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3rd Euro-Global Conference on

Infectious Diseases

September 05-06, 2016 Frankfurt, Germany

Scientific Tracks & Abstracts (Day 1)



Euro Infectious Diseases 2016

Track 1: Viral Infectious Diseases

Track 4: Fungal Infectious Diseases

Track 5: New Antiviral, Antibacterial and Antifungal Agents

Track 10: Detection And Preventing Infections In Healthcare

Track 12: Vaccines

Session Chair

Carlos Alberto Guzman

Helmholtz Centre for Infection Research, Germany

Session Chair

Nito Panganiban

Tulane University, USA

Session Introduction

Title: Flaviviruses causing infection of the central nervous system associated to underlying diseases in Brazil

Luiz Tadeu Moraes Figueiredo, University of São Paulo, Brazil

Title: Electron microscopic assay of bacterial biofilm formed on indwelling urethral catheters

Nada Nabil Nawar, Cairo University, Egypt

Title: Identification and differentiation of the most clinically involved *Candida* species in neonates with candidemia admitted to NICU in Cairo-University Specialized Paediatric Hospital (CUSPH)

Mona Mohiedden, Cairo University, Egypt

Title: Immunomodulating potential of *Argemone mexicana* through cytokine regulation

Anjana Goel, GLA University, India

Title: Topical delivery of hybrid antimicrobial peptide for managing *Acinetobacter* infected wounds: A novel therapeutic option

Praveen Rishi, Panjab University, India

Title: Host and pathogenic variation remains the challenges in management and control of HIV/AIDS

Atmaram H Bandivdekar, National Institute for Research in Reproductive Health, India

Title: Myocardial dysfunction in patients admitted with dengue fever: Report from a tertiary care center in North India

Prasanth B, PGIMER, India

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Flaviviruses causing infection of the central nervous system associated to underlying diseases in Brazil**Luiz Tadeu Moraes Figueiredo**
University of São Paulo, Brazil

It is known that some microbial infections of the Central Nervous System (CNS), such as those caused by *Toxoplasma*, *Cryptococcus* and *Cytomegalovirus*, can be related to predisposing underlying diseases. In Brazil, the tropical climate favors proliferation of large quantities of insect vectors and their vertebrate reservoirs, thus supporting the natural cycles of many arboviruses such as *Flavivirus* that can infect man. The present report highlights examples of human CNS *Flavivirus* infections that could be related to underlying diseases. In a study done in the state of Amazonas, cerebrospinal fluid (CSF) from 2 out of 23 patients with meningoencephalitis had the *Flavivirus Rocio* (ROCV) identified in the CSF. They were a 53 year old man and a 30 year old woman both with AIDS and one of them with tuberculosis, both with headache, behavioral changes and seizures. All survived after lengthy hospital stays. In the Southeast of Brazil 2 children with meningoencephalitis had Saint Louis encephalitis virus detected in liquor. They had lymphomonocitary meningitis and both survived. Recently, we had a fatal case of *meningoencephalitis* in a cardiac transplanted adult patient with Zika virus detected in the liquor. It is possible that CNS invasion by *flaviviruses*, including *Rocio*, Saint Louis encephalitis™ and Zika viruses was facilitated by immune immaturity or deficiency and also by previous blood-brain barrier damage. It is important to be aware of flaviviruses in patients from tropical regions with underlying diseases and CNS manifestations.

Biography

Luiz Tadeu Moraes Figueiredo has completed Medicine degree from the Medical School of the Federal University of Uberlandia in 1976, Master of Medicine in Internal Medicine from University of São Paulo in 1982 and PhD in Medicine (Internal Medicine) from University of São Paulo in 1985. He did his Post doctorate at Yale University in the United States and Nagasaki University in Japan. He is currently a Professor Titular in the Department of Clinical Medicine of Ribeirão Preto Medical School, University of São Paulo and Coordinator of the Research Center for Virology. He has experience in microbiology, with emphasis in virology, acting on the following topics relating to arboviruses (dengue, yellow fever, ORO fever) associated with rodent virus (Hantavirus, arena viruses) and emerging viruses.

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Electron microscopic assay of bacterial biofilm formed on indwelling urethral catheters

Nada Nabil Nawar
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Biofilm formation in indwelling urinary catheters is a leading cause of urinary tract infection (UTI) that is associated with increased bacterial resistance to antimicrobial therapy and treatment failure. Our aim was to find out the incidence of biofilm formation in urinary catheterized patients and to detect a reliable diagnostic technique for the detection of the formed biofilm. The study was done on 20 hospitalized patients from Cairo University Hospitals with indwelling catheters for ≥ 3 days that were scanned by electron microscopy (SEM) for the presence of biofilm. Microorganisms isolated from catheter and urine samples were identified and tested for biofilm formation using the tissue culture plate (TCP). The microbial species isolated from cultured urine were *E. coli*, *Acinetobacter*, *Candida albicans* and non-*C. albicans*. Biofilm formation increased with duration of catheter in situ, but no significant correlation was found ($p=0.095$). There was reduction in microbial diversity with antimicrobial use but the correlation was insignificant ($p=0.317$). SEM images of 14/20 (70%) showed biofilms on the luminal surface. The sensitivity, specificity, total accuracy, PPV and NPV of urine culture and catheter culture against SEM were 64.30%, 100%, 75%, 100%, 54%, 85.70%, 100%, 90%, 100%, 75% respectively. Combined routine microbiological examination of urine and intraluminal catheter surface is required for early identification of organisms causing catheter associated urinary tract infections (CAUTI) and biofilms on urinary catheters. SEM proved to be a reliable method for the detection of biofilm on urinary catheters than urine culture and TCP assay.

Biography

Nada Nabil Nawar has completed her PhD from Kasr Al Aini School of Medicine, Cairo University, Egypt. She is currently working as a Professor of Clinical Pathology in Cairo University, Egypt. She has more than 18 papers in reputed journals.

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Identification and differentiation of the most clinically involved *Candida* species in neonates with candidemia admitted to NICU in Cairo University Specialized Pediatric Hospital (CUSPH)

Mona Mohiedden and Heba Abo Hussein
Cairo University, Egypt

Background: Candidemia studies have documented geographic differences in rates and epidemiology. Although *Candida albicans* continues to be the most common and virulent cause of *Candida* blood stream infection (BSI), longitudinal studies have detected an increase in the incidence of BSI caused by other *Candida* species that are known to be inherently less susceptible to commonly used antifungal drugs.

Study Question: Is to investigate the new trend of neonatal candidemia due to most commonly encountered *Candida* species using simple and reliable technique.

Methods: Blood cultures were performed in BACTEC instrument for 107 neonates admitted to Neonatal Intensive Care Unit, Cairo University Specialized Pediatric Hospital (CUSPH). All study population was suffering from prolonged hospitalization with fever of unknown origin, inadequate antibiotic response for at least one week. Detection of candidemia and species identification of isolates was performed according to its standard protocol. All blood culture bottles of the *Candida* isolates and bottles that did not flag positive and gives negative subculture on Sabaraud dextrose agar (SDA) and sheep blood agar (SBA) 5th day of incubation in BACTEC instrument were further identified and differentiated using PCR technique. The non-systematic collection and storage of samples were a limitation of our study.

Results: 98 (91.6%) out of 107 studied cases were culture positive for fungus. 90 of these cases (91.8%) were PCR positive, while 8 cases (8.16%) were not identified by PCR. The agreement between the two techniques was 0.229 (P value=0.017). The designated inner primers for the given *Candida* species identified all 96 cases to species level were 70/107 (65.4%) as *Candida albicans*, 14/107 (13.1%) as *Candida tropicalis*, 12/107 (11.2 %) as *Candida glabrata*. All cases that showed positive Germ tube test 45/98 (45.9%) were confirmed as *Candida albicans* by PCR. There was no statistically significant difference between identified *Candida* species in the present study regarding clinical diagnosis or demographic criteria.

Conclusions: Notably we have performed a reliable technique for comprehensive identification of clinically relevant *Candida* isolates and ascertained significant data on many technical points including; specimen type, time and storage conditions. Performing a study for evaluation of the effect of different blood fractions on the reproducibility of PCR results for diagnosis of candidemia is recommended.

Public Health Implications: PCR technique is more specific and rapid than conventional culture method. Moreover, the improved detection and discrimination between infecting *Candida* species is additional advantage information that is crucial for initiating specific antifungal therapy.

Biography

Prof. Dr. Mona Mohiedden Abdel Halim completed her PhD at the age of 31 years from Faculty of medicine-Cairo University. She completed her postdoctoral studies in clinical microbiology from Cairo University School of Medicine. Currently, she is the director of microbiology unit of the main laboratory of Cairo University Specialized, pediatric hospital (CUSPH). She is also leader of infection control of same CUSPH hospital since about 8 years. Dr. Mona has published more than 20 papers in the field of microbiology and infection control in reputed journals and attended more than 30 national and international conferences and workshops in field of microbiology and infection control as speaker, organizer and poster presenter. She is member of various Professional Associations..

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Immunomodulating potential of *Argemone mexicana* through cytokine regulation

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Argemone mexicana is used in folk medicines to treat many diseases in India. The decoction of leaves is used for the treatment of malaria, ulcers and chronic skin diseases. It is reported earlier that sanguinarine and dihydrosanguinarine alkaloids are present in different parts of this plant. In the present study the leaves of *Argemone mexicana* were analyzed for the presence of these toxic compounds with HPTLC and GC-MS analysis and found negative for these compounds. These toxic compounds are probably present in seeds and flowers. Thus aqueous leaves extract was investigated to validate the effect of plant on chronic skin diseases by regulating the expression of cytokines. Wistar albino rats were fed with non toxic dose, 250 mg/kg body weight of *A. mexicana* extract for 20 days. Spleens were removed from control and *A. mexicana* treated animals. Splenocytes were cultured in presence of 10 µg/ml con-A for 48 hours. IL-2, IFN-gamma and IL-10 cytokines were quantitated in culture supernatant by ELISA technique. There was a significant increase in IL-10 expression as compare to control animals. In contrast IL-2 and IFN-γ were expressed in significantly low quantities when compared with control animals. It can be concluded from the study that effect of *A. mexicana* which is used to cure the allergic and hypersensitive type of immunological disorders of skin, like psoriasis, might be due to the stimulation of IL-10 immune suppressive cytokine, secreted by TH-2 subset of TH cells. While the cytokines secreted from TH-1 subsets, IL-2 & IFN-γ, which increase the immunological responses were down regulated.

Biography

Anjana Goel has completed her MSc in Biochemistry from Lucknow University and obtained her PhD from Central Drug Research Institute, India. She has worked as a Principal Investigator in DST sponsored project under WOS-A scheme. She is currently working as an Associate Professor in the Department of Biotechnology, Microbiology and Immunology. She has published more than 20 papers in reputed journals and presented more than 50 research papers in international and national conferences.

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Topical delivery of hybrid antimicrobial peptide for managing *Acinetobacter* infected wounds: A novel therapeutic option**Praveen Rishi**

Panjab University, India

Multidrug resistant *Acinetobacter baumannii* is recognized to be among the most difficult antimicrobial resistant Gram negative bacilli to control and treat. It survives for prolonged periods under a wide range of environmental conditions and causes outbreaks of serious infections including bacteremia, pneumonia, meningitis, urinary tract infection and wound infection. Antimicrobial resistance greatly limits the therapeutic options for patients who are infected with this organism. Therefore, there is a need to look for alternate treatment options like bio-therapeutics including antimicrobial peptides of prokaryotic or eukaryotic origin. In the light of the present scenario, efficacy of a designer alpha helical peptide, a hybrid of cecropin, melittin and magainin 2 was evaluated. *In vitro* effectiveness of the peptide against *A. baumannii* was evaluated by determining the Minimum Inhibitory Concentration which was found to be in the range of 2-4 µg/ml. To get an insight of mode of action of this peptide, various techniques like Transmission Electron Microscopy, Scanning Electron Microscopy, Confocal microscopy and Flow cytometry were employed. The SEM and TEM studies indicated that the peptide could bring significant morphological changes like damaged membrane and leakage of cytoplasmic content. Furthermore, Confocal microscopy and Flow cytometry confirmed that membrane permeabilization of *A. baumannii* cells by the hybrid peptide in a time dependant process. Inspired by the *in vitro* findings, therapeutic potential of this peptide was evaluated in murine excision wound model infected with *A. baumannii*. For this, a hydrogel formulation was prepared for evaluating its efficacy in terms of body weight, wound size contraction, bacterial load and histo-architectural alterations. Results were recorded on day 1, 3,7,15 and 21 post-infection. There was a significant decrease in the body weight of mice that were infected with *A. baumannii* whereas the loss was restored in the treatment group. The bacterial burden in the treatment group was significantly reduced in comparison to the untreated group. A speedy contractile healing of the wound was observed in case of the group receiving the treatment which further correlated well with the histological studies. The observations from the study indicate that the peptide appears to be a good therapeutic option for developing newer treatment strategies against multidrug resistant strains.

Biography

Praveen Rishi has completed her PhD from Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India. Presently, she is the Chairperson of the Department of Microbiology, Panjab University, India. She has more than 100 publications in journals of repute and a Patent to her credit. She is a Fellow of Association of Microbiologists of India (FAMI) and Fellow of Indian Association of Biomedical Scientists (FABMS). She is also a recipient of Dr. Y.S. Narayana Rao Oration Award, conferred by Indian Council of Medical Research (ICMR). She is serving as an Editorial Board Member of various journals of repute.

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Host and pathogenic variation remains the challenges in management and control of HIV/AIDS

Atmaram H Bandivdekar

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Poor proof reading activity of Human Immunodeficiency Virus (HIV) reverse transcriptase enzyme results in to presence of distinct and multiple viral variants in different cells and secretions of the same individual which may influence the affinity to different CD4 dependent and independent host cell receptors. Sexually HIV has been transmitted by binding to human Mannose Receptor (hMR) on human sperm, vaginal epithelial cells which are devoid of conventional CD4 receptor. HIV binding to hMR induces Matrix Metallo-proteinase 9 which weakens the cell surface and therefore increases the risk for sexual transmission of HIV. Further the localization of hMR was found to be in lower number of vaginal epithelial cells of HIV negative female partner of serodiscordant couples as compared to normal females suggesting the association of hMR in sexual transmission of HIV. Genotypic characterization of C2-V3 region of HIV1 *C env* gene in PBMCs, sperm, vaginal epithelial cells and cervical cells showed presence of distinct variants in same individual with variable infectivity and different numbers of N-linked glycosylation sites suggesting variation in different host cell affinity and infectivity of the same individual which may influence HIV transmission, response to ART and disease progression. Additionally genotypic characterization of HIV1 gp41 by next generation sequencing showed presence of multiple variants in blood of the same individual. Presence of distinct and multiple HIV variants in PBMCs and urogenital cells may influence the viral affinity to host cells, transmission, infectivity, pathogenicity and therefore development of strategies for control and management of HIV/AIDS remains the challenge.

Biography

Atmaram H Bandivdekar has completed his PhD from Mumbai University, India. He was the Postdoctoral and Carrier Fellow at Population Council, New York. He was also a Visiting Scientist at UC Davis Primate Center, USA. He is a Consultant at National Institute for Research in Reproductive Health, a premier Institute in India in the field of Reproductive Health Research. He has published more than 85 papers in peer reviewed journals and also the book and two conference proceedings. He has received six national and international awards for his scientific contributions.

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Myocardial dysfunction in patients admitted with dengue fever: Report from a tertiary care center in North India

Prasanth B

Postgraduate Institute of Medical Education and Research, India

Introduction: Dengue is endemic in more than 125 countries affecting up to 200 million people per year with India having the maximum burden in Southeast Asia. Myocardial involvement is not an uncommon manifestation in dengue fever and diagnosing it has always been a challenge to the physicians due to its constellation of clinical features and lack of standard screening methods.

Aim: To study the prevalence of myocardial involvement amongst patients with dengue fever.

Methods: 50 sequential adult patients of dengue fever admitted in our emergency department, PGIMER, Chandigarh, India, were assessed clinically and classified as dengue fever without warning signs, dengue fever with warning signs and severe dengue as per WHO 2012 guidelines. They were studied for possible myocardial involvement by means electrocardiography (ECG), point-of-care testing for cardiac biomarkers (quantitative troponin-I, creatinine kinase-MB Isoform and cardiac myoglobin) and two-dimensional transthoracic echocardiogram (2D-echo).

Results: We found evidence of myocardial involvement in 26%, 16% and 30% patients based on biomarker testing, 2D-echo and ECG respectively. On univariate analysis, presence of cardiac symptoms ($p=0.009$) and presence of shock ($p=0.003$) showed statistically significant association with biomarker elevation. However, the three parameters show poor correlation with each other and there is no single parameter, which is associated with clinical severity.

Conclusion: The prevalence of myocardial involvement in dengue varied from 16-30% in our study in which, compared from prior studies, we have used ECG, 2D Echo and Cardiac Biomarkers for evaluation in all the patients.

Biography

Prasanth B is currently pursuing Residency at the Department of Internal Medicine, PGIMER, Chandigarh, a premier tertiary care centre in North India. Apart from his academic activities, he plays guitar and is also interested in adventure sports.

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Scientific Tracks & Abstracts (Day 2)



Euro Infectious Diseases 2016

Track 3: Ebola Outbreak and Approaches for Prevention

Track 7: Parasitic Diseases

Track 8: Bacterial Susceptibility & Resistance

Track 11: Public health practice

Session Chair

Pietro Mastroeni

University of Cambridge, UK

Session Chair

Bogdan Circiumaru

Matei Bals National Institute of Infectious Diseases, Bucharest, Romania

Session Introduction

Title: A comparison of short course combinations with AmBisome for the treatment of visceral leishmaniasis (VL) in Bangladesh

Md Ridwanur Rahman, Shaheed Suhrawardy Medical College, Bangladesh

Title: The first report of visceral leishmaniasis caused by *Leishmania major* in Iran

Bibi Razieh Hosseini Farash, Mashhad University of Medical Sciences, Iran

Title: Sudanese medicinal plants are potential source for new agents against neglected parasitological diseases

Waleed S. Koko, Qassim University, Sudan

Title: Antibiotic susceptibility pattern of *Pseudomonas aeruginosa* in cystic fibrosis patients

Atqah Abdul Wahab, Hamad Medical Corporation, Qatar

Title: Unusual presentation of Ebola virus disease and post Ebola syndrome: Need for further studies

Marta Lado, Connaught Hospital, Sierra Leone

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A comparison of short course combinations with AmBisome for the treatment of visceral leishmaniasis (VL) in Bangladesh

Md Ridwanur Rahman^{1,2}, Kazi M Jamil², M A Faiz², Rashedul Haque² and Rasheda Samad²

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AmBisome therapy for VL has an excellent efficacy and safety profile and has been adopted as a first line regimen in Bangladesh. Second line treatment options are limited and should preferably be given in short course combinations in order to prevent the development of resistant strains. Combination regimen including AmBisome, paromomycin and miltefosine proved to be safe and effective in the treatment of Indian VL. In the present study, the safety and efficacy of these same combinations were assessed in field conditions in Bangladesh. The safety and efficacy of three combination regimens: A 5 mg/kg single dose of AmBisome+7 subsequent days of miltefosine (2.5 mg/kg/day), a 5 mg/kg single dose of AmBisome+10 subsequent days of paromomycin (15 mg/kg/day) and 10 days of paromomycin (15 mg/kg/day)+miltefosine (2.5 mg/kg/day) were compared with a standard regimen of AmBisome 15 mg/kg given in 5 mg/kg doses on day 1, 3 and 5 (at the time of the study the regimen adopted in the National Treatment Guidelines). This was a phase III open label, individually randomized clinical trial, conducted between July 6, 2010 and March 22, 2014. Patients from 5 to 60 year with uncomplicated primary VL were recruited from the Community Based Medical College Bangladesh (CBMC,B) and the Upazila Health Complexes of Trishal, Bhaluka and Fulbaria (all located in Mymensingh district) and randomly assigned to any of the treatments. The objective was to assess definite cure at 6 months after treatment. Randomization sequences were generated centrally and stratified per site with allocation concealment by opaque and sequentially numbered sealed envelopes. 601 patients recruited between July 2010 and March 2014 received either AmBisome monotherapy (n=158), AmBisome+paromomycin (n=159), AmBisome+miltefosine (n=142) or paromomycin+miltefosine (n=142). At 6 months after treatment, final cure rates for the intention-to-treat population were 98.1% (CI 96, 0-100) for AmBisome monotherapy, 99.4% (CI 98.2-100) for the AmBisome+paromomycin arm, 94.4% (CI 90.6-98.2) for the AmBisome+miltefosine arm and 97.9% (CI 95.5-100) for paromomycin+miltefosine. The per-protocol population was 587. Three patients died and there were no relapses and PKDL. All treatments were well tolerated with no unexpected side effects. Adverse events were most frequent during treatment with miltefosine+paromomycin and three major safety events occurred in this arm, which all resolved after treatment was stopped. None of the combinations was inferior to AmBisome in both the intention-to-treat and per-protocol populations. All the combinations demonstrated excellent overall efficacy, were well tolerated and safe and could be employed under field conditions in Bangladesh.

Biography

Md Ridwanur Rahman is currently working as a Professor of Internal Medicine in a Public Medical College at Dhaka, Bangladesh since 2006. Beside teaching and training of undergraduates & postgraduates, he also works as a Consultant Internist in a public tertiary care hospital and as a Researcher on Neglected Tropical & Infectious Diseases including snake-bite and poisoning. He has published more than 40 articles in different journals.

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The first report of visceral leishmaniasis caused by *Leishmania major* in IranBibi Razieh Hosseini Farash¹, Mahdi Mohebbali¹, Abdolmajid Fata², Behnaz Akhoundi¹, Reza Shafiei² and Saeedeh Ashkan²¹Tehran University of Medical Sciences, Iran²Mashhad University of Medical Sciences, Iran

Purpose: In Iran, HIV/AIDS is an emerging disease and both Visceral Leishmaniasis (VL) and HIV infections occur sporadically. The known causative agent in Iran for VL is *Leishmania infantum* which is endemic in Ardabil and Fars Provinces. The aim of this study is to report of VL caused by *Leishmania major* in an AIDS patient.

Methods: Direct agglutination test (DAT) was performed on a 53 year old HIV/infected male with chronic intermittent diarrhea who registered in AIDS center of Khorasan Razavi Province to investigate VL/HIV co-infection. The mean of CD4+ was 79/mm³ in this patient. The DAT result was confirmed by bone marrow aspiration and polymerase chain reaction (PCR).

Results: DAT test was positive with titer 1:25,600. The amastigote form of *Leishmania* sp. was found in bone marrow aspiration materials and *L. major* was identified by nested-PCR assay compared to standard pattern.

Conclusions: Based on the DAT and PCR results for VL, it is recommended: A high sensitive serological test should be performed on HIV positive patients, especially in where are endemic for VL. Other *Leishmania* sp. could be causative agents for VL in immunocompromised people; therefore the observed amastigotes in bone marrow aspiration should be examined by molecular methods to identify *Leishmania* sp. VL/HIV co-infection can occur in endemic areas for cutaneous leishmaniasis, so some studies are proposed to investigate VL caused by CL causative agents in HIV patients.

Biography

Bibi Razieh Hosseini Farash was ranked first among more than 3000 participants taking the Nationwide Universities Entrance Examination for PhD degree and she was granted one of six PhD positions in Medical Parasitology at TUMS in 2012 and has been recognized as an Exceptional Talent in Exceptional Talents Development Center of Iran, in addition she has obtained the highest "A" grades in all of her educational studies. She has more than 28 papers published in different congresses and journals.

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Sudanese medicinal plants are potential source for new agents against neglected parasitological diseases

Waleed Sayed Koko
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Neglected tropical parasitological diseases are major health problem in developing countries of the world and strongly affect almost exclusively poor population living in developing countries. Sudan is one of developing countries highly endemic with malaria (all known species were reported), schistosomiasis, leishmaniasis, trypanosomiasis, gastrointestinal protozoa and helminthes. Many of them spread by insect vectors, snails or contact with contaminated water or soil. Unfortunately there is serious lack of interest in the research and control of these diseases. Therefore Medicinal and Aromatic Plants Research Institute conducted comprehensive research to develop new drugs adapted to our country needs and to make them available at affordable prices for common people. The present paper will highlight the efforts of previously screened medicinal plants for their antiparasitological activities and our future prospect to develop new antiparasitological drug from Sudanese medicinal plants.

Biography

Waleed Sayed Koko has completed his PhD in 2007 in Microbiology from Sudan Academy of Sciences, Khartoum, Sudan. He has completed his MVSc in 1999 in Parasitology and BVSc in 1994 in Veterinary Sciences both from University of Khartoum, Sudan. He has completed several workshops and training sessions. Presently, he is an Associate Professor in Qassim University, KSA with specialization in drug discovery and Parasitology & Microbiology. He has more than 43 articles published in international journals and 19 oral and posters presented in international conferences with 3 book chapters.

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Antibiotic susceptibility pattern of *Pseudomonas aeruginosa* in cystic fibrosis patients

Atqah Abdul Wahab^{1,2}, Khalid Zahraidin¹, Mazen Sid Ahmed¹ and Emad Bashir Ibrahim¹

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Introduction: *Pseudomonas aeruginosa* (PA) is an important pathogen in patients with cystic fibrosis (CF) and a major cause of morbidity and mortality. The emergence of multidrug resistant *Pseudomonas aeruginosa* (MDR-PA) has been an increasing problem in the care of CF patients. Early detection and appropriate antimicrobial agents may improve outcome in patients with CF.

Objective: To analyze the profile of antimicrobial susceptibility of PA from lower respiratory samples and to describe the frequency of isolated MDR-PA in CF patients.

Methods: The lower respiratory isolates of PA were obtained from inpatients and outpatients CF clinics from at Hamad Medical Corporation, in the state of Qatar from October 2014 to September 2015. The antimicrobial susceptibility test of all the isolates was performed by BD Phoenix automated system according to CLSI guidelines and confirmed by Epsimeter Test (E-test) method.

Results: A total of 61 PA samples were isolated from 30 CF patients with mild to severe lung disease. The mean age of the study group was 20.56±8.95 years; 25 CF patients (83.3%) with CFTR I234V mutation, other 5 CF patients with other CFTR mutations. All the isolates were showed highest sensitivity to colistin (100%) followed by piperacillin/tazobactam (90.2%), meropenem (88.5%), ciprofloxacin (77%), cefepime (70.5%), amikacin (67.2%) and gentamicin (59%). Twelve sputum samples were positive for MDR-PA from 5 CF patients with moderate to severe lung disease given MDR percentage of 19.7%. The antimicrobial patterns of MDR-PA isolates showed a highest rate of resistance (100%) towards each gentamycin, amikacin and cefepime, followed by 91.7% to ciprofloxacin, 75% to tobramycin, 58.3% to meropenem and 50% to piperacillin-tazobactam.

Conclusion: The study results emphasize the emergence of significant resistance in the clinical isolates of *P. aeruginosa* in CF patients and need further management of the antibiotic treatment strategy with frequent surveillance is recommended.

Biography

Atqah Abdul Wahab is an Assistant Professor of Clinical Pediatrics at Hamad Medical Corporation, Qatar. He is also associated with Weill Cornell Medicine-Qatar, Qatar.

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Unusual presentation of Ebola virus disease and post Ebola syndrome: Need for further studies

Marta Lado

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The Ebola viral disease (EVD) outbreak affecting West Africa (mainly Guinea, Liberia and Sierra Leone) during the last year has showed the small knowledge we had about the Hemorrhagic Viral diseases and showed the need for further studies and research in that area. We had to learn, as we were facing the outbreak, about the clinical features of the acute phase of EVD, the ways of transmission and the structures and resources required to control the epidemic; but, currently, we need to adapt to the new scenario and start discovering and learning about the sequelae and the post EVD syndrome and how these factors can affect the persistence of the disease in the area besides the consequences of the disease in the survivors population. We present several cases of survivors with unusual presentation (neurological sequelae with and without persistence of the virus in CSF, polyarthralgias, EVD relapse in relationship with immunosuppression/HIV, etc) and complications that were not expected and still require further studies and research in the field.

Biography

Marta Lado works as the Infectious diseases Coordinator of the King's Sierra Leone partnership, a branch of King's Global Health partners (King's College London), based in Freetown, Sierra Leone since March 2014. She has worked during all the Ebola Virus disease (EVD) outbreak in West Africa, mainly in the frontline of an Ebola Unit (one of the first one in the country) as the Doctor In Charge, as a Consultant and Advisor for the Case Management Pillar in the National Ebola Response Centre (NERC) of Sierra Leone and for the elaboration of the EVD guidelines of the World Health Organization (WHO) for approach, management and control of Ebola. She is still working in the transition and reconstruction of the health care system in Sierra Leone besides collaborates in the care of EVD survivors and the establishment of a free care package for survivors and the research about the disease and the post EVD syndrome.

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