Oral Abstracts

O-1
Mpox in Trinidad: Clinical features of the first two cases

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Objective: Mpox (monkeypox) is an orthopoxvirus and the first human case was diagnosed in 1970 in a 9-month-old boy from the Democratic Republic of the Congo. The 2022–23 outbreak has spread to multiple countries outside of Africa and Trinidad & Tobago (T&T) had recorded four cases of Mpox up to July 2023. This is a description of the clinical manifestations of the first two cases.

Method: A chart review of the first two cases of Mpox in T&T was conducted to illustrate the clinical features, diagnosis and subsequent management.

Results: The first case was a 53-year-old, HIV negative male, who presented with a single genital lesion followed three days later by headache, fatigue, malaise and chills (which lasted two days and resolved) and painful right inguinal lymphadenopathy. The second case was a 26-year-old, HIV negative male who developed fever and body pains for two days which resolved followed by skin lesions in the perianal area, penis, fingers and trunk, inguinal and axillary lymphadenopathy. Both patients were confirmed positive for Mpox by polymerase chain reaction (PCR) and were placed in isolation for 21 days. Contact tracing was conducted by the Ministry of Health.

Conclusion: Intervention measures including the training of health care workers in the diagnosis and management of Mpox and the implementation of public health measures to manage the spread of Mpox in T&T are essential.

O-2
Patient-reported outcome measures, one-year after COVID-19: A Cohort Study in South Trinidad, 2020–2021

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Objective: To describe the patient-reported long-term health effects one-year post-acute COVID-19 infection, and predictors, according to illness severity.

Methods: In this retrospective cohort study, a sample of 324 participants, ≥ 18 years, who were symptomatic with laboratory-confirmed COVID-19 infection between March 2020 and May 2021 was followed for 12 months to determine persistent symptoms. Multivariate adjusted linear and logistic regression models were used to examine associations between disease severity and long-term health consequences.

Results: Eligible participants (324/431) were enrolled. The median (Inter-Quartile Range) age was 41.0 (34-52) years, with 51.2% men and 33.0% with co-morbidities. One year after diagnosis, 60% reported ≥1 persistent symptom: dyspnoea (52.2%), fatigue (42.6%), muscle weakness (31.5%); Patient Health Questionnaire-4 (PHQ-4): anxiety/depression (13.6%). Participants with moderate/severe illness had a significantly increased risk of developing fatigue or muscle weakness (p=0.043); anxiety/depression (p<0.001); breathlessness (p<0.001) and reduced health-related quality of life (HRQoL) (p<0.001). When adjusted for age, gender and co-morbidities, the risk of developing fatigue or muscle weakness, anxiety/depression, and breathlessness was no longer statistically significant. Overall, the mean (SD) health index value score was 0.93 (0.13), comparable to the national norms of 0.95. For those with moderate/severe illness, the mean (SD), 0.89 (0.16), was significantly lower compared to mild illness (p<0.001).

Conclusions: One-year post-acute COVID-19 infection, a significant proportion of survivors had persistent symptoms. The health index value for those with moderate/severe illness was below the population norms. Interventions should be prioritized for their long-term recovery.

O-3
Complementary and alternative medicine views and practices for the treatment of COVID-19. A Cross-Sectional analysis in Eastern Trinidad

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Objective: To assess the attitudes and practices of patients on the use of Complementary and Alternative Medicine (CAM) in the treatment of COVID-19.

Methods: A cross-sectional study was designed, and an interviewer-administered survey was used to collect data on the use of CAM for the treatment of COVID-19. Using convenience sampling, COVID-19-positive patients who accessed medical care from the primary and tertiary care units of the Eastern Regional Health Authority (ERHA) in 2022 were recruited. Data were collected on demography, comorbidities, and types of CAM used, COVID-19 symptoms and attitude to vaccination. Data analysis was conducted with Microsoft® Excel® version 2108 and SPSS® version 27.

Results: Of the 200 respondents, the majority (86.5%) used CAM and 72.1% were vaccinated against COVID-19. The commonly used types of CAM were ginger (66.7%), garlic (45%) and plants (52.9%) such as moringa, neem and fever grass. Less commonly, they used herbs including cloves and cinnamon and aromatherapy steams involving a variety of oils such as peppermint, eucalyptus or shilling. More than half of the participants believed that CAM helped to prevent/manage their COVID-19 symptoms (56.9%), that CAM helped to shorten the duration of their viral symptoms (50.8 %) and that CAM aided in boosting their immune systems (67.3 %).

Conclusion: The majority of respondents trusted the use of CAM as a form of treatment for symptoms of COVID-19 illness. Further investigations into the efficacy of CAM and the associated risks and outcomes are required.

O-4
Pythiosis: An emerging disease of dogs in Trinidad and Tobago

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Objective: To characterize an emerging outbreak of gastrointestinal and cutaneous disease in young dogs in Trinidad and to identify the causative agent as *Pythium insidiosum*.

Methods: Biopsy (endoscopic and sectional) and necropsy samples were submitted for histopathologic examinations. Most of the cases had sufficient tissue to also perform ancillary stains for preliminary confirmation such as periodic acid Schiff (PAS) reaction and Gomori methenamine silver (GMS). Samples were also submitted for confirmation via polymerase chain reaction (PCR).

Results: From late 2019 to present, 14 cases were identified as suspect for *P. insidiosum* infection, and 10 were confirmed positive for this organism using PCR. Cases were evenly split between male (seven) and female (seven) dogs. The most common breed identified was the Husky, followed by Pitbulls and mixed breed dogs. The ages of the dogs ranged from nine months to five years old. All the cases involved the gastrointestinal tract except for one which presented only with cutaneous lesions. No case had both cutaneous and gastrointestinal manifestations.

Conclusion: These cases highlight the presence of a previously unrecognized and unreported disease in Trinidad and Tobago, and thus the importance for clinicians to consider it as a differential diagnosis in dogs (especially young dogs) with chronic, progressive gastrointestinal clinical signs and palpable abdominal masses. Although this disease is not zoonotic, humans can be infected with *P. insidiosum* from a common source. Its presence in dogs indicates a possible source for future human cases.

O-5
Modelling the cost of renal replacement therapy in Trinidad and Tobago

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Objective: To model the cost of three modalities of renal replacement therapy (RRT) in Trinidad & Tobago (T&T): Haemodialysis (HD), Peritoneal dialysis (PD) and transplant (TX) from a public payer's perspective.

Methods: A cross-sectional study was carried out with 530 patients receiving renal replacement therapy in T&T. 350 participants were on HD, 80 received PD and 100 were TX recipients. Data were collected on complications associated with each therapy. Costing models were developed by combining published costs paid by the State for each RRT modality with probability-adjusted expected costs of complications associated with each modality based on the incidence of each complication type. Complications were costed using private sector costs as a proxy.

Results: Among patients on HD, the mean probability-adjusted annualized cost of complications was TT$8 150 (95% CI= $6 418 - 9 880). The state paid $140 400 for HD services per patient so the total cost to the State was $148 550. Catheter-related bloodstream infections carried the greatest burden (Mean 4 309, SD 5 424). Among patients on peritoneal dialysis, the annual dialysis cost was $130 600. The annualized cost of complications was $1 154 (95% C0. $738 - 1 571). Hypervolaemia was its most expensive complication (Mean 613, SD 1 370). TX patients had the high-

est procedure costs but the lowest annualized complication costs (Mean $726, SD 1 541)

Conclusions: This study identified the major complication costs associated with each modality. Initiatives specifically targeting the reduction of catheter-related bloodstream infections and increased access to arteriovenous fistulas can significantly reduce costs among patients on haemodialysis.

O-6
A pilot study to measure patient satisfaction and medical compliance among deaf and hard of hearing patients, utilizing the public healthcare system in Trinidad and Tobago

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Objectives: To examine the level of patient satisfaction and medical compliance among persons of the Deaf and Hard of Hearing (DHH) community while accessing the public healthcare system in Trinidad and Tobago.
Methods: A cross-sectional study design was utilized and 33 adults were recruited using convenience and snowball sampling methods. A self-administered survey was administered both online and in-person to collect the data. Data were analysed using Fishers Exact test and Chi-squared tests to examine associations with the dependent variables i.e., satisfaction and compliance.
Results: The overall rate of satisfaction with the service at the health facilities was 48.5% while compliance with instructions received with medication and aftercare was 51.5%. A quarter (24.2%) of participants indicated they were clear on the instructions, while 54.5% felt that the presence of an interpreter at the dispensary would have improved their compliance. There was an association between the perceived quality of the communication from staff and the overall satisfaction with the service received at the health facility (p=0.002).
Conclusion: The results suggest that there were undesirable levels of satisfaction and compliance among members of the DDH community when utilizing public health facilities and this might be due to the communication barriers they encounter.

O-7
The negative experiences of 'fat' women accessing healthcare in Trinidad and Tobago

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Objective: To explore the experiences of 'fat' women navigating the health system of Trinidad and Tobago.
Methods: Narrative inquiry was utilized to collect primary data in this qualitative study. In-depth interviews were conducted with 11 participants, who self-identified as 'fat' women, and were residing in Trinidad and Tobago. The collected data were analysed using praxeological intersectional analysis, building from individual experiences to wider systems and structures of society.
Results: The main theme emerging from the analysis was that to be 'fat' was to be unhealthy. The findings indicate that women had negative experiences with the public health system of Trinidad and Tobago, due to the presence of stereotypes and stigma around fatness, among medical practitioners. Participants believed that their fatness superseded any medical interaction or treatment they received in the public health system and assumptions of poor health, poor lifestyle choices, and a lack of personal moral judgement affected their medical interactions.
Conclusions: The study was an exploratory investigation into the experiences of 'fat' women in Trinidad and Tobago. Within the public health system, stereotypes and stigma around fatness affected the type and quality of interactions 'fat' women experienced as patients/clients. There is a need for further interrogation into the healthcare system and how fatness is understood and treated with by both medical practitioners and patients.

O-8
Evaluating the quality of life of renal transplant patients in Trinidad and Tobago using the kidney transplant questionnaire and EuroQol EQ-5D-3L instrument

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Objectives: To evaluate Quality of Life (QoL) of renal transplant recipients in Trinidad and Tobago (T&T) and compare this group with the population norms.
Methods: A cross sectional study of 100 adult renal transplant recipients was conducted. The QoL of patients was compared to the population norms values for T&T. Questionnaires administered included the EuroQol EQ-5D-3L (European Quality of Life–5 Dimensions, 3 Level Version), KTQ-25 (Kidney Transplant Questionnaire) and EQ visual analogue scale (EQ-VAS). Regression analyses were used to examine associations with QoL.
Results: Transplant recipients reported better health than T&T population norms on all EQ-5D-3L measures. Over 90% of transplant recipients reported the highest two levels for 19 of the KTQ-25 items. The only KTQ-25 item receiving low scores was KTQ21: "feeling protec-

tive of your transplant" where 75% reported the two lowest scores. Regression models were used to examine associations between KTQ21 scores and EQ-5D-3L index values as well as EQ-VAS scores. Neither model was significant. Most (96%) of the respondents who selected the lowest two KTQ21 scores reported level 1 (no problems) on the EQ-5D-3L anxiety/depression dimension. An ordered logit model of KTQ21 on the EQ-5D-3L anxiety/depression dimension produced a non-significant odds-ratio (p=0.85).

Conclusion: Transplant recipients reported extremely high levels of health on EQ-5D-3L and KTQ-25. Our analysis shows that feeling of protectiveness towards the transplant was not associated with any decrement in overall health as demonstrated in the EQ-5D-3L Index and EQ-VAS regression results, and it was not associated with anxiety or depression as demonstrated by the ordered logit model.

O-9
Molecular diagnosis of Huntington's Disease in Trinidadian families via Triplet Repeat Primed PCR and Fragment Analysis

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Objective: To test for known Huntington's 'disease-causing' genetic mutations in multigenerational families presenting with Huntington's Disease-like clinical symptoms in public hospitals in Trinidad.

Methods: A total of 32 participants comprising four families were recruited at Sangre Grande Hospital and a University of the West Indies HD Symposium in 2020. Once consented, each participant (and guardian, as appropriate) was screened to identify clinically symptomatic or asymptomatic persons, a pedigree of each family was constructed, and blood and/or saliva samples were collected. Genomic DNA isolations were obtained using standard molecular biology techniques. Triplet Repeat Primed polymerase chain reaction (PCR) was performed using a fluorescently-labelled chimeric primer pair to target the Huntingtin (*HTT*) gene at the `CAG` triplet repeated expansion site. This was followed by fragment analysis on an ABI PRISM® 3100 Genetic Analyzer. Data were analysed using the GeneMapper software to determine the exact number of `CAG` repeats carried on each *HTT* allele by each individual.

Results: Thirteen participants carried a normal number of `CAG` repeats (≤35), all of whom were clinically asymptomatic. Nineteen participants carried an expanded number of `CAG` repeats indicative of HD. These included all 15 clinically symptomatic participants and four clinically asymptomatic participants between the ages of 10-17 years.

Only one of these four, (16 years old) had begun showing early clinical symptoms of the disease at the time of data collection.

Conclusions: Accurate diagnosis of HD relies on both clinical and molecular testing. Our genetic findings confirm HD in these families and are concordant with the clinical presentation of symptoms.

O-10
Viral metagenomics using the SMART-9N approach to screen for viruses in animal and human tissues

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Objective: Ribonucleic acid (RNA) viruses cause many diseases and have been behind several contemporary epidemics. Although traditional polymerase chain reaction (PCR) remains a stalwart for diagnostics and research, modern metagenomic technologies provide an opportunity to describe the full breadth of viral communities and aid the development of treatments and vaccines against emerging infections. We applied a nanopore metagenomic sequencing approach to examine viromes of apparently healthy and symptomatic individuals.

Methods: The Switching Mechanism at the 5′ end of RNA Template (SMART-9N) viral metagenomic approach was used to screen samples collected from 22 volunteers with suspected arboviral infections during the Chikungunya virus (CHIKV) and Zika virus (ZIKV) epidemics, 16 rabies seropositive bats, 20 severe acute respiratory syndrome coronavirus 2 (SARSCoV2) reverse transcription polymerase chain reaction (RT-PCR) negative patients with respiratory symptoms, and one dead howler monkey.

Results: Reads generated included CHIKV from four human serum samples (5 100–445 869 reads), rabies virus (RABV) in two *Artibeus jamaicensis* bats, and Pegivirus I (457 reads) in one *Carollia perspiculata* bat. Notably, three out of four of the suspected arboviral infections and all bat samples were CHIKV and RABV negative respectively by RT-PCR. Viral reads from the SARS-CoV-2 RT-PCR negative cohort suggested the presence of rhinovirus, parainfluenza, and SARS-CoV-2. There was no evidence of viral infection as a potential cause of death in the howler monkey,

consistent with pathology suggestive of death from insect anaphylaxis.

Conclusions: Results from the arboviral cohort suggest higher sensitivity of SMART-9N over RT-PCR. Besides improving diagnostic efforts, metagenomics can aid in viral discovery (only two Pegivirus I genomes have been published from the Americas) and surveillance efforts (*e.g.*, our detection of other respiratory viruses that co-circulated during the COVID pandemic).

O-11

Evidence to support *CYP2C19* genotype-guided anti-platelet therapy for cardiovascular disease patients in Trinidad

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Objective: To investigate whether the association between *CYP2C19*2* and *CYP2C19*3* allelic variants and clopidogrel resistance holds, and calculate the frequencies of these in the Trinidadian cardiovascular disease population to determine whether *CYP2C19* genotype-guided antiplatelet therapy is appropriate.
Methods: Demographic data, clinical data, and a saliva sample were collected after informed consent from 22 cardiovascular disease (CVD) patients on dual anti-platelet therapy whose biochemical resistance to clopidogrel had been previously determined, and a further 162 patients from the Cardiac Catheterization Laboratory at the Eric Williams Medical Sciences Complex. A polymerase chain reaction (PCR) and restriction enzyme digestion procedure were used to genotype each patient for the *CYP2C19*2* and *CYP2C19*3* allelic variants. Genotype was compared to known clopidogrel resistance in the 22 patients, and to disease status and clopidogrel usage in the larger cohort.
Results: *CYP2C19*2* genotype was concordant with clopidogrel resistance. *CYP2C19*2* was detected in 61.1% (99/162) of patients and *CYP2C19*3* was undetected. Clopidogrel was the most prescribed antiplatelet therapy (42%). Half (52.5%) of CVD patients (n=63/120) were prescribed clopidogrel. Of these, 63.5% (40/63) carried the *CYP2C19*2* allele; 10 homozygous and 30 heterozygous.
Conclusion: A large proportion of Trinidadian cardiovascular disease patients who were prescribed clopidogrel carried genetic variants which confer clopidogrel resistance. Our findings support the Clinical Pharmacogenetics Implementation Consortium recommendation that *CYP2C19*2* genotype should guide clopidogrel use for the cardiovascular disease population in Trinidad.

O-12

A retrospective study of the antimicrobial profiles of bacterial isolates recovered from food-producing animals presenting at the Large Animal Hospital, School of Veterinary Medicine, the University of the West Indies

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Objective: Antimicrobial resistance (AMR) is a significant threat to both human and animal health. Unregulated use of antibiotics in livestock production has been identified as one of the potential causes for the emergence and propagation of antimicrobial resistant organisms. The emergence of these drug-resistant strains results in increased mortality due to the reduced efficacy of commonly used antimicrobials. In this retrospective study, the objective was to evaluate the AMR profiles of bacteria isolated from food-producing animals that presented at the Large Animal Hospital at the School of Veterinary Medicine.
Methods: Data were collected by evaluating the microbiology reports from animals attended to at the Large Animal Hospital between January 2019 and May 2023. The clinical and epidemiological data, and culture and sensitivity results from cows, sheep and goats, were tabulated and data analysed using Microsoft Excel.
Results: Overall, 45 samples were analysed, and 11 different bacteria species were recovered. *Staphylococcus spp.* was the most common isolate, being found in 18 samples. Bacterial isolates exhibited the highest resistance against Ampicillin (65.94%). Interestingly, 24/64 bacterial strains were resistant to three or more antimicrobials with one strain of *Streptococcus* being resistant to 13 antimicrobials.
Conclusion: Our findings suggest that food producing animals can be reservoirs of multi-drug resistant bacteria. These bacteria can reduce the efficacy of "first-line" treatment regimes. Greater antibiotic stewardship is required to reduce the propagation of these organisms.

O-13

The epidemiology of untreated psychoses in three Global South settings: Findings from the International Programme of Research on Psychotic Disorders

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Objective: To compare the demographic and clinical characteristics of cases and rates of untreated psychoses (a proxy for incidence) across and within three settings in the Global South.

Methods: The International Programme of Research on Psychotic Disorders (INTREPID) II was a research programme that included incidence, case-control and cohort studies of untreated psychosis in Kancheepuram, India; Ibadan, Nigeria; and northern Trinidad. In each setting, we identified and assessed individuals with untreated psychosis over a two-year period. We used the Schedules for Clinical Assessment in Neuropsychiatry, including the Present State Examination, to measure the presence of untreated psychotic disorders.

Results: We identified 1,038 people with untreated psychotic disorder (Kancheepuram: 268 (57.5% women; median age 42); Ibadan: 196 (47.4% women; median age 34); Trinidad: 574 (40.9% women; median age 30). Kancheepuram had a lower percentage of men, older age of onset, longer duration of psychosis, and a lower percentage of affective psychosis compared to Ibadan and Trinidad. Rates of untreated psychosis per 100 000 person-years were roughly three times higher in Trinidad (59.1; 95%CI:54.2-64.0) compared to Kancheepuram (20.7; 95%CI:18.2-23.2) and Ibadan (14.4; 95%CI:12.3-16.5). Within Trinidad, rates were about two times higher in the African-Trinidadian population (85.4; 95%CI:76.0-94.9) compared to the Indian-Trinidadian pop-ulation (43.9; 95%CI:35.7-52.2) and the Mixed population (50.7; 95%CI:42.0-59.5).

Conclusions: The epidemiological aspects of psychosis presentation differ based on location and may be influenced by geographical, historical, economic, and social circumstances. Understanding psychosis in different settings requires an understanding of these influences.

O-14

Assessing readiness for change among mental health care providers towards the implementation of community-based mental health services in Trinidad and Tobago

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Objective: To examine the psychological and structural dimensions of mental health care providers' (MHPs) readiness for change at the individual and organizational levels, towards deinstitutionalization and a shift to community-based mental health services (CBMHS) in Trinidad and Tobago (T&T).

Methods: An online survey assessing MHPs' readiness for CBMHS was disseminated. Data captured on the psychological dimension–characteristics of those being asked to change; and structural dimension–circumstances under which the change would occur, were analysed using SPSS v28. Several criteria were assessed within each dimension.

Results: Of the 107 respondents, ~73% were females with >10 years' service. At the individual level, psychological dimension: >75% of the respondents felt the change appropriate; and >55% felt capable of making the change successful, as it will be personally beneficial. However, <55% believed management supported the change. At the individual level, structural dimension: >75% of the respondents were knowledgeable about the underpinning concepts of CBMHS; however, 64% thought CBMHS was already implemented in T&T. Most (>80%) believed they competently delivered the relevant CBMHS skills and had completed relevant training. At the organizational level, psychological dimension: >75% of the respondents felt that staff had a sense of collective responsibility and efficacy. At the organizational level, structural dimension: >70% of respondents felt that the change could improve service delivery, efficiency, and effectiveness. Nonetheless, >70% were uncertain/disagreed that their institutions had the resources to adopt this change.

Conclusion: T&T's Mental Health Policy pinpoints the decentralisation of services as key to the removal of stigma and the provision of care within communities. While certain factors of 'readiness for change' seemed adequate/encour-

aging, more should be done at the individual and organizational levels to expedite implementation, including the identification of barriers and counterstrategies.

O–15
The Economic burden of dementia on the household in Trinidad and Tobago

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Objective: This study presents an estimate of the economic cost of dementia in 2022 for households with an elderly person with dementia in Trinidad and Tobago.
Methods: The analysis utilized the estimate of the elderly population 70 years and over with dementia derived from a 2013/2014 nationally representative cross-sectional survey, and household cost data adjusted for inflation. Unit cost estimates for the household were calculated for inpatient, outpatient, medication, other purchases and paid caregiving services. Predictive mean matching, which combines standard linear regression and the nearest-neighbor imputation approaches, was used to address missing data for direct and indirect cost items.
Results: The estimated annual economic cost of dementia per household with an elderly person with dementia in 2022 was approximately US$11 389; equivalent to US$949 per month. The major cost driver for the household was paid caregiving services, which accounted for 59% (US$6 738) of the total annual economic cost to the household. The national annual estimate of the economic cost of dementia for these households was US$215 million.
Conclusion: The economic impact of dementia on households whose sole source of income is the old age government grant (US$515) is likely to be severe as the monthly estimated cost of dementia to the household per person with dementia exceeds the grant by 84%. Additionally, the upper bound for paid caregiving services represents roughly 70% of the monthly estimated cost of dementia to these households. The State could consider providing caregiving support where the cost of paid caregiving is significant, relative to household income.

O-16
Cannabis use and psychotic disorders in Trinidad, India and Nigeria: Findings from the International Programme of Research on Psychotic Disorders (INTREPID) II

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Objective: This study aims to examine cannabis usage patterns and its associations with psychoses in three Global South settings as this association has been primarily observed in the Global North.
Methods: Between May 2018 to September 2020, a case-control study nested within The International Programme of Research on Psychotic Disorders (INTREPID) II was conducted in three different locations: Kancheepuram, India; Ibadan, Nigeria; and northern Trinidad. In each setting, approximately 200 individuals with untreated psychosis were recruited, along with matched controls who did not have a history of psychotic disorder. The controls were individually-matched to the cases based on age group (within a 5-year range), sex, and neighbourhood.
Results: In each setting, cases reported higher levels of lifetime and frequent cannabis use compared to controls. In Trinidad, there was a notable association between cannabis use and an increased likelihood of developing a psychotic disorder. The adjusted odds ratios (OR) for this association

were as follows: for lifetime cannabis use (adj. OR 1.58, 95% CI 0.99-2.53), for frequent cannabis use (adj. OR 1.99, 95% CI 1.10-3.60), for cannabis dependency (measured by a high Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) score) (adj. OR 4.70, 95% CI 1.77-12.47), and for early age of first use (adj. OR 1.83, 95% CI 1.03-3.27). Cannabis use in the other two settings was too infrequent to examine any associations with psychotic disorders.

Conclusions: Consistent with previous studies, we revealed connections between cannabis use and the occurrence of psychoses in Trinidad. These findings carry implications for psychosis risk mitigation.