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UTILITY OF COMMUNITY GENETICS TOOLS IN ALLEVIATING HEALTH BURDEN FROM HAEMOGLOBINOPATHIES IN INDIA

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Haemoglobinopathies is a genetic disorder, highly prevalent among the socio-economically backward castes of India inhabit different geographical areas. In India there are an estimated 17862455 individuals with sickle cell trait and 1339684 individuals of sickle cell disease. Most of the children with HbSS disease die prematurely before attaining childhood per year, placing a heavy burden on the already economically underprivileged. An estimated prevalence of sickle cell anaemia in central India is 0- 40 per cent, in South India 0- 35 per cent, in western India 0-30 per cent and in eastern India it is 0-20 per cent. Among scheduled tribes HbS ranges from 0 to 48 %, in scheduled castes it ranges from 0 to 20 % while that of sickle cell disease ranges from 0 to 6 %. In other caste groups it ranges from 0 to 9 % while among Brahmin and Muslim populations, it ranges from 0 to 4.5 % and 0 to 3 % respectively. Sickle cell present at high frequency among the scheduled tribes as compared to other ethnic groups- castes, scheduled castes and communities. Since no cure exists for this monophonic disease it can only be managed at high cost. The only avenue available to reduce the health burden of homozygous is by means of massive population screening and counseling to avoid potential homozygous pregnancies. The detailed risk factors across a cross-sectional ethnic communities and efforts to address the problem with a public health perspective are discussed. Haemoglobinopathies is burning global issue from a public health point of view which needs to be dealt with on war footing.

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CORD CARE PRACTICES AND OMPHALITIS AMONG NEONATES AGED 3 - 28 DAYS AT PUMWANI MATERNITY HOSPITAL, KENYA

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Background: Omphalitis (umbilical cord infection) among new-borns is common and a major cause of neonatal deaths in developing countries. Annually about 4 million neonatal deaths occur around the world; of these, more than 30% are caused by infections. Majority of these infections starts as an umbilical cord infection.

Objective: The aim of the present study was to establish cord care practices associated with omphalitis among neonates aged 3 - 28 days in Pumwani Maternity Hospital, Kenya. **Methodology:** Cross-sectional descriptive study was employed among 178 mothers with neonates of 3 - 28 days. Participants were selected systematically and data were collected on new-born cord care practices. Omphalitis was defined as pus discharge, redness with or without pus and swelling of umbilical cord. Pearson's chi-square test ($P < 0.05$) was performed to compare the significant discrepancies. Crude and adjusted odds ratios with corresponding 95% confidence interval were also used to determine the strength of association between omphalitis and cord care practices.

Results: Among 178 neonates, 67 (37.6%) were diagnosed with omphalitis. In logistic regression analysis, the main predictors of omphalitis were the initiation of breastfeeding after one hour of delivery [AOR = 2.47; 95%CI = 1.15 - 5.30; $P < 0.05$] compared to within one hour and application of saliva to the cord [AOR = 6.59; 95%CI = 2.02 - 21.46; $P < 0.01$] compared to dry cord.

Conclusion: The prevalence of omphalitis among neonates was high. Health workers need to participate in educating the mothers to initiate breastfeeding within one hour and to avoid application of harmful cord care practices.

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