2083rd Conference

Medical Sociology & Epidemic Diseases 2018

3rd World Congress on

Medical Sociology & Public Health

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International Conference on

Public health and Epidemic diseases

September 21-22, 2018 | Dallas, USA

Keynote Forum

Day 1

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Sameeh Ghazal

Prince Mohamed Bin Abdulaziz Hospital, Saudi Arabia

Predictors of MERS-CoV infection: A large case-control study of patients presenting with ILI at a MERS-CoV referral hospital in Saudi Arabia

Background: A case-control study to better characterize the clinical features, laboratory and radiological abnormalities associated with MERS-CoV infection in order to help with early identification of this syndrome from other respiratory infections.

Methods: Eighty patients admitted to a hospital in Riyadh, diagnosed with MERS-CoV infection based on RT-PCR were matched on age, sex and the presence of a co-morbid condition on a basis of 1:2 to other patients admitted with respiratory symptoms and tested negative for MERS-CoV on RT-PCR.

Results: None of the reported MERS-CoV presenting symptoms was significantly associated with being infected with MERS-CoV. On the other hand, the WBC count was significantly lower in patients with confirmed MERS-CoV infection (median 5.7 vs 9.3, P: 0.0004). Neutrophil count was as well significantly lower in MERS-CoV patients (median 3.7 vs 6.7, P: 0.0001). Both AST and ALT values were significantly higher in MERS-CoV infected group (AST median 42 vs 36, P: 0.03 and ALT median 33 vs 28, P: 0.003). Overall our MERS-CoV mortality rate was (10%) below the national figure of (40%).

Conclusions: None of the presenting symptoms are specific for MERS-CoV infection and out of all the investigations WBC, neutrophil counts, AST and ALT values have some predictive utility.

Biography

Sameeh Ghazal, after graduating from medical college in 1982, he has worked as a medical doctor in the Ministry of Health in Saudi Arabia, initially as a General Practitioner then as a Pediatric Resident. He was then promoted as a Consultant in Pediatric Infectious Diseases and Infection Control. Because of his interest in clinical research, he obtained the certification in Health Care Epidemiology, Research and Biostatistics. With over 35 years of working in the medical field, he has gained a wide range of experience in General Pediatrics, Pediatric Infectious Diseases, Infection Control, Healthcare Epidemiology, Clinical Research, Hospital Accreditation, Hospital Administration and Quality. He also teaches and supervises undergraduate and postgraduate medical students.

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Leslie Wilson

University of California, USA

Methods for including patient preferences into the risk and benefit decisions of the Food and Drug Administration for drugs and devices: The input of behavioral economics

Problem Statement: The Food and Drug Administration has historically made approval decisions for new devices without meaningful patient input. Individual patients experience effects of diseases and therapies differently and their trade-offs between therapy risks and benefits may differ from their healthcare provider or FDA. In 2016 an FDA guidance was released to include patient preference information into device submissions. Behavioral economics and utility theory offer multiple methods to measure patients' preferences for risks and benefits of treatments, yet FDA is uncertain which methods are best for approval decisions. This study purpose is to describe the current status of patient preference measurement in FDA and present our approach to development and validating different conceptual measurement methods for new prosthetic devices for patients with limb loss.

Methodology and Theoretical Orientation: A modified meta-ethnographic approach, including concept synthesis, interviews and pilot testing were used to develop 2 methodologically different patient preference measures; choice-based conjoint (CBC) and a standard gamble (SG) utility method. We describe development and compare responses of the three different approaches in 20 subjects with upper limb loss.

Findings: There was variability across our subjects in reason and level of limb loss, age, time with limb loss and prosthetic experience. The method of attribute selection led to the need for video use to better describe the beneficial motion of new prosthetics. Patients showed a stronger preference for favoring benefits and ignoring risks when preferences were measured using video, but all methods demonstrated consistency in preferences across attributes of risk and benefit.

Conclusion and Significance: Persons with upper limb loss were able to make trade-offs in decisions using risks and benefits of two new innovations in prosthetic devices. The FDA will be able to use our results validating the best methods to use, to update their guidance on patient preference methods.

Biography

Leslie Wilson, PhD, is a professor at University of California, San Francisco. Her expertise is in Health Economics and Health Policy, including cost-effectiveness, cost benefit and costing and economics of different models of health care delivery and methods of measuring patient preference using behavioral economics and utility concepts. She currently works with the FDA to better validate methods for measuring patient preference for input into FDA device approvals. She has multiple years of experience teaching decision analysis and patient preference methods and has multiple publications testing how patients weigh risks and benefits of treatments. The current work on validating patient preference methods is funded by a Burroughs Welcome Fund grant and funding from the UCSF CERSI center. This work will provide usable input into the FDA guidance documents on patient preference.

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Serge Blaise Emaleu

World Health Organization, USA

The 2014-2015 Ebola outbreak: Lessons learned from the response

The most recent Ebola outbreak demonstrated a clear lack of preparedness from the global health and humanitarian system for an outbreak of infectious diseases and a number of weakness in the international health and emergency response infrastructure. The first case of the outbreak occurred in December 2013 in Melinda in southeastern Guinea but was only confirmed as Ebola in March of 2014. It is clear that a number of factors affected the nature of the response and that any possible combination of these factors could occur. During the post Ebola recovery period and in the interest of our study,we approached key stakeholders from relevant response organizations who were asked to describe how their organizations would have responded to case study scenario in which a non-state actor claims responsibility for new cases of Ebola in an adjacent geographical area with a previously unexposed population just like it was the case in Guinee, Libera and Sierrea Leone just before the outbreak. The study subsequently sought the views of major bilateral donors to the Ebola response to better to better understand the challenges and approaches nations would take in the event of a deliberate use and its impact on humanitarian disaster response. Our engagement amid to bring together a selected group of multi-sector participants to glean what has been learned so far and develop firm proposals for action. Whatever the next event or outbreak is and regardless of its source, the Ebola outbreak revealed weakness in the global health and humanitarian responses that must be fixed. Coordination between agencies should be increased and efforts should be engineered into the system and coordination to allow for the international community to provide what is needed, when it is needed, rather than everything at once.

Biography

Serge Blaise Emaleu is a medical doctor(M.D) and trained surgeon with over 20 years of experience. He also specialized in infectious disease/immunology through the interdisciplinary post-doctoral training program at Stanford University School of Medicine in California(USA). In 2012 He joined the Harvard School of the public in Boston Massachusetts (USA) to study the Approaches to Infection Prevention and Control (IPC) in Healthcare Settings.

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Kayo Fujimoto

University of Texas, USA

Referral network for the delivery of pre-exposure prophylaxis (PrEP) among organizations that serve young men who have sex with men

Young men who have sex with men (YMSM) have the highest increase in estimated annual HIV infections (23% for those aged 25–34) between 2010 and 2014. Ever since daily oral tenofovir disoproxil fumarate (TDF) and emtricitabine were approved in 2012, pre-exposure prophylaxis (PrEP) has received increased attention for preventing HIV infection among MSM. However, there are major implementation gaps primarily around successful linkage to a PrEP-providing facility, particularly for this most at-risk population. Our study identifies and describes PrEP–related resources and referral linkages between clinical and non-clinical health venues where YMSM affiliate in two large cities, Chicago and Houston. Venue interview data were collected as part of the parent study of the Young Men's Affiliation Project (YMAP), a prospective cohort study of venue affiliation networks and HIV risk and prevention among YMSM (16-29 years old). Forty-five PrEP-related venues (n=19 in Chicago, n=26 in Houston) were recruited from the total sample of 109 venues (n=42 in Chicago and n=67 in Houston) in the third wave of venue interviews (12/2015-5/2017). Results indicate that of the total 109 venues 45% (n=19) in Chicago and 39% (n=26) in Houston engage in PrEP-related activities. Among these PrEP-related venues, a majority engage in PrEP awareness or promotion (84% in Chicago and 65% in Houston) and about a half refer their clients to other organizations for PrEP (58% in Chicago and 50% in Houston). The average number of PrEP-related partner organizations was 2.7 (SD=2.6 min=0, max=10) in Chicago and 3.1 (SD=3.1, min=0, max=11) in Houston, with 1.6 average referring ties (outdegree) (SD=1.9, min=0, max=5 in Chicago and 1.4 average referring ties (SD=1.8, min=0, max=5) in Houston and 0.8 average referred ties (indegree) (SD=1.3, min=0, max=4) in Chicago and 0.7 average referred ties (SD=1.3, min=0, max=5) in Houston. Recommendations are made based on these network factors that can be geared toward better delivery of PrEP in the U.S.

Biography

Kayo Fujimoto research bridges systems science methodology and public health research by specializing in social-network analysis and stochastic network-modeling methodologies applied to various fields in health behavior and prevention research. Having been trained as a sociologist and statistician, Fujimoto has a solid background in quantitative methodologies and social-science theories and has applied this knowledge and skill to substantive areas of research including social determinants of health, HIV/STD risk, men who have sex with men (MSM), substance use, adolescent health, organizational studies, community coalitions, HIV molecular epidemiology and others.

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