**Conclusions**: Synthesizing the current evidence surrounding ethnopharmaceuticals for the treatment of OWCL may contribute to drug discovery pipelines and potentially lead to novel therapeutics in a field that has not seen any new drug development for over half a century.

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**A Systematic Review of Kidney Solid Organ Transplantation in Acute Presentations of Tropical Infectious Diseases**

S. Bhasker[1], E. Hagopian[1], M. Klowak[1,2], T. Shahid[1], R. Ahmed[1], S. Igboanugo[1], J. Hewitt[1], O. Jamal[1], C. Madakadze[1], C. Lecce[1], A. K Boggild[1,2,3]
*[1]UHN-Toronto General Hospital, Tropical Disease Unit, Division of Infectious Diseases, Toronto, Canada, [2]University of Toronto, Institute of Medical Science, Toronto, Canada, [3]University of Toronto, Department of Medicine, Toronto, Canada*

**Background**: Fulminant life-threatening presentations of acute tropical infections may occur, and the degree of end-organ impairment may qualify patients for kidney solid-organ transplantation (SOT). However, there is a knowledge gap around indications for and outcomes in kidney SOT for severe acute tropical infectious diseases.
**Objectives**: We aim to synthesize such knowledge, focusing on patient outcomes.
**Methods**: Five electronic databases were searched. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) will be implemented. Further data extraction will be performed by two reviewers and the quality of the articles will be critically evaluated using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach. A total of 7662 articles were retrieved. Titles, abstracts, and full-text articles are in the process of being systematically double screened by two reviewers with a tertiary arbitrator. As of right now, 828 studies have been assessed for full-text eligibility and statistical analysis has been performed on 5 papers.
**Results**: All 5 papers diagnosed malaria in patients. Statistical analysis demonstrates that the most common etiologic pathogens in synthesized papers of patients undergoing kidney SOT are *Plasmodium falciparum* and *Plasmodium vivax*. An analysis of patient outcomes shows that 60% of patients survived after kidney SOT.
**Conclusions**: Malaria due to P. falciparum or P. vivax are the most well represented pathogens causing acute tropical infections requiring kidney SOT. The full data set will be summarized to systematically map published literature that will illuminate the frequency, indications for, and health outcomes of kidney SOT recipients in the treatment of acute tropical infectious diseases. Where kidney SOT capacity exists, alongside the occurrence of endemic or imported tropical infectious diseases, such synthesized information is essential for resource allocation and informed clinical decision-making.

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**Treatment of Schistosomiasis in Pregnancy: A Systematic Review of Fetal and Infant Outcomes**

S. Igboanugo[1], A. Atayde[2], H. Raheel[2], S. Bhasker[2], C. Watson[2], T. Shahid[2], A. Vidal[2], S.J. Khan[2], M.N. Mohammed[2], V. Chen[2], R.B. Chris[2], S. Kopalakrishnan[2], L. Makhani[2], R. Lau[3], S. Mishra[4,5], A.K. Boggild[2,5,6]
*[1]Faculty of Medicine, Toronto, Canada, [2]Toronto General Hospital, Tropical Disease Unit, Toronto, Canada, [3]Public Health Ontario, Toronto, Canada, [4]St.Michael's Hospital, Toronto, Canada, [5]University of Toronto, Department of Medicine, Toronto, Canada, [6]University of Toronto, Institute of Medical Science, Toronto, Canada*

**Background**: Parasitic infections in pregnancy necessitate considerations of numerous factors, including the potential developmental outcomes for the fetus and newborn. For these considerations, a substantial knowledge gap exists in schistosomiasis, with few published and authoritative resources to guide clinical decision-making.
**Objectives**: We aimed to map the available literature regarding the safety of intestinal schistosomiasis treatments during pregnancy for fetal and infant development.

**Methods**: Five electronic databases were searched and titles, abstracts, and full texts of included studies and reviews were screened from database inception to July 2021 without language restriction. Systematic reviews randomized controlled trials, cohort studies, smaller observational studies, case-control studies, case series, and case reports were screened. Two independent reviewers extracted the data and assessed trial quality using the GRADE approach. Data were summarized using qualitative and quantitative measures for the safety of praziquantel treatment on fetal and infant outcomes. The risk of bias for each study was determined.
**Results**: A total of 3013 articles were retrieved from literature databases and other sources. After title and abstract screening, 658 full-text articles were assessed for eligibility. Of the sixteen studies included in qualitative synthesis, three were also included in the meta-analysis. Data showed praziquantel treatment of mothers infected with *S. mansoni* during pregnancy increased the incidence of infantile eczema [RR 2.65 (95% CI 1.16 - 6.08)] but did not increase the incidence of stillbirth, neonatal deaths, congenital anomalies, unhealthy newborns, or serious infant adverse events. No associations were identified between praziquantel and birth weight, infant weight and height, Apgar score, or being small for gestational; nor were any associations found between praziquantel and infant cytokine levels, newborn and infant hemoglobin levels, or newborn and infant anemia.
**Conclusions**: With increased international travel and the migration of vulnerable populations, health practitioners are bound to encounter schistosomiasis infections in pregnant patients. Currently, quality evidence supporting specific management strategies with a fetal and neonatal lens is limited. Synthesizing the current literature on the treatment of schistosomiasis may improve the effects of pregnancy care.

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## Are Travellers Interested in Receiving, during the Pre-travel Consultation, An Information on Measures to Reduce their Carbon Footprint?

A. Miauton[1], C. Saint Hilaire[1], C. Ngarambe[1], M. Souvannaraj-Blanchant[2], V. D'acremont[1], A. Filali[1]
*[1]Center for Primary Care and Public Health, Unisanté, Travel Medicine and Tropical Diseases, Lausanne, Switzerland, [2]Center for Primary Care and Public Health, Unisanté, Lausanne, Switzerland*

**Background**: The carbon footprint of the tourism industry represents approximately 8% of global greenhouse gas emissions. Reducing it inevitably involves changing travel arrangements. The pre-travel consultation is a privileged moment to make travellers aware of the risks associated with travel, whether infectious or non-infectious (traffic accidents, food hygiene, sexual behaviour). This preventive dimension could include information on the negative environmental impact of travel and ways to mitigate it.
**Objectives**: We assessed the acceptability by travellers of receiving, during the pre-travel consultation, an information on the ways of reducing their carbon footprint while traveling.
**Methods**: A question was added to the medical questionnaire usually completed by travellers before the pre-travel consultation. This question was as follows: Do you think that our centre should provide information on measures that can reduce the ecological impact linked to travel? The pilot study was conducted from 1st May to 15th May 2022. The second phase started in January 2023 and is ongoing.
**Results**: In the pilot study, out of 88 travellers questioned, 44, meaning 50%, were in favour of receiving this type of information, 23 (i.e., 26%) were against it and 21 (i.e., 24%) had no opinion. The study is still ongoing. The final results will be available in April 2023.
**Conclusions**: The travellers questioned during the pre-travel consultation are mostly in favour of obtaining information in connection with the measures that can reduce the carbon impact of their journey. Information of this nature could be offered systematically to the traveller, in the same way as individual prevention measures.

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## Comparing Pre and Post Post Pandemic Travel Patterns in a Travel Clinic

A. filali[1], L. Suarez Llanes[1], S. De Vallière[1], V. D'Acremont[1]
*[1]Center for Primary Care and Public Health, Unisanté, Travel Medicine and Tropical Diseases, Lausanne, Switzerland*