

# Infectious Diseases Epidemiology and Applied Studies Initiative

## **IDEAS Seminar Series**

Fall 2023

#### Jeffrey D. Klausner, MD, MPH

Professor of Population and Public Health Sciences
Professor of Medicine and Infectious Diseases

#### Jennifer Unger, PhD

Professor of Population and Public Health Sciences

With Support from Frank Gilliland, MD, PhD

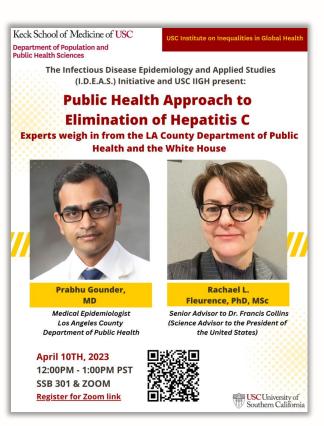
Professor of Population and Public Health Sciences



Keck School of Medicine of USC

Department of Population and Public Health Sciences

## **Our Previous Seminars** 2022-2023





Keck School of Medicine of USC

MARCH 16TH 2023

via ZOOM

3:00PM - 4:00PM PST

The Infectious Disease Epidemiology and Applied

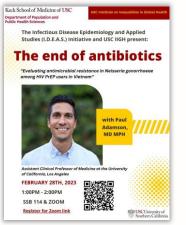
Studies (I.D.E.A.S.) Initiative and USC IIGH present:

Malaria: old and new approaches

toward control and elimination

with Philip J.









The Infectious Disease Epidemiology and Applied Studies (I.D.E.A.S.) Initiative and USC IIGH present

#### Pediatric Vaccine Hesitancy in the US & **Around the World**

Moderated by Dr. Andrea Kim from the **Los Angeles County Department of Public Health** 



Professor of Pediatrics & Director, Office of Global Health UW School of Medicine and Public Health (SMPH)



Director, Vaccine Preventable Disease Control Program LADPH & Adjunct Professor, DPPHS,

November 9, 2023 12:00PM - 1:00PM PST SSB 115 & ZOOM Register for Zoom link





Keck School of Medicine of USC Department of Population and Public Health Sciences

An event produced by The Infectious Disease Epidemiology and Applied Studies (I.D.E.A.S.) Initiative and USC IIGH

#### What can Public Health learn from Games and TV shows like "The Last of Us"? **Narrative Tropes, Climate Change & Fungal Disease**





Chief of Mycotic Diseases Branch

Control and Prevention (CDC)



Professor of Cinema Practice USC School of Cinematic Arts

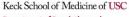
An interdisciplinary expert panel produced by junior scholars

1:30PM - 3:00PM PST





## **Our Last Fall Seminar** 2023



Department of Population and Public Health Sciences

SC Institute on Inequalities in Global Health

The Infectious Disease Epidemiology and Applied Studies (I.D.E.A.S.) Initiative and USC IIGH present:

#### **Refugee Health and Infectious Disease**

With an emphasis on STI Research in Refugees and **Internally Displaced Populations** 



Assistant Professor Department of Epidemiology & Population Health



Director, Social and Global **Emergency Medicine** Professor of Clinical Emergency American University of Beirut Medicine at USC Keck School of Medicine

December 6, 2023 12:30PM - 1:30PM PST **SSB 115 & ZOOM** 

**Register for Zoom link** 



**Happening Today!!!** 



See you in 2024:)

**Happy Holidays!!** 

**IDEAS** Team





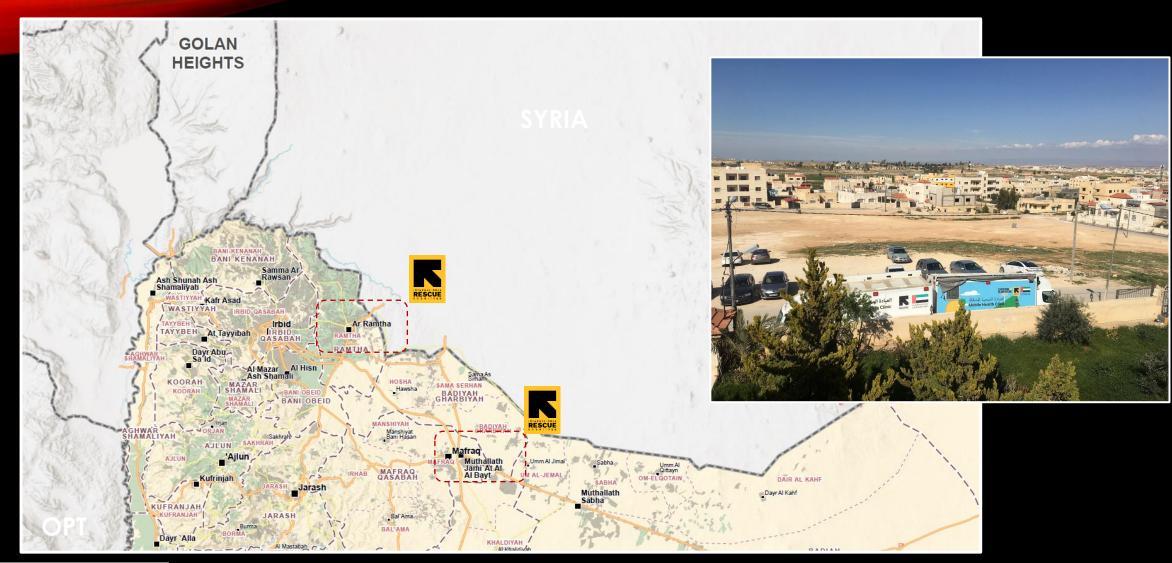
# RAPIDLY ADAPTED COMMUNITY HEALTH STRATEGIES TO PREVENT TREATMENT INTERRUPTION AND IMPROVE COVID-19 DETECTION FOR SYRIAN REFUGEES AND THE HOST POPULATION WITH HYPERTENSION AND DIABETES IN JORDAN

Ruwan Ratnayake, Fatma Rawashdeh, Raeda AbuAlRub, Nahla Al-Ali, Muhammad Fawad, Mohammad Bani Hani, Saleem Zoubi, Ravi Goyal, Khaldoun Al-Amire, Refqi Mahmoud, Rowaida AlMaaitah, Parveen Parmar

## THE SETTING

- High burden of NCDs among Syrian refugees
  - 39.5% over 30 have hypertension
  - 19.3% have DM
  - 13.5% have both
- Syrian refugees in Jordan with limited access to care
  - Variable access to MoH services
  - Patchwork of NGOs with limited capacity
  - A majority (over 80%) live in non-camp settings
- → How can we support Syrian refugees with NCDs living in Jordan?

## Ramtha and Mafraq cities, Northern Jordan/Syrian border



## COMMUNITY HEALTH VOLUNTEERS

- Proven strategy to support health in other regions, including NCDs (Iran, India, etc.).
- Might this work in a humanitarian setting?
- Challenges:
  - Community health not routinely used in Jordan
  - Syrian refugees have limited ability to work/be paid

Developed an improved CHV program for Syrian patients with hypertension and/or diabetes in late 2019 (to evaluate with a stepped-wedge randomized trial)

Rapidly modified at the start of the COVID-19 pandemic for existing clinic cohorts:

- Monthly Rx/insulin delivery and call from CHV
- Monitoring of complications and referral
- COVID-19 surveillance





#### Direct feedback and clinic meetings

Clinic-based services (on hold)

#### **Enrollment**

Nurses (IRC clinics)

Enroll by phone:
Establish status
Rx/insulin delivery

Monthly

#### **CHVs (+ supervisors)**

Screen by phone:

Med stockout,

Complications

COVID-19 (household)

- + Self-management
- + Psychosocial support
- + Infection prevention
- + Escalate urgent events

**Immediately** 

Medication/insulin stockout

Acute complications

Psychosocial/mental health

Suspected COVID-19 in household

Pharmacy

Secondary Care

Psychological services

**COVID** testing



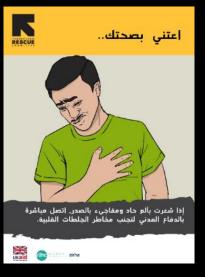






إذا شعرت بدوار وتعرق شديد, اتصل بالدفاع المدني لتجنب مخاطر انخفاض السكر في الدم.

اعتنى بصحتك..



## Preventative messaging

COVID-19 infection prevention

NCD danger signs

اعتنى بصحتك..

اعتنى بصحتك..

لتجنب مخاطر ارتفاع ضغط الدم حافظ على تناول

أدويتك بانتظام و في موعدها المحدد.

في ظل الظروف الحالية لانتشار وباء كورونا, ينصح ببقاءك في المنزل وعدم الخروج والاختلاط إلا للضرورة

## METHODS

- Rapidly modified into a cohort study, including all IRC clinic patients
- Measured the following monthly:
  - Medication stockouts
  - Patient reported adherence to medication (5-day and 30-day)
  - Acute complications of disease and referrals to care
  - COVID-19 suspected cases, refer to testing
- Qualitative analysis of program implementation

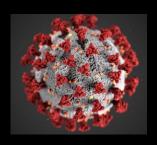
### Results



N = 1124 clinic patients consented to be followed by CHV 89% Syrian, 63% Female, 68% 41—65y 38% (hypertension), 9% (diabetes), 54% (both conditions) 13% required insulin



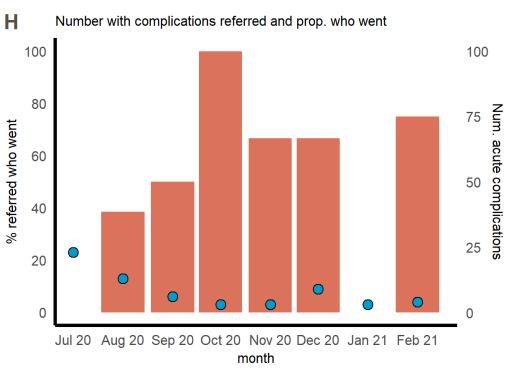
By end of study: 97% alive, 23 drop-outs, 14 deaths
Proportion with disease controlled did not worsen after program



Incidence of COVID-19 suspect cases detected: 2.3/1,000 pop. >50% patients referred tested positive by PCR



## Mixed picture on referrals for emergent complications



"[A] hypertensive, disabled patient was screened by the CHVs for complications and referred to me. I referred her to the emergency department...

She stayed in the hospital one day.....she needed admission, but no one agreed to cover the cost.

...she left against medical advice. It is challenging that there are no free places for refugees to seek care when referred" [Clinician]





## Disease control did not worsen

Disease control measure	n (%) (before clinic closure)	n (%) (after clinic re-opening)	Predictors of poor control
SBP <140 mmHg	,		
Hypertension (N=360)	200 <b>(55.6)</b>	224 <b>(62.2)*</b>	41—65y (mid-age) Has both conditions No baseline control
Both conditions (N=474)	262 <b>(55.3)</b>	250 <b>(52.7)</b> *	
RBS < 200 mg/dL			_
Diabetes (N=42)	11 (26.2)	13 <b>(31.0)</b> *	Mafraq clinic
Both conditions (N=293)	140 <b>(47.8)</b>	148 <b>(50.5)*</b>	No baseline control



## CONCLUSIONS

- CHV intervention supported Syrian refugees during COVID-19, maintaining levels of disease control and access to medications, referrals to services, etc.
- Limited resources for referrals
- Limitations: short study (8 months), limited understanding of impact

• Stay tuned—ongoing study in Karen State, Myanmar

## **ACKNOWLEDGMENTS**

## THANKS TO RUWAN FOR THESE SLIDES (AND THIS ONE)!

CHVS, SUPERVISORS, AND PROGRAM AND CLINIC STAFF FOR PIVOTING AND DILIGENTLY SUPPORTING THE STRATEGY DURING A DIFFICULT AND UNCERTAIN TIME

MARIA BYOMA ADD VALUE CREATORS DESIGN HUB KAMPALA

R2HC PROGRAMME

THIS PROJECT IS FUNDED BY THE ELRHA'S RESEARCH FOR HEALTH IN HUMANITARIAN CRISES (R2HC) PROGRAM (ACCOUNTABLE GRANT NUMBER 28368), WHICH AIMS TO IMPROVE HEALTH OUTCOMES BY STRENGTHENING THE EVIDENCE BASE FOR PUBLIC HEALTH INTERVENTIONS IN HUMANITARIAN CRISES. R2HC IS FUNDED BY THE UK FOREIGN, COMMONWEALTH, AND DEVELOPMENT OFFICE











