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Post-Ebola Syndrome Presents with Distinct Clinical Phenotypes in Pediatric Ebolavirus Disease Survivors: What Are the Drivers?

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OBJECTIVES/GOALS: Despite the acknowledgment of post-Ebola syndrome (PES), young EVD survivors have received little attention. The mechanistic drivers and long-term consequences of PES and EVD early in life are unknown. We aim to define PES presentations in pediatric EVD survivors and propose potential mechanistic factors contributing to PES in young people. METHODS/STUDY POPULATION: Here we focus on physical health outcomes in an ongoing cohort study assessing mental and physical health in pediatric EVD survivors (age RESULTS/ANTICIPATED RESULTS: 671 participants were enrolled between 2021 and 2022 (Infected: n = 226, Affected: n = 207, and Control: n = 238). Groups were similar in sex distribution (52.7%, 54.0%, and 53.8% female, respectively) and mean age, although the Infected group was slightly older (14.6 y) than the Affected (13.5 y) and Control groups (14.1 y), a difference unlikely to be clinically significant. Notably, the EVD Infected group exhibited a higher burden of symptoms, with significant findings in cardiac, MSK, ophthalmologic, and "ear, nose, and throat" systems. Principal component analysis showed differential patterns of sequelae across the groups, primarily defined by MSK. DISCUSSION/SIGNIFICANCE OF IMPACT: PES is heterogeneous in pediatric EVD survivors. EVD Affected children exhibit a similar yet distinct pattern of clinical sequelae indicating ecological factors impact sequelae and raising questions about the mechanistic drivers of PES in children. Potential mechanisms include inflammation or accelerated aging and immune dysfunction.

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A new health equity research model to reduce health disparities and advance the science and practice of community engagement

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OBJECTIVES/GOALS: The NIH Common Fund launched Community Partnerships to Advance Science for Society (ComPASS) to study ways to reduce health disparities by addressing underlying structural factors within communities. ComPASS was designed for community organizations to lead research that addresses community needs. METHODS/STUDY POPULATION: ComPASS awarded five health equity research hubs (Hubs) to provide specialized technical support to ComPASS research projects led by community organizations. Expertise provided by the Hubs to the community-led projects will focus on specific facets of community health, including nutrition access, health care access, and built environment. The Hubs support community-led piloting and testing of structural interventions within community settings by providing subject matter expertise in areas including structural and multilevel intervention study design and methods, implementation science, and community engagement. RESULTS/ANTICIPATED RESULTS: The Hubs will provide expertise and support to the community-led research projects around one or more social determinants of health domains: health care access and quality, education access and quality, economic stability, social and community context, and neighborhood and built environment. The Hubs will help identify strategies for measuring health outcomes and assessing the effects of structural and contextual factors on intervention outcomes. We anticipate the ComPASS program will lead to a better understanding of how structural interventions that leverage multi-sectoral partnerships can advance health equity. DISCUSSION/SIGNIFICANCE OF IMPACT: Through community-led research, ComPASS projects are implementing structural interventions to address social determinants and advance health equity. The technical scientific support rooted in health equity provided by the Hubs is essential to the success of these research projects.

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Understanding public perceptions of research study participation – A survey study

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OBJECTIVES/GOALS: Research participants are not representative of our communities. To determine research perceptions, we are recruiting individuals who have and have not participated in studies. We aim to identify trends, capturing motivating factors, access barriers, and participants' concerns to inform best practices to engage participants. METHODS/STUDY POPULATION: We developed a 25-item survey with a goal of engaging 500 individuals. Survey questions were developed based on published literature of research motivations and barriers, as well as focus groups conducted in our central Pennsylvania community. Survey questions consist of Likert-scale, multiple choice, and free text, with administration through REDCap. Potential survey participants will be recruited from the Penn State Volunteer Repository and through partnering clinical networks, including federally qualified health centers. We will also recruit individuals who have never participated in research to engage underrepresented groups via the Penn State Clinical and Translational Science Institute's community partner network. Analyses will include Chi-squared tests and binomial logistic regression. RESULTS/ANTICIPATED RESULTS: The primary dependent variable will be past participation in research, while the primary