better promotion and parents would welcome the inclusion of adolescents in free dental clinics.

P-14

Implementation of the innovative, advanced digitized Caribbean Vessel Surveillance System (CVSS) to promote healthier, safer cruise tourism

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Objective: To describe the development, implementation, and early performance of the advanced Caribbean Vessel Surveillance System (CVSS) as a regional surveillance system designed to strengthen early warning, rapid response and harmonize reporting to public health events on vessels in the Caribbean.

Methods: The CVSS was developed by CARPHA's Regional Tourism and Health Program as a unified, real-time electronic surveillance platform tailored to the Caribbean context. The CVSS was revamped in 2021 to support notification of acute gastroenteritis (AGE) and COVID-19 outbreaks via confidential data sharing and email-based alerts. In 2025, CVSS was upgraded to Version 2.0 with automated alert generation, customizable dashboards, standardized Maritime Declaration of Health (MDH) uploads, and automated reporting. The upgraded system was piloted among five Member States (MS) to assess technical functionality, feasibility, and relevance.

Results: Between July to November 2025, there are eight MS, and a total of 60 users trained using the advanced CVSS. During this period, 533 reports submitted for 276 voyages, with a total of ten (10) alerts generated for fever and rash which were also categorized as outbreaks. These reports include 53 reports submitted for 47 voyages as historical data from 2024. The alerts occurred across multiple vessels and itineraries. All alerts were from sick crew members. CVSS 2.0 demonstrated improved efficiency through automated alerts, streamlined MDH submission, and near real-time standardized data sharing. Member States reported enhanced situational awareness and strengthened capacity for early detection and response.

Conclusion: The CVSS provides a holistic, digital, and Caribbean tailored platform that improves early warning, outbreak detection, and coordinated response for public health events on vessels. Its implementation enhances regional health security and supports safer, more resilient cruise tourism in the Caribbean as cruise tourism continues to grow.

P-15

Epidemiological assessment of maxillofacial fractures at the Georgetown Public Hospital Corporation: a retrospective study from January 2019 to December 2024

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Objective: To determine the epidemiology of maxillofacial fractures at Georgetown Public Hospital Corporation (GPHC) from January 2019 to December 2024.

Methods: This retrospective cross-sectional study was conducted at the Maxillofacial Department of GPHC, Guyana's, principal public tertiary hospital. A total of 3941 patient charts were reviewed of which 1357 had confirmed diagnoses of maxillofacial fractures and were included in the analysis. The relevant data were recorded on the data record sheet and subsequently entered into a secure Microsoft Access database only accessible to the research team. Descriptive statistics summarized patient characteristics, and Chi-Square tests of independence assessed the association between categorical variables, with statistical analysis significance set at $p < 0.05$.

Results: Maxillofacial fractures occurred predominantly in males (85.4%), with the highest incidence occurring in the 20-29 age group (39.1%). No significant association was found between age and gender ($\chi^2 = 12.49$, $p = 0.085$), indicating a similar age distribution of fractures among males and females. A significant association occurred between aetiology and fracture type ($\chi^2 = 139.14$, $p < 0.0001$), with the mandible being the most affected, mainly due to interpersonal violence (24.6%) and road traffic accidents (17.2%). Fracture cases increased steadily over the 6 years, peaking in 2024. Intoxication accounted for 28.1% of cases. There was an association between treatment modality and fracture type ($\chi^2 = 2115.64$, $p < 0.0001$), with closed reduction using mono-maxillary and intermaxillary fixation being the predominant treatment (45.5%).

Conclusion: Maxillofacial fractures were most prevalent in males aged 20–29 years, with interpersonal violence being the leading aetiology across all groups. Additionally, there was a steady increase in patients presenting with fractures

from 2019 to 2024, with 2024 recording the highest number of cases. It was revealed that 28.1% of the patients presenting with maxillofacial fractures were intoxicated, and the most frequent treatment modalities utilized were closed reduction with monomaxillary and intermaxillary fixation.

P-16

Outcome of non-dominant radiocephalic arteriovenous fistulas at Georgetown Public Hospital

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Objective: To determine incidence, factors, and complications associated with radiocephalic arteriovenous fistulas; assess radiocephalic arteriovenous fistulas functional success and overall outcomes, and examine maturation timelines and associations with clinical and demographic variables.

Methods: Retrospective observational study of 62 radiocephalic arteriovenous fistula creations done at Georgetown Hospital between January 2023 and January 2024. However, only 50 charts were available from the records department. Analysis done by descriptive statistics and chi-square tests.

Results: Most participants were aged 36-65 years, with a peak in the 55-65 age group, there was a slight female predominance with 52%. The ethnic distribution was diverse, with East Indian and African being most common (44% and 36% respectively). Overall complication rate was 36% with 34% being thrombosis, and Infection –accounted for 2%. Results mirrored functional outcomes with 58% of participants achieving fistula maturation and 42% failed to mature, with more than half of the non-dominant radiocephalic fistula fully functional (58%).

Conclusion: A modest success rate of 58% was noted, with maturation achieved in 58% of cases.

P-17

Implementing and evaluating culturally appropriate and standardized training methodologies: life support in obstetric emergencies course in Guyana

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Objective: To develop, implement, and evaluate a comprehensive, accessible training program focused on life support in obstetric emergencies for resident physicians at George-

town Public Hospital Corporation (GPHC) in Guyana, addressing existing training gaps.

Methods: A collaborative effort between Northwell Health's Family Medicine Service Line (FMSL) and GPHC faculty developed a standardized curriculum, adhering to American Academy of Family Physicians guidelines and tailored to GPHC's limited obstetric rotation. Digital educational materials were provided prior to a two-day in-person training conducted in Georgetown in 2024, led by two certified physician instructors for resident physicians (n=13). Learners completed a post-evaluation survey rating experience (1-5 scale for relevance, presentation, utility) and changes in self-perceived confidence levels (pre-post). Qualitative data was coded and analyzed for themes.

Results: Learners (n=13) rated the course highly across all areas (relevance=4, presentation=5, utility=4). Average self-perceived confidence in managing obstetric emergencies increased from 3 to 5 (pre- to post-education). Qualitative feedback indicated 46% found the course highly relevant, 31% reported it filled training gaps, and 23% deemed it crucial for rural practice. Overall satisfaction with instruction, materials, and integration of the Guyanese clinical setting was 69%. Constructive feedback included technological barriers to accessing pre-work (31%) and a desire for more extensive hands-on training (31%).

Conclusion: The "Life Support in Obstetric Emergencies" program successfully delivered accessible, standardized, and culturally appropriate education, significantly improving resident physicians' self-perceived confidence and addressing critical training gaps at GPHC. This highlights the importance of user-centric, context-aware training in LMICs. Future iterations should address technological access issues and expand practical hands-on learning opportunities.

P-18

A narrative approach to explore the perceptions of battered women and support personnel regarding social support network and services in Trinidad

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Objective: This qualitative study was primarily conducted to address the issue of the perceptions of battered women and support personnel to social support network and services in Trinidad.

Research question 1: How do battered women and support personnel perceive social support networks and services regarding availability?

Research question 2: What factors do victims and support personnel perceive as barriers to building effective connections with the social support networks and services.

Methods: The researcher employed the qualitative narrative research method in this study. It was the most appropriate method for exploring the social phenomenon.

The participants chosen for the study were two survivors of domestic violence as well as three support personnel. These personnel consist of one police officer, a public health visitor and a guidance counselor at the Ministry of Education. All participants were women between the ages 39–50 years old.

Results: Hadeed & El-Bassel (2006) declared that the justice system addresses partner violence as a mere social problem; for this reason, it is under-reported by women because “they feel ashamed and scared”. Rawlins (2000) claimed that fewer participants reported incidents to the police. The police did not intervene in the majority of cases, took fewer reports, and rarely arrested the perpetrator. ‘This explains why battered women are unwilling to make reports to the Trinidad and Tobago Police Services.’ The National Women’s Health Survey (2017) showed only 4.9% battered women reported to the Police Service.

Conclusion: The research findings further indicate that more can be done to improve the functioning of these organizations so that practical support can be given to the battered women.

P-19

Primary care physicians’ cognizance of screening for intimate partner violence among the antenatal population in region 4 in Guyana

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Objective: To assess whether physicians providing antenatal care routinely screen pregnant women for intimate partner violence and to identify factors associated with reduced screening in public primary healthcare facilities in Region 4, Guyana.

Methods: A cross-sectional study was conducted among physicians practicing in 27 public primary healthcare facilities in Region 4. An anonymous structured questionnaire was administered via a secure virtual platform. The survey assessed physician awareness of intimate partner violence, screening practices during pregnancy, adherence to recommended screening intervals, perceived barriers to screening, and availability of standardized screening tools. Descriptive statistics were used to summarize findings.

Results: Fifty-eight physicians participated in the study. Most respondents (86.2%) were aware of the term, intimate partner violence, and 87.7% reported that screening during

pregnancy was part of their professional role. However, routine screening was uncommon, with 63.8% of physicians reporting that they did not screen antenatal patients for intimate partner violence. Among those who screened, practices did not align with recommended periodic screening guidelines. The most frequently reported barriers included lack of recognition of screening as a routine responsibility (34.4%), absence of screening policies or reminder systems (29.3%), lack of confidence in screening and referral (13.7%), time constraints (12%), and limited resources (5.1%). Most physicians reported no awareness of a standardized screening tool within their clinical setting.

Conclusion: Despite high physician awareness of intimate partner violence, routine screening during pregnancy is not consistently implemented in primary care settings in Region 4, Guyana. System level gaps, including absence of standardized tools, policies, and clinical supports, limit effective screening. Strengthening physician training, integrating standardized screening tools, and establishing clear referral pathways are essential to improve early identification of intimate partner violence and enhance antenatal care delivery.

P-20

Improving Postpartum quality of life through social support: a cross-sectional study at the Campbellville Health Center

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Objective: To assess the association between social support and quality of life among postpartum mothers attending the Campbellville Health Center in Guyana.

Methods: A descriptive cross-sectional study was conducted over two months among 160 postpartum mothers within six weeks of delivery. Participants completed a demographic questionnaire, the Maternal Postpartum Quality of Life Instrument, and the Postpartum Social Support Questionnaire. Statistical analysis was performed using SPSS and included correlation analysis, analysis of variance, and multiple linear regression to examine relationships between social support and quality of life domains.

Results: Maternal age, years with partner, number of living children, pregnancy planning status, and source of support were significantly associated with several domains of postpartum quality of life ($p < 0.05$). Spousal support accounted for most practical assistance in 60.4% of cases, while family members provided most support during the transition to motherhood (88.7%). Social support factors elucidated

88.4% of the variance in perceived support among postpartum women.

Conclusion: Social support plays a critical role in shaping postpartum quality of life, influencing physical health, emotional wellbeing, and satisfaction with the transition to motherhood. While spousal support is a key determinant of perceived support, extended family support, particularly from mothers, appears to be especially important during the early postpartum transition. Integrating routine assessment of social support into primary health care services may strengthen postpartum care and improve maternal wellbeing in Guyana.

P-21

To determine the knowledge, attitudes, and practices related to polycystic ovary syndrome among women of reproductive age attending the Gynaecology Outpatient Clinic at West Demerara Regional Hospital

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Objective: To determine the Knowledge, Attitudes, and Practices (KAP) regarding Polycystic Ovary Syndrome (PCOS) among women of reproductive age attending the Gynaecology outpatient clinic at West Demerara Regional Hospital, Guyana.

Methods: A descriptive cross-sectional study conducted among 150 women aged 18–49 years attending the gynaecology clinic for PCOS management or related concerns. Participants were recruited using convenience sampling. Data were collected using a structured, interviewer-administered questionnaire assessing knowledge, attitudes, and practices related to PCOS. Descriptive statistics were used to summarize findings.

Results: Awareness of PCOS was moderate with 80.5% of participants recognizing its impact on fertility and 71.3% identifying its association with other health conditions. However, knowledge gaps were evident particularly regarding causes and metabolic complications, with only 30.7% identifying insulin resistance as a contributing factor. Commonly recognized symptoms included irregular menstruation (81.3%), hirsutism (62.7%), and weight gain (60.7%). Attitudes were generally positive with 78.3% indicating willingness to seek medical care; however, only 14.8% reported regular follow-up, and 31.9% sought care only when symptoms worsened. In terms of practices, hormonal therapy (66.2%), and lifestyle modifications such as diet (54%), and exercise (54%), were commonly reported. Notably, 15.1% reported no treatment and 14.4% relied on non-medical practices

Conclusion: While baseline awareness of PCOS among women attending this clinic is moderate, significant gaps persist in understanding its etiology, complications, and

long-term management. Irregular healthcare-seeking behaviors and reliance on non-evidence-based practices highlight the need for targeted patient education, improved counseling, and structured follow-up systems to enhance PCOS care in Guyana.

P-22

A study on knowledge, attitude and practice (KAP) of mothers regarding antenatal care, labor, delivery and postpartum hemorrhage in Region 3, Guyana

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Objective: The study assessed the knowledge, attitudes, and practices (KAP) of pregnant women regarding antenatal care (ANC), labor, delivery, and postpartum hemorrhage (PPH) at the High-Risk Antenatal Clinic of West Demerara Regional Hospital, Region 3, Guyana. It also examined associations between sociodemographic factors KAP outcomes.

Methods: A cross-sectional mixed-methods study was conducted among 250 pregnant women using convenience sampling. Quantitative data were collected through face-to-face interviews with a structured questionnaire assessing sociodemographic characteristics, knowledge, attitudes, practices, and post-partum haemorrhage (PPH) awareness. Knowledge and practice were scored on 10-point scales, while attitudes were measured using a 12-item Likert scale. Descriptive statistics summarized the data, and chi-square tests assessed associations. Qualitative data from focus group discussions were thematically analyzed.

Results: The mean knowledge score was 6.5 (SD = 1.66), with 57.2% of participants demonstrating good knowledge. Attitudes were largely positive (mean 26.5, SD = 3.07), and 78% showing favorable attitudes. Practices were generally adequate (mean score of 7.24, SD = 1.96), and 50.8% reporting good practices. However, awareness of PPH was low: 36.8% had heard of PPH, and just 8.8% recognized it as a serious obstetric emergency, despite widespread support for preventative measures (96%). Knowledge was significantly associated with age ($p=0.030$) and employment status ($p=0.026$), with higher scores among older and employed women.

Conclusion: While KAP related to ANC were generally satisfactory, significant gaps in PPH awareness persist, highlighting the need for targeted maternal health education on obstetric emergencies.

P-23

Pre-eclampsia prevalence and associated maternal and neonatal outcomes: a retrospective study at West Demerara Regional Hospital (2023)

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Objective: To determine the prevalence of pre-eclampsia among obstetric admissions at West Demerara Regional Hospital in 2023 and describe associated maternal and neonatal outcomes.

Methods: A retrospective cross-sectional study was conducted at West Demerara Regional Hospital from January 1 to December 31, 2023. All obstetric admissions were screened, and medical records meeting predefined inclusion and exclusion criteria were reviewed. Data extracted included maternal demographic characteristics, clinical presentation, maternal complications, mode of delivery, and neonatal outcomes. Pre-eclampsia was identified based on established diagnostic criteria. Descriptive statistics were applied, and results were summarized as frequencies and percentages using Microsoft Excel and SPSS version 26.

Results: Among 1,549 obstetric admissions reviewed, 48 cases met diagnostic criteria for pre-eclampsia, yielding a prevalence of 3.1%. The majority of affected patients were aged 20–29 years (54.2%; n=26), and the largest ethnic group was categorized as "Other" (37.5%; n=18). The most commonly documented presenting symptoms were edema (45.8%; n=22) and persistent headache (38.6%; n=18). Maternal complications included acute kidney injury (6.3%; n=3), placental abruption (6.3%; n=3), and eclampsia (2.1%; n=1); no maternal deaths occurred. Spontaneous vaginal delivery was the most frequent mode of delivery (47.9%; n=23). Neonatal outcomes indicated that 72.9% (n=35) of infants were delivered at term, 50.0% (n=24) had normal birth weight, 22.4% (n=11) required neonatal intensive care, and the stillbirth rate was 8.3% (n=4).

Conclusion: Pre-eclampsia accounted for 3.1% of obstetric admissions at West Demerara Regional Hospital in 2023 and was associated with maternal complications and adverse neonatal outcomes. These findings indicate that pre-eclampsia remains a clinically significant contributor to maternal and neonatal morbidity in Region 3, Guyana.

P-24

Comparison of One-year continuation of long-acting reversible contraceptives at the Georgetown Public Hospital Corporation Family Planning Clinic, June 2023–2024

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Objective: To compare uptake and one-year continuation rates among the long-acting reversible contraceptives (LARCs) methods offered at the Georgetown Public Hospital Corporation (GPHC) Family Planning Clinic and to examine reasons for discontinuation.

Methods: A retrospective cohort study was conducted among 152 females aged 15–49 years who initiated a LARC at the GPHC Family Planning Clinic between June 2023 and June 2024. Medical records were reviewed for baseline data, and follow-up telephone interviews were conducted at least 12 months post-insertion to determine continuation status and reasons for discontinuation. Descriptive statistics were used to summarize demographic characteristics, contraceptive choice, continuation rates, and discontinuation reasons. Mean duration of use among discontinuers was noted.

Results: Implanon[®] was the most frequently selected LARC (52.6%), followed by the copper intrauterine device (40.8%) and the Mirena[®] intrauterine device (6.6%). Most participants were in their peak reproductive years, with 42.8% aged 26–35 years and 38.8% aged 15–25 years. At one year, 65.8% of women had continued LARC use, while 34.2% had discontinued. Mean duration of use among discontinuers was 10.2 ± 4.9 months. The most common reason for discontinuation was side effects (63.5%), followed by medical reasons (13.5%) and unintended pregnancy (9.6%).

Conclusion: LARC users at GPHC demonstrated a clear preference for Implanon[®], particularly among younger women. Discontinuation remains substantial and is primarily driven by side effects. Strengthened counseling and early follow-up may improve continuation rates.

P-25

Clinicopathological characteristics of primary breast cancer among women: a descriptive study

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Objective: To document the clinicopathological profile of women diagnosed with primary breast cancer.

Methods: A longitudinal descriptive study was conducted among 43 women newly diagnosed with primary breast cancer following written informed consent. Diagnoses were histopathologically confirmed, including immunohistochemical subtyping, and participants were eligible within three months of diagnosis. Venous blood samples (10 mL) were collected prior to treatment and during follow-up visits after curative therapy. Samples were processed within three hours and stored at 2–8°C or –20°C as required. Serum

carcinoembryonic antigen (CEA), cancer antigen 15-3 (CA 15-3), cancer antigen 27.29 (CA 27.29), and cytokeratin fragment 21-1 (CYFRA 21-1) were measured using electrochemiluminescent immunoassays (Elecsys, Roche Diagnostics), and circulating cell-free DNA was analyzed by polymerase chain reaction. Biomarkers were measured across four visits per participant, and descriptive statistics (mean, standard deviation, and standard error) were used to characterize distributions at each visit.

Results: Across repeated measurements (N=43), tumor markers and hormonal biomarkers demonstrated wide distributions relative to reference ranges. Mean CA 15-3 (40.53–84.47 U/mL), CEA (10.03–55.93 ng/mL), and CYFRA 21-1 (1.51–4.72 ng/mL) concentrations consistently exceeded upper reference limits, while CA-125 means ranged from within to above the reference range (14.67–84.04 U/mL). Mean luteinizing hormone (30.35–34.23 U/L) and follicle-stimulating hormone (53.71–61.23 U/L) levels were elevated across measurements, whereas mean progesterone concentrations (0.055–0.998 ng/mL) remained within the postmenopausal reference range. Large standard deviations indicated substantial variability across visits.

Conclusion: Serial biomarker profiling revealed marked heterogeneity in tumor markers and hormonal parameters among women with primary breast cancer, underscoring the value of longitudinal descriptive assessment in capturing clinicopathological diversity.

P-26

Is lifestyle medicine a viable economic response to the Caribbean noncommunicable diseases burden?

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Objective: Lifestyle medicine is a unique evidenced based approach that utilizes preventative measures to promote health and wellbeing. This practice has been institutionalized in many countries with overwhelming evidence of positive health especially in relation to noncommunicable diseases. This study sought to assess the cost-effectiveness of adopting lifestyle medicine in Caribbean countries.

Methods: A narrative review was conducted of literature published in the PubMed repository. A total of 13 studies, published between 2010–2025, were included. Four themes were used in assessing and comparing the economic benefits of lifestyle medicine with conventional forms of care (cost-effectiveness modeling), defined as the comparative evaluation of costs relative to health outcomes (e.g., cost per QALY gained); (market and incentive structures), referring to the financial and institutional mechanisms that shape provider and patient behavior within healthcare systems;

(supply–demand dynamics), describing the interaction between healthcare resource availability and population need or utilization; and (sensitivity testing), which examines how variations in key model assumptions or parameters influence the robustness of results.

Results: Reduced chronic disease incidence, lower medication use, and decreased hospital utilization drove favorable cost-utility ratios. Incentive-aligned financing strengthened clinical adoption, and lifestyle medicine shifted resource use toward prevention. These benefits remained robust under conservative sensitivity analyses, indicating strong potential cost-effectiveness in Caribbean health systems.

Conclusion: The findings support lifestyle medicine as a cost-effective and resilient approach with meaningful economic and population health gains. For the Caribbean, progress will depend on aligning financial incentives with prevention, expanding workforce training, improving regional economic modeling, and strengthening community engagement. Prioritizing these areas will facilitate sustainable implementation and maximize lifestyle medicine economic value in the region.

P-27

Children and youth as agents of change in school health promotion: participatory lessons from the Caribbean

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Objective: This comparative case study examines two youth-engaged school health initiatives - Photovoice in Trinidad and Tobago and the Healthy Bakes Challenge in Dominica - to explore how participatory approaches strengthen school health promotion.

Methods: A combined socio-ecological, empowerment, and hidden curriculum framework guided the analysis. In Trinidad and Tobago, nine senior secondary students completed Photovoice training, documented their school environments, and participated in SHOWeD-guided focus groups. In Dominica, a national school food environment assessment informed a youth-led healthy recipe reformulation initiative developed with the Ministry of Education and partners. Data sources included photographs, narratives, focus groups, surveys, interviews, and project documentation.

Results: Four themes emerged from the Photovoice case studies: school lunch as an equity mechanism; health promoting environments; vendor food safety concerns; and beverage choice imbalances. In Dominica, youth demonstrated leadership and creativity in reformulating culturally relevant snacks, influencing dialogue on school nutrition standards. Across cases, a youth empowerment cycle was

observed, whereby youth identified problems, co-generated solutions, and influenced system-level practices.

Conclusion: Youth participation strengthened school health promotion, enhanced cultural relevance, fostered intergenerational partnerships, and contributed to institutional and policy shifts. Embedding participatory methods within Caribbean school systems offers a promising pathway for sustainable health promotion and youth flourishing.

P-28

Food security as a public health ethic: addressing the dilemma of import dependence in the Caribbean

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Objective: This paper examines the ethical implications of food import dependence, arguing that the current reliance on nutritionally poor foreign imports constitutes a failure of public health ethics and a primary driver of the regional Non-Communicable Disease (NCD) crisis.

Methods: A bioethical and policy analysis was conducted to evaluate the intersection of global supply chain fragility and regional health outcomes. The study frames food sovereignty through the lenses of Health Justice, Non-Maleficence, and Sustainability, analyzing how laissez-faire importation policies affect vulnerable populations.

Results: The unfettered flow of cheap, subsidized, and ultra-processed foreign foods has directly fueled a catastrophic NCD epidemic. This dependence violates the ethical mandate of Sovereignty, as climate shocks and geopolitical instability leave regional food systems dangerously exposed. The research demonstrates that CARICOM states' current failure to regulate nutritionally compromised imports is an ethical omission that externalizes long-term healthcare costs onto the public sector.

Conclusion: CARICOM has an ethical imperative to pivot toward a unified, precautionary regional food policy. This paper advocates for taxing nutritionally poor imports to subsidize local production and protecting arable land. Establishing food security must be recognized as the foundation of national health autonomy and regional resilience.

P-29

Exploring schools drinking water availability as leverage for sugar sweetened beverage ban in schools

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Objective: A study was conducted to assess the availability of potable drinking water in Grenada primary and secondary schools as evidence to support the removal of sugar sweetened beverages (SSBs) from the school environment.

Methods: Forty-one primary and secondary schools were assessed using a standardised online audit tool to document water sources in schools. Close-ended surveys were administered to principals, parents and students on the availability, condition and perceived safety of drinking water sources in their school.

Results: There was an overall lack of confidence in school drinking water quality by parents (61% n=165), students (75% n=26) and principals (22% n=9). Only 29% (n=12) of schools had a water fountain or bottled-water dispenser. Overall 71% (n=29) relied on stand pipes or sink/trough taps. Although principals reported dedicated drinking water stations, none had clear signage and 76% (n=31) were shared with hand washing and cleaning activities. A total of 27 (66%) of schools had all their drinking water stations outside with 22% (n=9) having all and 59% (n=16) having some exposed to direct sunlight resulting in warm unappealing water; 22% (n=9) of water stations showed disrepair (mold, rusted taps, standing water). Bottled water was inconsistently available for purchase. While 26% (n=9) of students reported buying water, 60% (n=21) consumed SSB's during the school day.

Conclusion: This study is the first of its kind in Grenada and provides valuable insights into students' access to water in schools and their perceptions of its quality. The data suggests the need to improve the facilities for students to access potable water during the school hours. Restoring confidence in water safety and addressing infrastructure gaps tailored to individual school needs through a collaborative approach will strengthen policy efforts to restrict SSBs in the school environment.

P-30

A cross-sectional study on self-perceived comfort and competence of doctors and nurses during code blue events at Georgetown Public Hospital Corporation from August to September 2025: identifying factors affecting response readiness

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Objective: Effective management of Code Blue situations is critical in hospital settings; thus, the main objective is to assess doctors' and nurses' preparedness and performance in Code Blue situations by examining self-perceived comfort, competence, and knowledge, and the influence of prior experience, training, psychological factors, and perceived challenges.

Methods: A qualitative descriptive cross-sectional survey of 245 inpatient doctors and nurses at Georgetown Public Hospital Corporation assessed demographics, training, self-perceived comfort/competence, challenges, and resuscitation knowledge. Ethical approvals obtained. Data entered in Excel, cleaned, and analyzed in SPSS. Descriptive statistics and chi-square tests were applied to examine associations with a statistical significance of $\alpha=0.05$

Results: Among 245 participants, doctors had greater Code Blue exposure and more active resuscitation roles than nurses, who more frequently assumed recorder or runner duties. Comfort levels were significantly associated with experience, with doctors reporting higher comfort and more frequent participation in Code Blue events. Up-to-date certification showed a positive but non-significant relationship with competence and knowledge ($\chi^2(6)=22.99$, $p=0.08$). Psychological factors significantly influenced perceived readiness ($\chi^2(2)=6.07$, $p=0.048$), with doctors reporting higher levels of anxiety and stress, while nurses reported greater emotional strain. Internal consistency for psychological items was low (Cronbach's $\alpha=0.49$).

Conclusion: Although medical and nursing staff generally felt confident in their resuscitation abilities, notable differences emerged across professions, scopes of clinical experience, and levels of Code Blue exposure. These results underscore the need to guide institutional policy regarding the enhancement of emergency preparedness through simulation-based training programmes and the provision of psychological support, with the potential to improve patient outcomes.

P-31

Prevalence of catheter-related bloodstream infections in hemodialysis patients at Georgetown Public hospital, Guyana: a retrospective analysis (2023)

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Objective: This study aimed to determine the prevalence of Catheter-Related Bloodstream Infections (CRBSIs), identify common causative pathogens, analyse antibiotic susceptibility patterns, evaluate associated risk factors and mortality rates among hemodialysis patients at Georgetown Public Hospital Corporation (GPHC) in 2023

Methods: We conducted a retrospective cohort study including 180 patients at GPHC from January to December 2023 using patient records who met specific inclusion criteria to identify cases of CRBSIs. Data was collected retrospectively and stored in an encrypted spreadsheet. SPSS-20 software version was used for data analysis. Ethical considerations and procedures were duly respected.

Results: The study population was predominantly aged 50 and above (64.4%) with a slight male majority (52.8%). The prevalence rate of suspected CRBSIs was 10.6%. Microbiological analysis revealed that Gram-positive bacteria, specifically the *Staphylococcus* genus, were the primary pathogens (66.7%), with *Staphylococcus epidermidis* being the most frequent isolate (33.3%). The overall mortality rate was 8.3%, with Uremia (50.0%) identified as the leading cause of death. Logistic regression identified the duration of hospitalization as the strongest clinical trend associated with infection risk (OR=1.064, $p=0.061$), suggesting a 6.4% increase in infection odds for each additional day of stay. Antibiotic susceptibility testing showed 100% sensitivity to Vancomycin, Clindamycin, Linezolid, and Imipenem, while high resistance was noted for Ampicillin (100%) and Erythromycin (83.3%). Notably, four cases of Methicillin resistance were documented.

Conclusion: CRBSIs remain a critical challenge at GPHC, with a prevalence of 10.6% and a high degree of antibiotic resistance among common isolates. While Vancomycin remains highly effective, the presence of Methicillin resistance and the correlation between hospitalization length and infection risk highlight the need for stringent catheter care protocols and reduced hospitalization times to mitigate infection rates.

P-32

Nurses/TB outreach workers views on the factors linked to poor treatment adherence among tuberculosis patients

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Objective: The objective of this study was to identify non-adherence aspects, reasons behind treatment non-adherence in tuberculosis patients at Georgetown Chest Clinic. To investigate demographic and socio-economic variables that impact adherence with treatment among TB patients and the psychological and emotional barriers that impede adherence to the TB treatment regimen.

Methods: A combination of quantitative surveys and qualitative detailed interviews were utilized in this study. In the quantitative phase, a cross-sectional survey incorporating a structured questionnaire was administered to 50 staffs. The questionnaires focused on socio-demographic background, non-compliance behaviours and other possible barriers to treatment. The qualitative phase encompassed semi-structured interviews aimed at identifying emotions, psychological conditions, and socio-economic situations surrounding treatment compliance.

Results: Initial findings from the study revealed significant socio-economic barriers such as lack of funding, no jobs, and issues in transportation that hinder patient adherence. Marked ones included stigma in TB, lack of social assis-

tance, and poor healthcare access denying participants regular adherence. Major psychological content encompasses a range of emotions right from anxiety, depression to despair, which most frequently serve as a deterrent to tendencies for non-adherence. The study also showed how participants are in favor of an uninterrupted adherence but these factors very much impede the way of creation of a successful adherence programme.

Conclusion: TB treatment adherence in Guyana is influenced by socio-economic and psychological factors. Interventions that strengthen patient education, expand psychosocial support, reduce stigma, and improve access to care are likely to enhance adherence. These findings provide avenues for enhancing healthcare services aimed at improving treatment outcomes. The study emphasizes the need for a holistic, patient-centered TB treatment program necessitating the economic, psychological, and educational support as well as the medical treatment programs. This evidence highlighted the need for multisectoral collaboration and ongoing financial investment in both health systems and community systems to improve TB adherence and health outcomes.

P-33

Integrating geospatial technologies into the Public Health Approach to fight crime and violence in the Caribbean

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Objective: To integrate geospatial technologies into the Public Health Approach (PHA) to fight crime and violence in the Caribbean

Methods: This study adopted exploratory and descriptive research methods to achieve its objectives. It relied on secondary data due to the limited availability of regional literature on integrating geospatial technologies into the PHA for crime and violence. The research involved three main steps: an investigation of the PHA to crime and violence; the identification of potential geospatial technologies for integration into the PHA; and determining how to best match these technologies with the technical and analytical needs of the PHA in the Caribbean context.

Results: The four-step PHA model is grounded in the principle of prevention rather than cure and underscores the importance of population-focused, cross-sectoral, collaborative, and scientifically based decision-making. There have been multiple applications of geospatial technologies for crime fighting initiatives globally, some of which include data collection or capture tools, analytical tools and visualisation tools. Such geospatial technologies can be integrated into the PHA to guide and strengthen each step of the process. Key recommendations include but are not limited

to utilising geospatial tools and technologies to help comprehensively define the problem; developing GIS-based data collection tools to conduct initial baseline surveys and ongoing/follow-up surveys to enable longitudinal studies; and using the technology to engage and communicate with stakeholders through the data submission and feedback loop.

Conclusion: The integration of geospatial technologies into the PHA provides a modern and transformative way to address crime and violence in the Caribbean. The use of modern spatial data collection, analysis, and visualisation tools, enables stakeholders to better understand the crime problem, leading to strategic, targeted interventions. Despite resource challenges in the region, open-source technology offers sustainable, accessible solutions.

P-34

Performance and integrity across proctored physical, unproctored online, and proctored online formats in the UWI Final MBBS Medicine & Therapeutics written examination

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Objective: This study compared performance and integrity indices across three successive modalities of The University of the West Indies Final MBBS Medicine & Therapeutics written paper.

Methods: Institutional records for every candidate in 2019 (proctored physical, n=508), 2020 (un-proctored online, n=529) and 2021 (physically onsite proctored online, n=361) were analysed retrospectively (N=1 398). Mean scores, score dispersion, categorical outcomes, Cronbach's alpha, and item-difficulty indices were contrasted with one-way ANOVA, χ^2 tests, and odds ratios.

Results: Examination modality significantly influenced performance. The mean (\pm SD) scores were highest in the unproctored online exam (2020: 68.4 \pm 6.5), followed by proctored physical exam (2019: 64.2 \pm 7.2) and proctored online (2021: 60.5 \pm 7.3). The difference in the mean score of the three modalities was highly significant ($p < 0.0001$). Pass rates peaked in 2020 (92%) versus 2019 (81%) and 2021 (70%). The odds of failing the examination in 2021 were more than five times higher than in 2020 (OR=5.652). Reliability (Cronbach's α) highest in 2019 (0.813) and 2021 (0.770) but very low in 2020 (0.307). Odds of failing in 2021 were 5.65 times higher than 2020.

Conclusion: Examination modality strongly impacted on performance and reliability. Unproctored online exams led to grade inflation, reduced variability, and low reliability, while proctored formats—physical or virtual—improved assessment rigor, fairness, and psychometric integrity, emphasizing the need for robust proctoring in high-stakes medical assessments.

P-35

Exploring the use of reflective practice in clinical skills development among nursing students during their clinical rotation at Georgetown Public Hospital Corporation, Guyana

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Objective: To assess the effectiveness of reflective practice in clinical skills development among nursing students during their clinical rotation at Georgetown Public Hospital Corporation.

Methods: A pretest and post-test experimental design was utilized. Fifty-two (52) professional nursing students were randomly assigned to experimental and control groups of 26 each. A structured questionnaire with an observational checklist was used to assess knowledge on reflective practice, attitudes and practices. The three weeks intervention consisted of reviewing Gibb's reflective cycle steps, case study analysis, journal-writing, a peer feedback session and a practical demonstration. Ethical approval was obtained from the Institutional Review Board, Ministry of Health, Guyana. Descriptive and inferential statistics were calculated using SPSS.

Results: Ninety two percent of nursing students were taught clinical procedures, 88% practiced procedures during clinical rotation under supervision and got feedback. The experimental group had higher post-test scores for knowledge, clinical impact, and perception of usefulness. The t-values and p-values (Knowledge: $t = -3.86$, $p=0.0007$; Clinical Impact: $t = -3.03$, $p=0.0057$; Perception: $t = -4.47$, $p<0.001$) all indicated significant differences. In comparison with the control group, the experimental group had significantly higher scores for knowledge ($t = 3.79$, $p < 0.001$), perception of usefulness ($t = 3.37$, $p=0.0015$), and total score ($t = 4.22$, $p<0.001$).

Conclusion: The study provides compelling evidence that structured reflective practice significantly enhances the clinical skill development of nursing students. The students did not advance in their ability to use reflective practice on their own. Integrating reflective practice into nursing curricula will foster a new generation of practitioners equipped for lifelong learning and professional excellence.

P-36

The effect of training primary care doctors in the use of the Greig's Record for Young Adults

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Objective: To assess preventive screening practices by primary care doctors for young adults 18 to 24 years and to evaluate the perceived impact post training and implementation of Greig's Health Record for Young Adults on time management and quality of care.

Methods: This mixed methods study (Sept-Dec 2023) involved voluntarily recruited family medicine registrars, residents, and general practitioners from seven Central Georgetown health centers. Quantitative data utilised pre/post questionnaires and consultation time logs; qualitative data were obtained from focus group discussions. Data were descriptively and thematically analyzed. Ethical approval was granted by the Ministry of Health Research Institutional Review Board.

Results: Twenty physicians participated. Vaccination screening was reported by 65% of participants (13), while mental health and sexual health screening were each reported by 50% (10). Symptomatic screening was conducted by 45%, HEEADSSS assessments by 30% (6), body mass index assessment by 25% (5), family planning by 15% (3), and substance use screening by 5% (1). Prior knowledge of Greig's Health Record for Young Adults was reported by 15% (3). During the 12-week implementation, record completion took 10- 15 minutes/consultation. Participants reported improved consultation organization, time management, and perceived quality of care, with qualitative findings showing increased confidence in preventive counseling and better efficiency in addressing mental health/substance use concerns.

Conclusion: Preventive health checks for young adults in Guyana are inconsistently delivered and vary in content and quality, reflecting reliance on individual physician practice rather than standardized guidance. Training and implementation of Greig's Health Record for Young Adults supported a more structured approach to preventive care. All participating physicians reported improved time management and perceived quality of care. A larger study should be conducted to validate the results.

P-37

An evaluation of the unified MBBS Exit Examination at the University of the West Indies

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Objective: In 2025, the University of the West Indies replaced discipline-specific final examinations with a unified exit examination combining a written paper and a multi-station OSCE. This study evaluated the psychometric performance of the unified examination, focusing on reliability, OSCE circuit comparability, and the relationship between written and clinical performance.

Methods: This was a retrospective review of de-identified assessment data from all candidates who sat the unified final MBBS examination at the St Augustine Campus in May/June 2025. The examination comprised a 320-item single best answer multiple choice paper and a 17-station OSCE delivered concurrently across seven identical circuits. Inter-circuit differences were examined using one-way ANOVA. Reliability was assessed using Cronbach's alpha and Generalizability Theory, with decision-study modelling to estimate the number of stations required for high-stakes reliability. The relationship between written and OSCE scores was examined using Pearson's correlation coefficient.

Results: De-identified written and OSCE scores from 157 candidates were analysed. Of the 320 multiple choice questions, 26 had a negative point biserial coefficient (PBSC) and a further 131 had a PBSC of <0.2 . Most of the OSCE stations had a point biserial coefficient of >0.2 and hence were deemed acceptable regarding discrimination index. While 16 of 17 individual stations demonstrated statistically significant inter-circuit differences, variability was substantially attenuated when performance was aggregated across stations. Overall OSCE reliability was moderate (Cronbach's alpha 0.72; G-coefficient 0.72; phi coefficient 0.69). Decision-study modelling indicated that increasing the number of stations would be required to achieve reliability appropriate for high-stakes assessment. Written and OSCE scores demonstrated a good positive correlation ($r = 0.70, P < 0.001$).

Conclusion: A unified final MBBS examination is feasible and psychometrically defensible in large cohorts but requires adequate OSCE station sampling to support high-stakes decision making.

P-38

The influence of mentorship on clinical preparedness: a comparison of Georgetown and St. Joseph Mercy Hospital™ School of Nursing Students

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Objective: To compare mentorship experiences and perceived clinical preparedness among student nurses at Georgetown School of Nursing and Saint Joseph Mercy Hospital School of Nursing in Guyana.

Methods: A mixed-methods comparative study using non-probability sampling was conducted in public (Georgetown Public Hospital Corporation/Georgetown School of Nursing) and private (Saint Joseph Mercy Hospital/School of Nursing) settings. Participants included 230 registered nurses (public $n=183$; private $n=47$) and 178 student nurses (public $n=108$; private $n=70$). Quantitative and qualitative data were collected through structured questionnaires and open-ended responses, and analysed using R (version 4.5.0). Associations were assessed using chi-square tests.

Results: Among registered nurses, 96% reported mentoring students and 89% supported implementing a structured mentorship programme. Among student nurses, 61% had an assigned mentor, and 90% agreed that every student should have one. Additionally, 69% reported that mentorship helped them feel more prepared for clinical practice. There was no association between setting (public/private) and formal mentor assignment ($\chi^2(1)=1.48, p=0.22$). Peer mentorship relationships were more common in the public setting ($\chi^2(3)=8.69, p=0.0032$), and public-setting students reported greater confidence in mentoring peers ($\chi^2(3)=17.92, p<0.0009$). Qualitative feedback indicated mentorship improved confidence and clinical skills but was constrained by workload, limited institutional support, and inconsistent guidance.

Conclusion: Mentorship is valued and associated with improved confidence and perceived preparedness, yet it is predominantly informal. Structured mentorship programmes are recommended to standardize support, strengthen clinical training, and enhance nursing education quality in Guyana.

P-39

Determining the minimum number of OSCE stations required for valid and reliable assessment in the final MBBS Examination

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Objective: To determine the minimum number of Objective Structured Clinical Examination stations (OSCEs) needed

to achieve acceptable reliability and validity in the final Bachelor of Medicine and Bachelor of Surgery (MBBS) clinical examination at the University of the West Indies.

Methods: Cross-sectional psychometric analysis of the June 2019 OSCEs across Mona, St Augustine, and Cave Hill campuses. A total of 485 final-year students completed 17 stations; balanced subsets of 6, 8, 10, and 12 stations were compared with the full set. Internal consistency reliability was estimated with Cronbach's alpha. Generalizability Theory was used to quantify reliability of scores across stations and examiners. Validity evidence included blueprint-based content review and Pearson correlations with total scores. Analysis of variance tested differences in subset mean scores.

Results: Internal consistency reliability increased with station count: at 6 stations, 0.32 (St. Augustine) to 0.61 (CHILL); at 17, Mona 0.76, St. Augustine 0.64, CHILL 0.71. G-Theory coefficients showed similar gains: 6 stations Mona 0.21, St. Augustine 0.18, CHILL 0.42; 17 stations Mona 0.43, St. Augustine 0.36, CHILL 0.70. Subset mean scores differed by size at Mona ($F(4,1290)=9.046$, $p<0.001$) and St. Augustine ($F(4,960)=11.53$, $p<0.001$) but not at Cave Hill ($F(4,145)=0.463$, $p=0.763$). Pearson correlations between subset and total scores increased with station count, from 0.799, 0.791, and 0.836 (6 stations) to 1.000 at 17 stations across all campuses. Construct validity was robust for subsets ≥ 10 stations.

Conclusion: Under the current design, 17 stations did not achieve reliability targets of ≥ 0.80 ; Cave Hill performed best. A practical minimum of 10–12 stations preserves construct validity, although achieving high-stakes reliability will likely require additional stations and/or multiple raters with stronger standardization of blueprints, scoring instruments, and simulated patient training.

P-40

Usage patterns of artificial intelligence tools among pre-medical and basic science medical students at Texila American University, Guyana

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Objective: This study assessed the frequency and patterns of artificial intelligence (AI) tool use among premedical and basic science students at Texila American University, Guyana, and examined associations with academic integrity gaps and concerns about diagnostic atrophy. By situating findings within the Caribbean context, it contributes to regional discourse on AI literacy and medical education reform.

Methods: A cross-sectional anonymous online survey was conducted using Google Forms, achieving a 92% response rate with 55 completed questionnaires

Results: Of 55 respondents, 26 were male and 29 female, representing both premedical and basic science cohorts. High-frequency AI use (daily/very frequent) was reported by 67.3%, moderate (weekly) use by 27.3%, and low (rare/occasional) use by 5.5%. Nondisclosure of AI use in assignments occurred in 32.7% overall (males 38.4%, females 27.5%; $p=0.38$). Diagnostic atrophy concerns were reported by 61.8%. AI inaccuracy and data privacy concerns were more frequently reported by females, with data privacy reaching statistical significance ($p=0.045$). Unsafe reliance on AI for exam preparation was associated with higher odds of nondisclosure (OR 2.15, 95% CI 1.02–4.54; $p=0.04$). Daily AI users were more likely to express concern about loss of independent reasoning (OR 3.12, 95% CI 1.25–7.78; $p=0.01$).

Conclusion: AI adoption demonstrates a dual effect of enhancing efficiency while raising ethical and pedagogical challenges. The observed usage–integrity paradox underscores the need for structured AI literacy integration within Caribbean medical curricula. Holistic training should balance technological proficiency with independent reasoning. Regional bodies such as CARPHA can support policy development, surveillance, and integrated programming to safeguard medical education integrity.

P-41

Medical student perceptions on the integration of climate health education into medical school curricula in Guyana

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Objective: Climate change is a major determinant of health, yet its integration into undergraduate medical education remains limited in many developing countries. Medical students represent a critical group for assessing preparedness and receptivity to climate change education. This study explored medical students' perceptions of climate change, its health impacts, and views on integrating climate-health content into medical curricula in Guyana.

Methods: A cross-sectional survey was conducted among medical students at the University of Guyana and Texila American University to assess awareness of climate change, perceived health impacts, interest in climate health education, perceived professional responsibility, learning preferences, and perceived barriers and facilitators to curriculum integration. Convenience sampling was utilised. Descriptive analysis was conducted with categorical variables summarised as frequencies and percentages.

Results: A total of 191 students participated. All respondents were aware of climate change and most recognised it as a public health crisis (177/191; 93%). Students commonly identified links between climate change and heat-related illness (156/191; 82%), respiratory illness (154/191; 81%), disaster response (122/191; (64%), and access to healthcare (107/191; 56%). Fewer students recognised associations with chronic diseases (53/191; 28%), maternal (49/191; 25.6%) and child health (64/191; 33%) and metabolic conditions (27/191; 14%). Most respondents believed physicians should play a role in addressing climate-related health risks (121/191; 63%) and expressed interest in further education (109/191; 57%). Preferred learning modalities include video-based resources, online lectures and case-based discussions. Major perceived barriers included curriculum overload (138/191; 72%) and limited faculty expertise (80/191; 42%). Students favoured embedding climate-health content into existing courses and public health modules rather than introducing stand-alone course.

Conclusion: Medical students in Guyana are aware of climate change and are generally supportive of its inclusion in medical education but demonstrated gaps in understanding its broader clinical impacts. Integrated, contextually relevant teaching approaches may help address these gaps while minimising curricula burden.

P-42

Faculty perspective on integrating climate-health education into undergraduate medical curricula in Guyana

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Objective: Guyana is highly vulnerable to climate-related health impacts, making medical education an important intervention for workforce preparedness. This study aimed to assess the faculty perspectives on the inclusion of climate-health education in undergraduate medical training in Guyana.

Methods: A cross-sectional survey was conducted among medical faculty at the University of Guyana School of Medicine and Texila American University. The survey explored faculty awareness, training, comfort with discussing climate-health risks, perceptions of relevance, perceived professional responsibility, curriculum readiness, and barriers to integration. Convenience sampling was utilised. Descriptive analysis was conducted with categorical variables summarised as frequencies and percentages

Results: Twenty-eight faculty members participated. While all respondents were aware of climate change and most recognised it was a public health crisis (25/28; 89%), fewer than half (13/28; 46%) had received any previous training, and only 6 (23%) felt comfortable discussing climate-

related health risks. Although 71% (20/28) believed climate health education should be included in the curriculum, most (19/28; 64%) reported it was currently absent, and only 15% (4/28) felt there was space for additional content. Major barriers included a lack of faculty expertise (20/28; 71%), competing curricular priorities (60%), and concerns about relevance (14/28; 50%) and curriculum overload (12/28; 43%). Faculty favoured integrated approaches, including inclusion in public health modules (17/28; 61%), case-based learning (16/28; 57%), simulation (16/28; 57%), and embedding content into existing courses (14/28; 50%). Only 19% (5/28) of faculty believed that students would respond favourably to inclusion. Thirty-six percent (10/28) felt that climate change should be a part of the assessment and accreditation of the school.

Conclusion: Faculty in Guyana support the inclusion of climate-health education in medical training but face significant practical and perceptual barriers to its implementation. Addressing faculty capacity, contextual relevance, and curricular integration may be key to advancing climate-health education in climate-vulnerable settings.

P-44

Creative interventions for climate-related mental health and resilience in Caribbean and diasporic communities

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Objective: Climate-related stressors, including displacement, environmental instability, and cultural loss, are contributing to rising rates of anxiety, depression, and grief among Caribbean and diasporic communities. This study explores how arts-based, healing-centered practices can serve as culturally grounded mental-health interventions that strengthen emotional resilience, social cohesion, and adaptive capacity in the face of climate impacts.

Methods: Using a qualitative, community-based approach, this study synthesises data collected between 2022 and 2025 from facilitated Sanctuary Sessions, Iverna Island workshops, and healing-centered creative residencies. Methods included participant observation, thematic analysis of anonymized participant reflections, open-ended interviews, and facilitator field notes. Interventions incorporated somatic grounding, rest-based practices, storytelling, music, and collective creative exercises. Data were analysed for patterns related to emotional processing, cultural continuity, climate grief, and perceived wellbeing.

Results: Creative interventions were associated with improved emotional regulation, belonging, and engagement with climate-related stress. Participants reported reduced anxiety (74%), increased feelings of grounding (81%), and greater willingness to participate in community discussions on climate impacts (68%). Sessions incorporating cul-

tural memory, ancestral grounding, and somatic practices produced the strongest wellbeing outcomes. Participants described arts-based environments as safer, less clinical, and more culturally resonant than traditional mental-health settings.

Conclusion: Arts-based, healing-centered interventions represent a scalable, culturally aligned strategy for improving mental health and climate adaptation outcomes among Caribbean and diasporic communities. Findings highlight the need for cross-sector collaboration between public health, cultural organizations, and climate-adaptation practitioners to expand access to creative resilience programming across the region.

P-45

Brief mental health measures for university students in Barbados: Psychometric properties of the Perceived Stress Scale-4 and Patient Health Questionnaire-4

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Objective: To measure the psychometric properties and construct validity of abbreviated versions of the Perceived Stress Scale (PSS-4) and Patient Health Questionnaire (PHQ-4) scales for use with university students in Barbados

Methods: We conducted a voluntary population survey via a REDCap link sent to all student emails in June–July 2021, with three weekly reminders. The PHQ-4 is a screening tool designed to assess anxiety and depression simultaneously while the PSS-4 measures the extent to which respondents appraise their current life circumstances as stressful. We calculated internal consistency using Cronbach’s alpha and McDonald’s omega then assessed factorial structure using confirmatory factor analysis (CFA). Finally, we examined concurrent validity with correlations of related measures.

Results: A total of 696 participants completed the PSS-4 and PHQ-4. Internal consistency for the PSS-4 was good ($\alpha=0.764$; $\omega=0.762$). For the PHQ-4, internal consistency was slightly stronger ($\alpha=0.886$; $\omega=0.884$). The fit statistics of PHQ-4 two-factor model were far better than those of the one-factor model, $\chi^2(1)=0.49$, $p>0.05$; CFI=0.99, NFI=99, TLI=0.99, RMSEA=0.001. Correlations among all scale scores were significant and in the theoretically expected directions.

Conclusion: This study provides psychometric support for short measures of perceived stress, anxiety, and depression useful for research and clinical work with university students in Barbados. A two-factor model provides the best fit for the PSS-4, providing empirical support for the clinical relevance of anxiety and depression subscales. Both measures are open-source and therefore accessible.

P-46

Exploring factors influencing the delivery of community-based salon interventions to prevent cardiovascular disease among ethnically diverse women in England: The Beauty and Health Community Lounges (BELONG) study

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Objective: The BEauty and health community LOuNGes (BELONG) study is a feasibility study that aims to identify best practices for building partnerships between hairdressing and beauty salons and primary care services in deprived and ethnically diverse neighbourhoods to promote equitable reach of the NHS preventative services (for CVD and breast cancer). The formative phase of BELONG included concept mapping with hairdressing and beauty professionals and readiness assessments surveys. This study investigated the feasible priorities identified with hairdressing and beauty professionals to enable community salons to promote the uptake of the NHS health checks for CVD in partnership with local primary care services.

Methods: Concept mapping (CM) was conducted with hairdressers and beauty therapists in England, UK. Participants generated responses to the prompt “Factors that will affect the ability of hairdressers to promote this service are...”. Statements were sorted into conceptually similar clusters and were rated for importance and feasibility. Concept maps were produced using multidimensional scaling and hierarchical cluster analyses. Readiness assessment surveys were undertaken with a sample of salons in London.

Results: CM participants were mainly female (22; 88%) with more than 11 years of experience (19; 82%). Most of the statements in the Go-Zone (10; 40%) related to salon capabilities and capacity and captured issues such as salon staff knowledge and confidence to approach clients and share health information. Nine salons completed the readiness assessments with several enablers (local and collaborative decision-making, previous experiences in health-related conversations, client support, and awareness of the local GP practices) identified.

Conclusion: Salons were well positioned to support health promotion interventions. Actionable priorities around capacity and capability and relationship with primary healthcare services were identified to support a salon-GP surgery partnership to promote CVD prevention.

P-47

Participatory intercultural adaptation of the WHO mhGAP for Kaingang adolescents in Brazil: integrating indigenous knowledge and global mental health

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Objective: To conduct the intercultural adaptation of mhGAP for Kaingang adolescents in the Guarita Indigenous Territory, Brazil.

Methods: Participatory action research developed in seven discussion groups were held in schools, community halls, homes of leaders, and craft spaces involving elders (Kofás), adolescents, teachers, artisans, health workers, and leaders (n=161). Thematic analysis followed six steps—familiarization, coding, theme generation, review, naming, and reporting and was conducted collaboratively by an intercultural mental health team that included Indigenous collaborators.

Results: Systems of care in the Kaingang territory are fundamentally collective and the Kaingang people reframes mental health through the Indigenous concept of Good Living (Bem Viver). The indigeous worldview reinforces the importance of spiritual domains and may reflect legitimate roles of traditional healers. Emotional distress is linked to identity and territory, and suicide is understood as collective suffering. As a result, culturally grounded care relies on traditional remedies, rituals, storytelling, and family- and community-based support systems. Schools, elders, and

Indigenous Health Agents become central actors in recognizing, responding to, and co-managing mental health concerns.

Conclusion: The participatory intercultural adaptation of mhGAP contributes to recognise multiple forms of knowledge, including spiritual experiences and ancestral relation. Cultural interpretations can't be considered psychiatric symptoms within the biomedical paradigm. This study demonstrates that effective mhGAP implementation in Indigenous contexts requires more than technical adaptation—it demands intercultural collaboration, reflexive engagement, and redistribution of epistemic authority.

P-48

A qualitative study exploring awareness of and access to mental health support and the role of the community pharmacist in facilitating such support for patients living with systemic rheumatic conditions in Trinidad and Tobago

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Objective: To explore mental health support awareness and access among patients with systemic autoimmune rheumatic disorders (SARDs), and the potential role of community pharmacists in improving access, aiming to inform recommendations and fuel further research to enhance healthcare services and support for this patient group.

Methods: Two recruitment strategies were used: via poster and direct in-person engagement, to recruit twelve patients living with SARDs from three private clinics across Trinidad and Tobago. Remote semi-structured interviews using Zoom platform or phone call were audio recorded, transcribed verbatim and analysed thematically using a combination of inductive and deductive methods. Supervisors independently reviewed transcripts to validate the coding framework. Ethical approvals were granted for this study by the University of Manchester Ethics Committee (UREC 2024-18772-38112) and participating clinics.

Results: Five main themes were interpreted from the twelve semi-structured interviews: (1) Impact of diagnosis and health circumstances - Participants described how receiving their diagnosis and ongoing health issues affected their physical and emotional well-being; (2) Awareness, education and promotion - A lack of mental health literacy revealed the need for targeted community awareness; (3) Support services and access - Help-seeking patterns identified and their perceptions of mental health support; (4) Barriers to mental health support - Stigma, financial constraints, and limited awareness hindered access to support; and (5) Phar-

macists' involvement in mental health support - Pharmacists were acknowledged as accessible, trusted healthcare professionals with potential to provide mental health support.

Conclusion: Mental health education must reach vulnerable populations such as patients living with SARDs. Further investigation is needed to understand their specific support needs and explore pharmacists' perceptions of implementation of a mental health service in community pharmacies to narrow the gap between the physical and mental care in managing these conditions.

P-49

Psychological effects on parents of hospitalisation of their children at Georgetown Public Hospital Corporation, January 2022-August 2024

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Objective: To identify and analyze the psychological effects of hospitalisation of children on their parents at the Georgetown Public Hospital Corporation (GPHC).

Methods: A mixed method study was done on the parents/caregivers of children admitted to the Pediatric Medical Ward of GPHC for the period January 2022–August 2024. The study included two hundred (200) eligible participants. The researchers used a personalized validated questionnaire administered via phone to collect the relevant data. This data was then inputted and analysis were performed using Microsoft Office Professional Plus, Version 14.0.6023.1000.

Results: Overall, 46% of caregivers had psychosocial effects of a child being hospitalised. These factors included financial burden, inadequate sleeping arrangements, stress, anxiety, depression, inadequate food provision, fear of loss of job, communication barriers, and an overall difficulty coping with their child's diagnosis.

Conclusion: Addressing the psychosocial needs of caregivers can significantly impact the overall experience and outcomes for hospitalised children. Implementing a robust psychosocial program that includes regular counselling, improved communication from staff, and better facilities for caregivers can create a supportive environment, alleviating the burdens experienced by parents/guardians and ultimately benefiting the children's well-being.

P-50

Innovating access to adult attention deficit hyperactivity disorder care in the Caribbean: early experience from an online Specialist mental health service

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Objective: To describe the early implementation and experience of an innovative online specialist service providing adult Attention Deficit Hyperactivity Disorder (ADHD) assessment and treatment in the Caribbean, with a focus on service access, diagnostic outcomes, and care pathways.

Methods: A retrospective descriptive case series was conducted using anonymised routinely collected clinical data from an online specialist mental health clinic operating across Caribbean territories via telehealth. All adults contacting the clinic between 1 September 2024 and 30 September 2025 were included in a service access cohort. Detailed clinical data were extracted for individuals completing an assessment and analysed descriptively using counts and proportions.

Results: Twenty-one adults contacted the clinic during the study period. The majority (n=16, 76%) were women and resident in Barbados, with additional representation from other Caribbean territories. Most individuals self-referred (n=17, 81%). Thirteen individuals completed an assessment, with Attention Deficit Hyperactivity Disorder confirmed in twelve cases, predominantly inattentive or combined presentations. Several individuals had prior diagnoses of anxiety or depressive disorders, and autistic traits were identified in 5 individuals (38%) who scored above cut-off thresholds on autism screening questionnaires. Most individuals with confirmed diagnoses were initiated on evidence-based pharmacological treatment, and the majority entered ongoing care and attended follow-up.

Conclusion: This early case series demonstrates the feasibility of an innovative online specialist service model for improving access to adult ADHD care in the Caribbean. Research is needed to establish the prevalence of ADHD and other forms of neurodivergence in adults in the region. However, these preliminary findings highlight a potential unmet need and support the role of service innovation in strengthening regional mental health systems and informing future service development.

P-51

Bidirectional risks of obesity and mental health disorders: a systematic review and meta-analysis

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Objective: To evaluate the bidirectional relationship between obesity and specific mental health outcomes—including depression, anxiety, neuroticism, psychosis, and personality disorders—while examining the biological, psychosocial, and life-course mechanisms that drive this reciprocal association.

Methods: A systematic review and meta-analysis were conducted using PubMed, PsycINFO, and Scopus for studies published between 2020 and 2025. The search yielded 12,255 records from PubMed, 13,613 records from PsycINFO, and 11,500 records from Scopus, totaling 37,368 records identified before deduplication. Eligible studies included longitudinal cohort, case-control, and cross-sectional designs with clear temporal or bidirectional analysis. Populations comprised adults and adolescents (≥ 12 years), both sexes, from general or clinical settings. Studies were excluded if they focused solely on children under 12 years, pregnant women, or populations with primary organic brain disease; lacked standardized definitions of obesity or validated psychiatric measures; or examined obesity/mental health outcomes secondary to another primary condition. Final studies included in the meta-analysis reported odds ratios for depression, anxiety, neuroticism, psychosis, and personality disorders in relation to adiposity markers (BMI and waist circumference).

Results: High-volume data confirmed significant bidirectional risks: obesity was associated with increased neuroticism and lower life satisfaction, while psychological distress predicted subsequent weight gain. In young adults (20–39 years), approximately 45.3% of those with depression also presented with obesity, significantly higher than the 30% prevalence in non-depressed peers. Obesity was identified as a “pleiotropic risk state,” frequently preceding a wide spectrum of psychiatric diagnoses, including psychosis and personality disorders, particularly in females. Psychosocial analysis indicated that weight stigma and internalised shame significantly mediated the transition from overweight status to psychological distress, while social support acted as a protective buffer.

Conclusion: A robust bidirectional “vicious cycle” exists where metabolic dysfunction and mental ill-health reinforce one another through systemic inflammation and weight stigma. Clinical interventions must shift toward integrated, holistic models that address metabolic health and psychological well-being simultaneously to break the cycle of comorbidity.

P-52

Prevalence and outcomes of triple negative breast cancer in female patients at the Oncology Department, Georgetown Public Hospital Corporation, January 2019 to January 2024

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Objective: To identify the prevalence and outcomes of triple-negative breast cancer (TNBC) in female patients at the Oncology Department of Georgetown Public Hospital Corporation (GPHC).

Methods: A representative sample of 200 charts of patients with breast cancer was selected by random sampling, and the data was stratified based on ethnicity, age, general location, stage, treatment received and outcome. The results were critically analyzed in comparison to global standards of treatment of TNBC.

Results: Of the 200 charts reviewed, 30 patients (15%) had TNBC. Among TNBC patients the largest age and ethnic groups were >64 years (39%) and Afro-Guyanese (50%) respectively. At diagnosis, 10% were Stage I, 36.7% Stage II, 26.7% Stage III, 6.7% Stage IV, and 20% undocumented. Treatments included surgery followed by chemotherapy (31%), surgery only (24.1%), surgery with chemotherapy followed by external beam radiation therapy (EBRT) (17.2%), chemotherapy only (13.8%), and undocumented modalities (13.8%). Surgery was performed first in multimodal therapy. Outcomes: 2 remissions, 2 recurrences, 6 ongoing treatment, 10 follow-up, and 10 undocumented.

Conclusion: At GPHC, although triple-negative breast cancer prevalence was relatively low, and current treatment yields generally positive outcomes, earlier detection, routine neoadjuvant chemotherapy, and improved EBRT access are needed to optimize care.

P-53

Cross-border cancer care in the caribbean: a retrospective analysis of applicants for government medical assistance in Saint Lucia

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Objective: To characterize patterns of medical travel for cancer care among applicants to the Government of Saint Lucia’s medical assistance program and to examine the factors associated with overseas referrals.

Methods: We conducted a retrospective analysis of requests for financial assistance submitted between January 1, 2011 and May 31, 2024. Data included demographic, employment, and income information, as well as referral destinations and requested amounts. Crude prevalence ratios (PR) and their 95% confidence intervals were calculated using a Poisson regression to assess associations between patient characteristics and overseas referrals.

Results: Among 71 cancer patients requesting assistance, the median age was 50 years, 75% were women, and 82%

reported no income or less than \$1000 XCD monthly. Requests increased markedly post-COVID-19 (2020–2024 average: 8 per year vs. 3 pre-pandemic), with a greater proportion of local referrals during this period. Overall, 54% of referrals were local and 45% overseas, primarily to Martinique (37.5%), Guyana (28.1%), and Antigua (15.6%). Overseas referrals were significantly associated with employment (PR=2.05, 95% CI: 1.21–3.47) and higher-cost requests (\geq \$10,000 USD; PR=2.32, 95% CI: 1.50–3.61). Older age and the post-COVID-19 period were linked to lower likelihood of overseas travel. Higher income was significantly associated with increased overseas referrals (PR=1.84, 95% CI=1.03–3.29).

Conclusion: Medical travel for cancer care in Saint Lucia reflected significant socioeconomic inequities and vulnerability to global shocks. Strengthening local oncology capacity and financial protection is critical to reduce health inequity and dependence on overseas care. Larger population-based studies are warranted to inform interventions.

P-54

Diabetes mellitus and gynecological cancers in a tertiary hospital in Guyana: exploring correlations, risk factors, and outcomes

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Objective: To estimate the period prevalence (from 2020 to 2024) of diabetes mellitus (DM) among gynecological cancer patients at Georgetown Public Hospital Corporation (GPHC) and to evaluate associated factors and clinical outcomes.

Methods: A cross-sectional observational study of 602 women with gynecological cancers (2020–2024) used pathology and oncology records. Descriptive statistics summarized patient characteristics and common types, and multivariable logistic regression identified factors associated with DM and cancer progression.

Results: The mean age was 54.5 ± 12.6 years (range: 13–87) and was higher among patients with DM (57.7 ± 11.2) than those without DM (53.6 ± 12.8 ; $p=0.0005$). The period prevalence of DM was 23.75% (95% CI: 20.35–27.15%). Afro-Guyanese women constituted the largest proportion of the cohort (37%, $n=221$); however, the prevalence of DM was highest among Indo-Guyanese women (28.34%, 95% CI: 21.88–34.80%). Cervical cancer was the most common malignancy (47.0%), while vulvar cancer showed the high-

est proportion of coexisting DM (44.44%) although based on a small sample. Factors associated with DM included family history of diabetes (AOR 3.65) and hypertension (AOR 2.62). Increasing age (AOR 1.03; 95% CI: 1.01–1.06; $p=0.009$), abnormal uterine bleeding (AOR 3.33; 95% CI: 1.21–9.22; $p=0.020$) and post-menopausal bleeding (AOR 1.83; 95% CI: 1.02–3.28; $p=0.041$) were also significantly associated with DM. Approximately fifty-three per cent (53.09%) of diabetic patients; had uncontrolled glycemia. Metformin use was associated with lower odds of cancer progression (AOR 0.27; $p=0.009$), while hypertension was associated with increased odds (AOR 4.23; $p=0.029$)

Conclusion: Nearly one in four gynecological cancer patients at GPHC had diabetes, with many showing poor glycemic control. Metformin use was associated with reduced cancer progression, while hypertension was associated with worse outcomes. These findings highlight the need for integrated onco-metabolic care in Guyana.

P-55

Collaborative development of diabetes screening and management guidelines in Guyana

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Objective: To develop and implement culturally relevant and context-specific diabetes screening and management guidelines for Guyana, aiming to improve early detection, treatment, and patient outcomes within the local healthcare system.

Methods: This initiative employed a collaborative design involving the Family Medicine Service Line at Northwell Health, Zucker School of Medicine, and the Family Medicine Residency Program at Georgetown Public Hospital. Methods included extensive literature reviews, critical analysis of local health data through consultation with in-country medical professionals, and iterative feedback from Guyanese primary care clinicians. The guidelines were developed to reflect available diagnostic tools and medications in Guyana, emphasizing accessibility and affordability.

Results: The collaborative process yielded updated clinical treatment guidelines tailored for Guyana. Key recommendations include broadened screening criteria for all individuals aged 18 and above, specific criteria for those under 18 with risk factors (e.g., BMI > 95th percentile, early-onset family history), and all pregnant persons. Screening methods incorporate blood tests (Fasting Blood Glucose, HbA1c) and urine tests. Medication protocols were enhanced to include advanced options like GLP-1 receptor agonists and SGLT2 inhibitors for specific complications, alongside culturally

relevant lifestyle modifications, all while considering medication availability and affordability in Guyana.

Conclusion: These updated guidelines provide a comprehensive, equitable, and locally adaptable framework for diabetes care in Guyana. Their focus on early detection, tailored interventions, and accessible treatments is crucial for reducing the burden of diabetes and enhancing patient outcomes, pending adoption by the Ministry of Health and subsequent dissemination and clinician training.

P-56

A retrospective study highlighting the survival rates of renal failure patients pending kidney transplantation between 2018 and 2023 at the Georgetown Public Hospital Corporation

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Objective: To determine the survival rates of renal failure patients pending kidney transplants between 2018 and 2023 at Georgetown Public Hospital; identify the factors affecting the survival rates of renal failure patients requiring kidney transplants between 2018 and 2023 at Georgetown Public Hospital and evaluate and identify potential environmental barriers that may affect patients who are in the need of renal transplant

Methods: A retrospective cross sectional study with renal transplant department, between 26th February 2024–24th December 2024, a total study size of 123 patients.

Results: The survival rate of renal failure patients between 2018–2023 was 86.18%. Survival rate was influenced by massive pulmonary oedema, severe uremia, cardiac failure, poor nutrition, discontinuing dialysis and uncontrolled comorbidities. Environmental barriers included limited donor availability, insufficient resources, psychosocial barriers, logistical challenges, poor knowledge and counselling.

Conclusion: The survival rate of renal failure patients pending kidney transplant between 2018 to 2023 was 86.18%. The rate was affected by several factors leading to increased mortality, the contributing factors were uncontrolled chronic conditions and environmental barriers.

P-57

Remission in Schizophrenia across the illness course: a critical review of constructs, stability, and relapse

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Objective: To critically examine remission in schizophrenia as a clinical construct across the illness course and clarify its appropriate interpretation in research and clinical contexts.

Methods: A critical narrative review of the literature was conducted using PubMed, focusing on conceptual frameworks, consensus definitions, critical analyses, and empirical studies addressing remission stability, functional outcomes, and relapse.

Results: Remission is consistently distinguished from treatment response and recovery and positioned as an intermediate clinical state. Symptomatic remission is defined using standardized criteria based on symptom severity and duration. Empirical studies show that remission may be sustained in some individuals, that stability varies and cannot be inferred from single assessments, and that functional outcomes among remitted individuals are heterogeneous. Clinically meaningful relapse may occur following periods of apparent stability.

Conclusion: Remission in schizophrenia is best understood as a dynamic clinical state whose meaning depends on longitudinal context. While useful for describing symptomatic status, remission should not be interpreted as a definitive indicator of functional outcome or long-term prognosis. Accordingly, its use in clinical communication requires careful framing when counseling patients and families.

P-58

Oral health effect indicators among exclusive electronic nicotine delivery systems users

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Objective: The aim of this study was to assess both dental plaque and dental color parameters in electronic nicotine delivery systems (ENDS) users compared with current, former, and never smokers.

Methods: Participants were classified into five groups: current smokers, former smokers, never smokers, exclusive ENDS users (former smokers for at least 6 months) using either e-cigarettes (ECs) or heated tobacco products (HTPs). Dental plaque was quantified using QLF technology, expressed as deltaR30 (mature plaque area), deltaR120 (thicker/more mature deposits). Tooth color was assessed through digital spectrophotometry, with outcomes including CIELAB coordinates, Whiteness Index for Dentistry (WID), and deltaE* perceptibility thresholds. ANCOVA models adjusted for oral hygiene habits with significance set at $p < 0.05$.

Results: A total of 136 participants were included for the plaque analysis. Current smokers demonstrated signifi-

cantly higher *deltaR30* and *deltaR120* values than all other groups ($p < 0.001$), indicating greater plaque accumulation and maturation. ENDS users showed plaque levels comparable to former and never smokers ($p > 0.05$) and markedly lower than current smokers ($p < 0.01$).

Conclusion: Across both plaque and color assessments, exclusive ENDS users consistently showed oral health profiles comparable to former and never smokers and substantially better than current smokers. Despite these cross-sectional findings having to be interpreted with caution, they suggest that switching from cigarettes to tar-free ENDS may be associated with reduced dental plaque accumulation and less tooth discoloration.

P-59

The association of the HEARTS regimen with blood pressure control among patients with hypertension attending primary health care facilities at the South-West Regional Health Authority, Trinidad.

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Objective: To evaluate the association between participation in the HEARTS regimen and short-term blood pressure (BP) control among hypertensive patients attending primary health care facilities in South Trinidad.

Methods: A retrospective cross-sectional study was conducted across primary care clinics of the South-West Regional Health Authority, Trinidad and Tobago, between June and December 2025. Hypertensive adults managed under the HEARTS regimen were compared with those receiving routine non-HEARTS care. Eligible participants were ≥ 18 years with confirmed hypertension and at least two recorded BP measurements since October 2024. A total of 345 participants were included (198 HEARTS; 147 non-HEARTS). BP control was defined as systolic BP < 140 mmHg and diastolic BP < 90 mmHg. Medication non-adherence was defined as inconsistent or missed medication use, based on clinical documentation. Multivariable regression models assessed associations between HEARTS participation, medication adherence, and BP outcomes.

Results: BP control was similar between groups (HEARTS: 53.0%; non-HEARTS: 54.4%). HEARTS enrolment was not associated with significant short-term changes in systolic or diastolic BP after adjustment. Home BP monitoring was significantly associated with control among non-HEARTS patients ($p = 0.009$) but not within the HEARTS group. Among medication non-adherent patients, those outside HEARTS experienced greater reductions in systolic BP ($\beta = -7.3$ mmHg; 95% CI -13.8 to -0.90 ; $p = 0.027$). No significant diastolic BP effects were observed.

Conclusion: In this real-world primary care evaluation, HEARTS participation was not associated with short-term improvements in BP control. Self-management behaviours, particularly home BP monitoring, were more strongly linked to BP control than programme enrolment. Improving clinical processes is central to closing quality gaps in health service delivery and positively impacting coverage and control indicators. Strengthening programme fidelity, adherence support, and individualized patient engagement may enhance HEARTS effectiveness in Trinidad and Tobago.

P-60

Physical activity and insomnia severity in adults with type 2 diabetes in Trinidad: a sequential mixed-methods study protocol

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Objective: To examine the association between physical activity (PA) characteristics (frequency, intensity, duration, and type) and insomnia severity among adults living with type 2 diabetes mellitus (T2D) in Trinidad and Tobago (TT), as measured using the Insomnia Severity Index (ISI), addressing a key evidence gap in Caribbean primary care. It is hypothesized that higher levels of physical activity will be associated with lower insomnia severity.

Methods: This protocol describes an explanatory sequential mixed-methods study. Phase 1 comprises a cross-sectional survey of 315 adults aged 30–65 years with T2D attending South-West Regional Health Authority (SWRHA) diabetes clinics. Data will be collected using a socio-clinical questionnaire, the International Physical Activity Questionnaire–LongForm (IPAQ-LF), and the ISI, and analysed using descriptive statistics, correlations, and multivariable regression. Phase 2 involves purposive semi-structured interviews exploring experiences of PA, sleep, and diabetes care, analysed using reflexive thematic analysis. Findings will be integrated through triangulation and joint displays, with qualitative reporting guided by established standards.

Results: This study has produced a fully developed, ethically grounded mixed-methods research protocol. Core quantitative and qualitative instruments have been selected, adapted, and aligned with international reporting standards (STROBE and COREQ). Pilot testing procedures have been designed to assess feasibility, clarity of instruments, recruitment processes, and data-collection workflows within SWRHA primary-care clinics. Ethical approval is under review, and pilot data collection is scheduled to commence following approval.

Conclusion: This protocol establishes a feasible and ethically robust framework for future implementation and will generate context-specific evidence to inform SWRHA and Ministry of Health primary-care service planning and the integration of PA and sleep management into routine T2D care in Trinidad and Tobago.

P-61

Public knowledge, attitudes and practices regarding antibiotic usage and resistance in Barbados

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Objective: To assess the knowledge, attitudes and behavioural practices concerning antibiotic use, resistance and compliance with antibiotic therapy.

Methods: A cross-sectional study of knowledge, attitudes and practices among Barbadians towards antibiotic resistance using a piloted 30-point structured questionnaire distributed via SurveyMonkey, January-March 2025 was conducted. Descriptive statistics, in addition to bivariate and multivariate analysis, was systematically employed throughout this research endeavour to ensure a comprehensive understanding of the data collected.

Results: Data from 444 respondents (70.7% F and 27.6%M) was analysed using the 2010 census data of Barbados adults. 26.6% (109) achieved high knowledge scores, while 73.4% (301) scored moderately. No respondent scored poorly. A statistically significant difference was observed between ages 18–24 and 65–75 ($p=0.044$). However, χ^2 showed no overall significant association between age and knowledge category ($p=0.650$). The mean attitude score was 31.27 ± 3.87 indicating moderate perceptions of AMR and AMU. A statistically significant association exists between attitude and knowledge ($p=0.004$) and practice ($p=0.039$), although the relationship between attitude and practice is weak. Regarding practice, 30.9% exhibited poor, and 37.2% moderate to good scores. ANOVA indicated significant practice differences across age groups ($p<0.001$). Regarding educational attainment and income levels, significant disparities ($p<0.001$) were noted. A non-significant association between practice quality and knowledge scores ($p=0.686$) and a Bayesian correlation revealed moderate negative relationship between antibiotic practices.

Conclusion: Barbadians exhibit moderate to high knowledge and awareness of antimicrobial resistance. This knowledge however, does not consistently translate into appropriate antibiotic practices. Socio-demographic factors, particularly age, education, and income, appear to exert greater influence on practices than knowledge alone. These

results underscore the need for multifaceted antimicrobial stewardship interventions in Barbados that extend beyond public education.

P-63

The perception of climate change and its impact on health, among healthcare workers in Guyana

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Objective: Climate change is increasingly recognised as a major determinant of health, yet the perceptions and preparedness of healthcare workers in developing countries remain underexplored. Guyana is particularly vulnerable to climate-health-related impacts, making the role of the healthcare workers critical in adaptation and response. The study sought to assess the awareness, beliefs and perceptions regarding climate change and health, of health workers in Guyana.

Methods: A cross-sectional Likert-scale survey was developed, piloted and administered to healthcare workers at the main referral hospital in Guyana between September 1 and September 30, 2025. Convenience sampling was utilised. The survey explored perceived health impacts, professional responsibility, infrastructure concerns, and interests in further climate-health education. Descriptive analysis was conducted with categorical variables summarised as frequencies and percentages.

Results: A total of 106 healthcare workers participated, including nurses, doctors, and pharmacists across a range of educational backgrounds. Awareness of climate change was nearly universal (97%); most respondents (93%) perceived changes in weather patterns, and most believed climate change affects health (95%). While a majority recognised climate change as a public health crisis (68%) and attributed it to human activity, perceptions of inevitability (53%) and personal agency (59.5%) varied. Healthcare workers strongly identified links between climate change and respiratory illness (83%), heat-related illness (91.5%), vector-borne disease (78%), and mental health, but fewer recognised associations with chronic non-communicable diseases (28%). Most respondents supported a role for healthcare providers in patient education (92%), advocacy, and emergency preparedness (92%), and nearly all (95%) expressed an interest in learning more about climate-health relationships.

Conclusion: Healthcare workers in Guyana exhibit high awareness of climate change and broad recognition of its relevance to health, particularly in relation to acute and environmentally mediated conditions. Strong support exists for healthcare provider involvement in patient education,

advocacy, and emergency preparedness, highlighting professional readiness to engage with climate-health issues.

P-64

Assessing community awareness and attitudes about climate change in the Vreed-En-Hoop area, Guyana

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Objective: To assess the level of community awareness and attitudes in the Vreed-En-Hoop area, Region Three, Guyana, towards climate change and its public health impacts, particularly mosquito-borne diseases, among residents, and to examine the influence of socioeconomic factors and media exposure on awareness and attitudes.

Methods: A community-based cross-sectional study was conducted among residents aged 25–54 years in the Vreed-En-Hoop area. Data were collected from 115 randomly selected households using a structured questionnaire that was pilot tested and refined prior to final administration. The questionnaire was administered through interviewer-led and self-administered formats. Descriptive statistics were used to summarize levels of awareness and attitudes toward climate change, while chi-square tests assessed associations between awareness, attitudes, socioeconomic and demographic variables, and media exposure.

Results: The study revealed that although 99.1% of participants had heard of climate change, only 18.2% demonstrated an extensive or profound understanding, based on self-rated levels of awareness or knowledge. A substantial majority (85.2%) acknowledged climate change as a serious issue, and 71.3% recognized its association with increased mosquito-borne disease risk. However, 70.4% had never received educational materials or attended programmes on mosquito-borne diseases. Chi-square analysis demonstrated statistically significant associations between climate change awareness and education level, income, and media exposure, indicating that participants with higher education, higher income, and media access exhibited greater awareness and more positive attitudes toward climate change and its health impacts.

Conclusion: Although general awareness of climate change was high, in-depth understanding remained limited. Socio-economic factors and media access significantly influenced awareness and attitudes. Targeted, culturally appropriate public health education interventions, such as the proposed Climate Resilience on the Move (CROM) programme, are needed to improve knowledge, promote adaptive behaviours, and strengthen climate resilience in coastal communities in Guyana.

P-65

Parental perception of climate change in a well-child clinic in Guyana

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Objective: Climate change poses a growing risk to child health, particularly in climate-vulnerable developing countries. . Parents play a central role in health decision-making, yet little is known about their perceptions of climate change or their expectations of paediatric healthcare providers. This study aimed to assess parental awareness of climate change, in a well-child clinic setting in Guyana.

Methods: A cross-sectional survey was conducted among parents attending a routine paediatric clinic, over a four-week period. The questionnaire was developed, piloted and administered to participants to assess awareness of climate change, perceived current and future impacts on family health, beliefs regarding causation and agency, and specific health effects related to climate change. Participants were also asked about their interest in receiving climate health information from the healthcare provider. Convenience sampling was utilised. Descriptive analysis was conducted with categorical variables summarised as frequencies and percentages.

Results: A total of 160 parents participated, representing diverse educational background and urban-rural residence. Awareness of climate was nearly universal (97.5%) and most respondents considered it important and a major public health crisis (71%). Two-thirds (66%) reported that climate change was already affecting their families, with over 80% anticipating future impacts. Strong associations were identified between climate change and respiratory illness (79%), heat-related illness (85%), vector-borne illness (66%), and water-borne illness (54%), with many respondents reporting recent lived experiences. Fewer participants recognised links to chronic non-communicable diseases (43%). Nearly all respondents (97%) expressed interest in learning more about climate change, and all believed that healthcare workers should provide information on climate-related health effects.

Conclusion: Parents demonstrate high awareness of climate change, strong concern for its health impacts, and clear support for climate-health counselling by paediatricians. The well child clinic represents an important and acceptable setting for integrating climate health education into routine paediatric care.

P-66

Impact of adverse childhood experiences (ACEs) on adult physical health: A literature review

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Objective: To investigate the relationship between adverse childhood experiences and adult physical health and well-being. It explored the biological pathways utilized by adverse experiences to cause health pathology in adulthood.

Methods: The narrative review was conducted using PubMed, ScienceDirect and PsycINFO as databases. Medical Subject Headings (MeSH) and keywords included adverse childhood experiences, chronic disease, non-communicable disease, and stress physiology. A total of 14 articles were used, published between 2000 and 2024.

Results: The effects of adverse childhood experiences on adult physical health are associated with metabolic disorder, cardiovascular disease, and chronic pain. The mechanism dysregulates the body through the HPA pathway, which in turn affects cortisol levels, eventually impairing immune function. There have also been studies showing the connections between elevated inflammatory markers, and epigenetic modifications. Chronic diseases were found to be more pronounced in communities of lower socioeconomic status. Supportive relationships, community engagement, and coping skills were found to be protective factors.

Conclusion: Adverse childhood experiences result in physiological dysfunction, which leads to disease. They have proven themselves to be an ongoing global challenge. ACEs will continue to burden our society and contribute to extensive comorbidity in adulthood unless appropriate public health measures are adopted to neutralize their effect.

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The sociodemographic and health characteristics of elderly people referred to public long-term health care facilities in Barbados

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Objective: Describe and explore sociodemographic and health characteristics of referrals to public long-term health care facilities in Barbados.

Methods: The study was a descriptive cross-sectional survey, where a questionnaire was administered to all referrals to public long term health care facilities between March 1st, 2023, and February 29th, 2024. Inclusion criteria, were patients aged 65 years and older and exclusion criteria were patients referred younger than 65 years old. Available referral letters and social work files were used to gather data about participants who were unable to be interviewed. Data

was categorized, and analyzed with cross tabulations using Pearson chi square and Fisher's exact tests in IBM SPSS.

Results: Of the 219 eligible referrals, 39 were confirmed deceased, 92 were of unknown status/uncontactable and 84 completed in person interviews. The population was 47.9% males and 52.1% females who were predominantly Black (Afro-Caribbean) in ethnicity. The most prevalent non-communicable diseases were hypertension (45.2%) and diabetes (24.7%). The vast majority, 88.1%, had dementia and were totally dependent on others for all instrumental activities of daily living as well as some basic activities of daily living. Men were more likely ($p < 0.05$) to have stroke (20% vs 8.8%) and incontinence (23.8% vs 13.2%) and be independent with eating (41.9% vs. 19.3%), mobility (27.6% vs. 15.8%), and hygiene (23.8% vs. 10.5%). Children were the main primary caregivers, and most persons were referred due to increased care needs as well as reported care-giver burden.

Conclusion: In keeping with the strongest global predictors for institutionalization, cognitive impairment and functional dependence were the predominant associations in this study. This study highlighted many areas that need urgent attention such as the need for the development of a national dementia plan and bolstering public health efforts to achieve active aging as well as equipping the public to care for their elderly members.

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Case studies on prevention of mother-to-child transmission (PMTCT) of HIV in remote Guyanese communities: a close look at missed opportunities, social inequities, and clinical gaps in maternal HIV care

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Objective: The study aims to explore the circumstances leading to mother-to-child transmission (PMTCT) of HIV through real-life case studies between 2021 and 2024 and to identify opportunities for strengthening service delivery and continuity of care in remote regions.

Methods: We conducted a retrospective case series review of 12 maternal-infant pairs from remote regions, including 1, 2, 7, 8, and 9, using national surveillance data from the Ministry of Health. Variables included ART uptake, antenatal enrollment, delivery outcomes, infant HIV status, follow-up adherence, and social determinants of health. Descriptive and thematic analyses were applied to highlight missed opportunities along the PMTCT cascade.

Results: Of the 12 cases reviewed, 83.3% of infants were diagnosed HIV-positive. Only 25% of mothers initiated ART during pregnancy, with no confirmed cases of viral suppression at delivery. Infant prophylaxis at birth was

administered in just 41.7%, and only 75% were initiated on ART postnatally. Confirmatory DBS testing was completed in 83.3%, but immunization and follow-up documentation were inconsistently recorded. Contributing barriers included low ANC enrollment (≤ 20 weeks in 41.7% of cases), maternal non-adherence (58.3%), absence of household HIV testing (83.3%), and sociocultural challenges such as stigma, migration, and language barriers.

Conclusion: The real-life cases provided critical challenges in PMTCT implementation in low-resource settings. Gaps in partner testing, referral coordination, and postnatal care continuity contribute to preventable HIV transmission. Community-based outreach, telemedicine expansion, and stronger linkages between tertiary and regional facilities are essential to breaking the transmission chain and supporting long-term viral suppression.

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Perceptions of HIV, pre-exposure prophylaxis (PrEP), and youth-friendly prevention services among undergraduate students in health-related programmes in Guyana

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Objective: To assess HIV and PrEP knowledge, perceived HIV risk, anticipated stigma, and preferences for youth-friendly HIV prevention and PrEP service delivery models among undergraduate university students enrolled in health-related programmes in Guyana.

Methods: A cross-sectional quantitative survey was conducted among 180 undergraduate health students at the University of Guyana using an anonymous self-administered questionnaire. Data were collected via paper or tablet-based forms during scheduled classes to maximize response rates. Analysis included descriptive statistics and bivariate tests (chi-square and t-tests) to examine associations between knowledge, stigma, and willingness to use or recommend PrEP, disaggregated by gender and year of study.

Results: General HIV knowledge was high, but gaps remained regarding modern prevention principles (U=U) and PrEP indications. Awareness of PrEP was moderate, with anticipated stigma specifically concerns regarding being judged as “promiscuous” identified as a key barrier. Students preferred on-campus clinics (40.0%) and telehealth/pharmacy pick-up (22.2%) over conventional public clinics (12.2%). While 53.3% were willing to use PrEP personally, 70.0% expressed willingness to recommend it to future patients. Willingness was significantly higher among those with greater knowledge and lower anticipated stigma.

Conclusion: Future health-programme clinicians in Guyana hold uneven HIV/PrEP knowledge and meaningful levels of anticipated stigma. Students showed clear preferences for

more accessible, youth-friendly service models, highlighting a need for targeted curriculum strengthening and service innovations.

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Two decades plus delivering private HIV care and treatment in a predominantly public sector developing country setting: The Guyana experience

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Objective: To determine survivability of patients who received anti-retroviral therapies, viral suppression rates in patients treated with ART, and side effects among ARV-treated patients.

Methods: Demographic, drug treatment, treatment response and viral monitoring data were extracted from patients' charts of a private clinic and entered into an excel data extraction tool. Descriptive and inferential data analysis were conducted using SPSS version 25. The Chi-square test was used to determine association between categorical variables. Statistical significance was set at $p < 0.05$, with 95% confidence interval.

Results: A total of 101 patients, 57 (56.4%) females, 44 (43.6%) males), mean age 46.8 and standard deviation (SD) 13.367 years (mean age 47.09 years in males, 46.09 in females), were seen during a 23-year period. Majority (79.2%) were Afro-Guyanese. 34 (33.6%) were alive, 12 (10.5%) were dead, 23 (20.2%) were lost to follow up and 32 (31.7%) were either transferred or had migrated. Of the 34 living patients, all of whom were using dolutegravir, 33 (97.05%) were virally suppressed. Overall, 11 (10.9%) experienced side effects, (5/44 [11.4%] had lipodystrophy while on fixed-dose combination Lamivudine+Stavudine+Nevirapine and 3/44 [6.8%] developed a generalized skin rash). While on fixed-dose Tenofovir+Emtricitabine+Nevirapine, 3/35 (8.6%) developed renal impairment with decreasing eGFR. Overall, more females than males survived longer on treatment (55 vs 43), $p = 0.058$ (not significant). Mean length of survival after ARV treatment for the 34 living patients was 122.05 months (min 13, max 279.8). Of the 34 living patients, statistically significant more females than males (18 vs 15) survived longer on treatment, $p = 0.044$.

Conclusion: Longstanding private HIV care is effective in predominantly public health care settings (in Guyana), with substantial lengths of survival and excellent rates of viral suppression, especially when using dolutegravir-based regimens. Living patients achieved the UNAIDS 95/95/95 target.

P-71

From knowledge to practice: public understanding of dengue fever in a dengue - endemic country

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Objective: To assess the knowledge, attitudes, and preventive practices related to dengue fever among the public in Trinidad and Tobago, and to examine how socio-demographic factors influence these domains.

Research Question

What is the level of knowledge, attitudes, and preventive practices regarding dengue fever among the public in Trinidad and Tobago, and how do these relate to socio-demographic characteristics?

Hypothesis

Higher levels of knowledge and positive attitudes towards dengue fever are associated with improved preventive practices.

Methods: A cross-sectional study was conducted among 424 adults (>18 years) in Trinidad and Tobago using convenience sampling across multiple communities. The sample size was determined using Cochran's formula (initial $n=385$) with a 10% adjustment for non-response, yielding a final sample of 424. Data were collected using a structured interviewer-administered questionnaire assessing socio-demographics and knowledge, attitudes, and preventive practices (KAP) related to dengue fever. Descriptive and inferential analyses (t-tests, ANOVA, and Pearson's correlation) were used to examine demographic differences and associations. Ethical approval and informed consent were obtained.

Results: A total of 424 participants were included. Overall knowledge of dengue fever was moderate (mean score 9.97 ± 2.96 , max = 13). Knowledge scores differed significantly by education, employment status, and income (all $p<0.001$). Attitudes towards dengue prevention were generally positive (mean score 3.59 ± 0.60), with differences observed by income level ($p=0.02$). Preventive practices were inconsistent despite adequate knowledge and positive attitudes (mean score 3.81 ± 1.96 , max = 6), with males demonstrating higher practice scores than females ($p=0.04$). Small but statistically significant positive correlations were observed between knowledge and attitudes ($r = 0.18$), knowledge and practices ($r = 0.34$), and attitudes and practices ($r = 0.33$) (all $p<0.001$).

Conclusion: In Trinidad and Tobago, public knowledge of dengue is moderate and attitudes are positive, yet preventive practices remain inconsistent. The modest association between knowledge and behaviour highlights a persistent knowledge-practice gap. Behaviour-focused, community-

level interventions beyond information dissemination are essential to improve sustained dengue prevention in dengue-endemic settings.

P-72

First report of *Mansonia indubitans* in Guyana

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Objective: To present the first published record of *Mansonia indubitans* in Guyana and its public health implications.

Methods: Adult mosquito specimens were collected using an aspirator from the village of Arakaka in Region One in May 2025 during routine mosquito surveillance. Specimens were pinned, photographed and morphologically identified using an AmScope Dissecting Circuit 144-LED Zoom Stereo Microscope with digital camera and taxonomic keys.

Results: This is the first report of *Mansonia indubitans* in Guyana. Both samples were captured in Region One, Barima Waini. One specimen was collected at the Arakaka Primary School on May 28th 2025 and the other on May 29th 2025 at the Police Outpost. This species complements the other three *Mansonia* identified in Guyana; *Mansonia humeralis*, *Mansonia pseudotitillans* and *Mansonia titillans*. Specimens were morphologically distinguished from other *Mansonia* based on the length of the maxillary palpus and the absence of spiniform setae on the apex of abdominal tergites VII and VIII.

Conclusion: The detection of *Mansonia indubitans* in Guyana fills a critical knowledge gap regarding its distribution across South America and carries important public health implications. As a potential vector of arboviruses such as Mayaro, chikungunya, Zika, and Venezuelan Equine Encephalitis, its presence adds to the existing risk landscape in a country already experiencing dengue outbreaks. Additionally, given Guyana's ongoing efforts toward the elimination of lymphatic filariasis as a public health problem, the identification of a species associated with filarial transmission elsewhere is particularly significant. This finding contributes valuable data for triangulation within national surveillance systems and highlights the need to expand entomological monitoring to include *Mansonia* species. Mapping its distribution will support more targeted, evidence-based vector control interventions and strengthen Guyana's preparedness and progress toward vector-borne disease control and elimination goals.

P-73

Innovations in arboviral diagnostics: implementation and impact of multiplex panel testing in Guyana, South America

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Objective: To evaluate the diagnostic performance and early public health impact of the multiplex arboviral panel testing for dengue, chikungunya, Zika, yellow fever, oropouche, and mayaro viruses within Guyana's national surveillance system.

Methods: A retrospective descriptive study analyzed secondary laboratory and surveillance data from arboviral samples collected between June 2024 and September 2025 through the National Public Health Reference Laboratory and the Vector Control Services. A total of 7,458 samples from ten administrative regions were included into the study. Diagnostic yield, geographic distribution, demographic variation and co-infection patterns were assessed using descriptive analysis frequencies and percentages.

Results: A total of n=7,458 febrile illness samples were tested using the multiplex arboviral panel. The overall diagnostic yield showed dengue positivity 17.3% (n=1,289). Oropouche virus was detected in n=4 (0.1%) cases, no zika nor chikungunya infections were identified, and one yellow fever case was confirmed. No co-infections were detected. Dengue geographic distribution was seen mostly in regions 2, 4, 5, 6, and 10 while oropouche was observed solely in region 5 and yellow fever in region 7.

Conclusion: The multiplex arboviral panel testing improved diagnostic yield and surveillance sensitivity in Guyana by enabling detection of multiple arboviruses using a single patient sample such as dengue, Oropouche and yellow fever noted in this study, thereby enhancing efficiency and aiding targeted public health action. While undiagnosed febrile illnesses must continue to be assessed alongside other key differentials like malaria and leptospirosis, these findings support early evidence for sustained integration of multiplex testing into national arboviral surveillance. Additionally, they highlight the potential value of panel expansion to include other circulating arboviruses in South America to further strengthen febrile illness diagnosis in Guyana.

P-74

HPV awareness in allied health professionals: evaluating the level of understanding and knowledge in Guyana

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Objective: This study evaluated knowledge, perceptions, and advocacy capacity regarding Human Papillomavirus (HPV) among medical technologists, medical technicians, opticians, occupational therapists, medical imaging technicians, physical therapists, x-ray technicians, psychologists, radiographers, environmental health officers, and dietitians in Guyana.

Research question: What is the level of HPV knowledge and advocacy readiness, and which factors influence their ability to promote HPV prevention?

Hypothesis: Gaps in knowledge and advocacy are shaped not only by informational deficits but also by cognitive, social, cultural, and systemic factors.

Methods: A cross-sectional study was conducted between April and May 2025 using stratified, convenience, and snowball sampling across clinical and community settings. Data were collected via a structured self-administered questionnaire adapted from validated HPV knowledge tools assessing demographics, transmission, health consequences, prevention, and patient education practices. Analysis used SPSS with descriptive and inferential statistics. Participation was voluntary, anonymous, and ethically approved.

Results: A total of 349 professionals participated, most female (87%), with a mean experience of 3.4 years (SD ±2.1). Overall, HPV knowledge was moderate (mean 58.6%, SD ±14.3). Professional role was not associated with self-rated knowledge (χ^2 , p=0.95), while experience showed a weak negative correlation (r = -0.25, 95% CI -0.34 to -0.15). Sexual transmission was identified by 44%, and 56% recognized additional routes. Most knew HPV affects both sexes (92%) and that vaccination is effective (89.4% but only 30.4% identified the correct vaccination age. Although 78% frequently encountered individuals were unaware of HPV, only 33% provided education consistently. Confidence was moderate (2.1 ±0.6). Reported barriers included limited time, resources, and cultural stigma.

Conclusion: These professionals demonstrated moderate HPV knowledge and limited advocacy readiness. Targeted, role-inclusive training is needed to improve knowledge, confidence, and HPV prevention promotion.

P-75

First report of *Aedes albopictus* in Guyana

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Objective: To report the occurrence of *Aedes albopictus* in Guyana and its public health implication

Methods: While conducting routine entomological surveillance at the homes of residents in Regions Seven and Nine in June 2025, immature mosquito specimens were collected from natural and artificial water holding containers using a dipper and pipettes. Five homes were inspected in the communities of Kamarang (Region Seven), St. Ignatius and Culvert City in (Region Nine), and four homes in Waramadong (Region Seven) and Lethem (Region Nine). Samples collected were stored in vials and transported back to the medical entomology laboratory, where they were reared to adults, pinned and identified morphologically using taxonomic keys.

Results: Sampling roadside puddles and artificial containers such as drums, buckets, tires, cover tops, food boxes and a discarded washing machine resulted in the collection of 175 larval samples. For the first time, we report the presence of the highly invasive *Ae. albopictus* mosquito in Guyana. Twenty three specimens were collected from Kamarang, 76 from Waramadong, 36 from culvert city, 33 from St. Ignatius and 7 from Central Lethem. This species represented 55% of the total samples collected which included *Aedes aegypti*, *Aedes fluviatilis*, *Psorophora cingulata* and *Culex coronator*.

Conclusion: This report confirms the introduction and likely establishment of *Aedes albopictus* in Guyana expanding its known distribution in South America. The species is a highly adaptable and invasive mosquito and a competent vector for several arboviruses of public health importance, including dengue, chikungunya, and Zika. Its coexistence with *Aedes aegypti* raises concern for enhanced transmission potential. The detection of *Ae. albopictus* in domestic and peri-domestic environments underscores the need to integrate this species into national surveillance and vector control strategies. Future studies will document the spread of *Ae. albopictus* in Guyana and investigate its role in arboviral transmission in the country.

P-76

Social drivers of health and their impact on work and income of adults in Antigua and Barbuda during COVID-19

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Objective: To assess the social drivers of health and examine their impact on work and income among adults in Antigua and Barbuda during the COVID-19 pandemic.

Methods: We conducted a secondary data analysis of the Rapid Mobile Phone Survey (RaMPS) data collected between September and November 2021 to assess the economic impact of the COVID-19 pandemic. The cross-sectional survey targeted adults with mobile phone access and used computer-assisted telephone interviewing (CATI) as a low-cost, socially distanced method. Using random-digit dialing stratified by mobile network operator, 2,001 interviews were completed. The 15-minute, 36-question survey examined demographics, education and marital status, COVID-19 behaviors, risk communication, and access to services. This analysis examined the socioeconomic impacts of the COVID-19 pandemic rather than the COVID-19 disease, correlating pandemic-related job and income changes with social and demographic characteristics. Data were analyzed using chi-square tests and regression analysis in SPSS version 28.

Results: Regression analyses illustrated that participants aged 18 years to 29 years had significantly increased odds of experiencing permanent job loss vs no job impact when compared to participants who were 45 years and older (Odds Ratio [OR]: 1.860; Confidence Interval [CI]: 1.289–2.684). Additionally, completing a university degree significantly reduced the odds of experiencing permanent job loss vs no job impact when compared to participants who completed a technical certificate (OR: 0.550; CI: 0.344–0.879). Men experienced significantly increased odds of impact due to the COVID-19 pandemic, compared to women, either increasing the odds of increased or reduced income, compared to no impact on income.

Conclusion: The COVID-19 pandemic significantly negatively impacted the job security and earning potential of adults in Antigua and Barbuda.

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First antimicrobial susceptibility profiling of *Burkholderia pseudomallei* clinical isolates in the Caribbean: public health significance and regional context

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Objective: To characterize *Burkholderia pseudomallei* isolates referred to the CMML between November 2024 and November 2025 by assessing their epidemiologic context, laboratory identification, and antimicrobial susceptibility profiles, to better understand local patterns of melioidosis and inform clinical management in the Caribbean region.

Methods: This study reports the first antimicrobial susceptibility profiling of *B. pseudomallei* isolates in the Caribbean using CLSI M45 standards, integrating MALDI-TOF and Vitek systems for rapid identification. Four clinical isolates from hospitalized patients in Tobago (November 2024–November 2025) were characterized for epidemiologic context and antimicrobial susceptibility. MICs were determined for amoxicillin-clavulanate, ceftazidime, imipenem, tetracycline, and trimethoprim-sulfamethoxazole.

Results: All isolates were fully susceptible to tested agents, with notably low MICs for imipenem and co-trimoxazole. Although *B. pseudomallei* is uncommon in the Americas, its detection in four hospitalized cases in Tobago within one year elevates this issue to a matter of public health significance for the country and region, given its potential impact on human health.

Conclusion: In this context, four confirmed cases can reasonably be considered an epidemic of notable importance. Findings underscore the need for strengthened diagnostic capacity, clinician awareness, and integrated One Health and AMR surveillance strategies to mitigate melioidosis risk in the region. Continued regional surveillance, diagnostic strengthening, and clinical awareness are essential to improve detection and management of melioidosis and to better understand its epidemiology in the Caribbean.

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Unmasking the pathogen: a characterization of *Candida* and other clinically relevant yeast in Barbados

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Objective: The treatment of *Candida* is limited and species specific, as some strains are intrinsically resistance (IR) to antifungals. Moreover, due to IR or the ease at which resistance may be acquired during therapy, species identification is paramount for providing an empiric guide for patient management. This study sought to determine the distribution of *Candida* and other yeast species present in the Barbadian population.

Methods: A cross-sectional study was conducted on 845 yeast isolates collected from all sample types among patients who tested positive for *Candida* species. Three hundred and forty-three from public health centers between January 2023 and February 2025. In addition, were 502 isolates from private health clinics, between February 2024 to February 2025. Isolates were sub-cultured onto SDA CHROMagar™ *Candida* (CAC) for purification. A single phenotypically distinct colony was analyzed using the MALDI-TOF MS (BioMerieux™) proteomic technique in accordance with Clinical Laboratory Standards Institute Guidelines (CLSI M58).

Results: Of the 845 isolates the following species were identified: *Candida albicans* 71% (n=601); *Nakaseomyces glabratus* (*C. glabrata*) 9.5% (n=80); *Candida tropicalis* 8% (n=66); *Candida parapsilosis* 6.7% (n=57); *Candida orthopsilosis* 1.5% (n=13); *Pichia kudriavzevii* (*C. krusei*) 0.6% (n=5); *Clavispora lusitaniae* (*Candida lusitaniae*), *Meyerozyma guilliermondii* (*C. guilliermondii*), and *Nakaseomyces nivariensis* (*C. nivariensis*), each 0.5% (n=4); *Candida dubliniensis*, *Candida metapsilosis*, and *Candidozyma duobushaemulii* (*Candida duobushaemulosis*) each 0.2% (n=2); *Diutina rugosa* (*C. rugosa*), *Kazachstania slooffiae* (*C. slooffiae*), *Meyerozyma caribbica* (*C. fermentati*), and *Saccharomyces cerevisiae* each 0.1% (n=1).

Conclusion: We agree that yeast species vary according to geographic regions. Since antifungal therapy was species specific, early identification of yeast play a crucial role in guiding treatment decisions.



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