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to identify both risky and protective biological, behavioral, environmental, and other exposures, especially those that are worldwide threats and those that disproportionately affect children, low-income people, and other vulnerable populations.

Going Forward: Under the PRIDE model, global health is a broad field. However, clinical advances that are not likely to be accessible to a large proportion of the world's population are not global health discoveries, just as epidemiological or economic studies conducted in one low-income country are not global health studies if they do not yield readily generalizable results.

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Abstract #: *1.069_NEP*

Contemporary vaccination trends in young adults: study at a rural state university

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Background: the surge in incidence of vaccine preventable deaths in the United States (U.S.) reflects the declining vaccination rates among young adults. One of the factors associated with the decrease in vaccination rates is philosophical exemptions that lead to vaccination waivers. Individual marginal circumstances coupled with a rise in vaccine waivers may fuel a generation of vaccination averse, unvaccinated individuals leading to geographical clustering of vaccine preventable diseases nationally that will subsequently produce a global health concern. Not much is known about the benefits, barriers and influencers of vaccination in young adults. The aim of this study is to identify contemporary vaccination trends in young adults.

Methods: the study used a cross-sectional study design. Data collection is on-going. The survey instrument was finalized after piloting the instrument with 100 random participants. The unit of measure are students from Ferris State University (FSU), a rural Michigan state university. FSU student population closely approximate the national socioeconomic profile. Exploratory analysis are used to identify contemporary trends. The study received –exempt-status from the institution's IRB board.

Preliminary findings: over 83% of 816 students were up to date on their vaccinations while approximately 8% of them signed or had someone sign a vaccination waiver. Effective control against disease is the most important benefit of vaccinations for about 67% of the students. Safe to use and easy to administer vaccines have the most important influence on the willingness to be vaccinated for about 56% of the students. The risk of an adverse event greater than the intended benefit appears to influence access to vaccination in about 14% of students which is a plausible explanation for only about 66% of the students feeling that vaccinations and autism are not at all related.

Interpretations: preliminary findings suggest an underlying relationship between risks of adverse events outweighing the benefit of vaccination. This finding can inform the expansion of young adult vaccination programs at university campuses that allow philosophical exemption resulting in vaccination waivers. Future analysis include modelling strategies to identify associations between marginal circumstances and vaccination status.

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Abstract #: *1.70_NEP*

RDS affected neonatal conditions and the health care situations in different health care settings

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Program Purpose: Respiratory distress syndrome (RDS) is a common lung disorder and foremost contributor to neonatal mortality worldwide. The technologies for RDS-treatments in resource constrained settings are insufficient. The objective is to better understand the scenario of the RDS-affected neonatal conditions and the health care system in different health-care settings.

Study Method: A review of current neonatal health facilities & scenario related to RDS in Karnataka–India was carried out. We invited opinions, experiences, information and feedback from 31 different levels of clinicians by direct interview from the various levels of hospitals i.e. primary, secondary and tertiary hospitals and results were analyzed.

Outcome: According to our data 75% of the referred hospitals receive neonates form primary & secondary hospitals which require safe transportation. Average distance & transport time between referring hospitals and referred hospitals is 30 Kms & 45 mins respectively. Maximum referral travel is about 300Kms. About 73% of hospitals don't have any designated vehicles (Ambulances) for such transports. Most parents prefer to use own vehicle/hired vehicles instead of waiting for an ambulance for transportation to avoid delay in treatment. Pediatricians are only available in tertiary hospitals. An average of 50 deliveries/month, 5 RDS babies born/month & 1 RDS death/month per hospital. 70% hospitals don't have a mechanism to monitor neonates. 83% hospitals don't have a CPAP machine.

Going Forward: Despite extensive research & work carried out for management of RDS-neonates worldwide, there still are significant gaps in accessing technology for RDS management in resource constraint settings in India. There is a need for a technology that maintains adequate respiration in neonates with RDS during transportation in such settings. Such a technology should take into account infrastructure requirement, skill level of health care workers and maintenance requirements in low resource environment. This will reduce the neonatal deaths that occur due to time spent without respiratory support during transportation in resource constrained settings.

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Abstract #: *1.071_NEP*

The prevalence and correlates of hypertension among rural Ghanaian adults

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