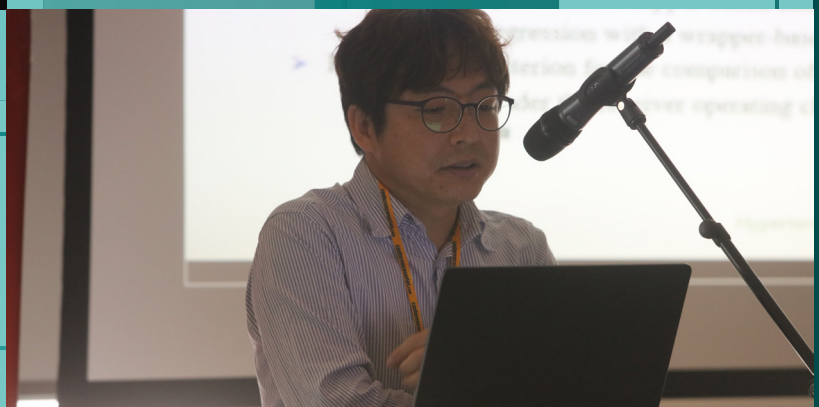
Joint Meeting on
Annual Conference on

Bacterial, Viral and Infectious Diseases
&
Neglected Tropical Diseases Congress: The Future Challenges

December 05-06, 2018 Dubai, UAE

Workshop (Day 1)



Robert O Young et al., J Infect Dis Ther 2018, Volume 6
DOI: 10.4172/2332-0877-C7-056

Robert O Young[1] and Galina Migalko[2]

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[2]Universal Medical Imaging Group, USA

Alkalizing nutritional therapy in the prevention and treatment of any sickness or disease

Due to the many ineffective and incomplete diagnostic and treatment results of conventional medical protocols (e.g. Comprehensive Blood and Chemistry tests, mammograms, antibiotics, antivirals, chemotherapy and radiation), more efficient alternative methods are needed. The potential of Non-invasive Medical Diagnostics (NMD) coupled with an Alkaline Lifestyle and Diet (ALD) as a legitimate alternative to radioactive diagnostic and chemical treatments are examined. While largely ignored in conventional Medicine, the pH and electrolytes of the interstitial fluids of the Interstitium is suggested as an important part in identifying any viral, bacterial, fungal and/or cancerous condition. It is further suggested that all of these conditions may be the result of an over-acidic chemistry of the interstitial fluids of the body that can be prevented or reversed with an Alkalizing Lifestyle and Diet (ALT). Non-invasive Blood Testing (NBT) and Full Body Bio-Electro Interstitial Fluid Scan (FBBIES) are presented as a non-invasive and non-radioactive diagnostic test to examine the body fluids pH, chemistry, metabolic data and functionality of the organs and organ systems in the presence of any acidic disease causing condition. In addition, non-invasive Full-Body Thermography (FBT) and Full-Body Ultrasound (FBU) combined with the interstitial fluid testing (FBBIES) are presented as non-invasive methods to examine the physiology, the anatomy and the functionality of the organs, organ systems, glands and tissues in relationship to acute or chronic health conditions in the prevention, diagnosis, prognosis, treatment and monitoring the progress of any therapy progress. Finally, qualitative and quantitative non-invasive Blood Evaluation (NBE) is used as an important part of determining hematological data to compare with the interstitial fluid analysis (FBBIES). In contrast, to the potential chemical acidosis caused by conventional medical treatments, ALT methods such as Intravenous Nutritional Infusion (INI), Rectal Nutritional Infusion (RNI), alkaline foods and drinks, alkaline nutritional supplements, detoxification, exercise and stress reduction provide an alkalizing approach in preventing and reversing any serious health condition.

Biography

In the 80's, following his schooling at the University of Utah, Dr. Young was trained in medical microbiology by Dr. Robert Bradford at the Bradford Research Institute in California. In 1991 through 1993,Dr. Young received a BSc and MSc in nutrition from the American College in Birmingham, Alabama. In 1995, he received his D.Sc. with emphasis in chemistry and biology. In 1997, Dr. Young received a Ph.D. in nutrition from Clayton College of Natural Health and later received an additional doctorate degree in naturopathy (ND) from Clayton College of Natural Health, (1999). He is currently the CEO and director of PH Miracle centre, U.S.A. Dr. Young's research has been published in several reputed journals. He is also the author of over 75 books and 3000 articles translated in 29 languages.

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Galina Migalko graduated with her M.D. from Uzghorod Medical University (Ukraine) in 1988, After finishing the California School of Medical Sciences and earning an additional ARDMS license in Diagnostic Medical Sonography, she founded the Universal Medical Imaging Group an alternative and complementary practice that uses the Comprehensive Full Body Screening. In 2011, She received her NMD from the University of Science Arts and Technology (Montserrat, British West Indies and London, England) with a degree in Naturopathic Medicine.

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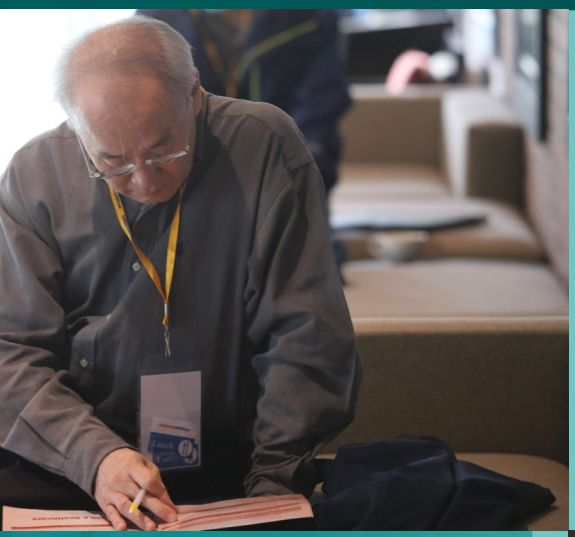

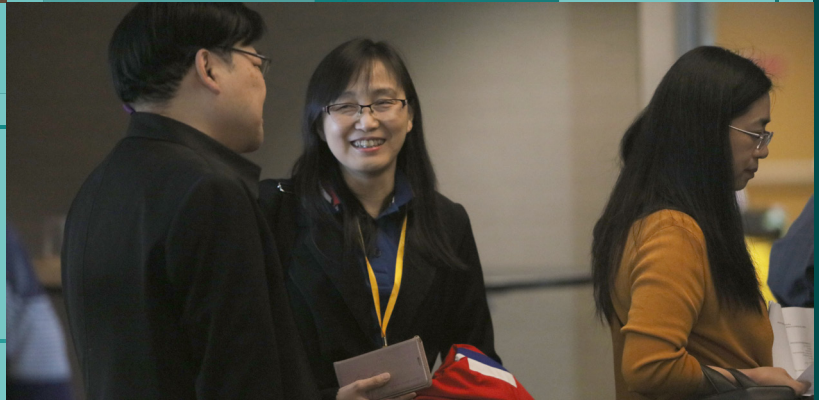

Scientific Tracks & Abstracts (Day 1)

Syed Bilal Tanvir, J Infect Dis Ther 2018, Volume 6
DOI: 10.4172/2332-0877-C7-056

Systematic review and meta-analysis on the efficacy of delafloxacin for treating ABSSSI (Acute Bacterial Skin and Skin Structure Infections)

Syed Bilal Tanvir
Dar Al Uloom University, KSA

Background & Aim: Acute Bacterial Skin And Skin Structure (ABSSSI) infections can cause a significant amount of morbidity and mortality in hospitalized patients and outpatients as well. Emerging resistance of Gram-positive pathogens to different drugs has narrowed down our options for treating skin infections. Newer antimicrobials such as delafloxacin might prove to be a useful alternative to treat skin infections caused by resistant Gram-positive pathogens. The objective of this review is to assess all the available evidence on delafloxacin in literature and compare its efficacy with drugs routinely used to treat skin infections.

Methodology: An extensive literature search was conducted using different databases. By using Pubmed, Embase and Cochrane central register of controlled trials 86 abstracts were screened for eligibility. A total of 6 studies were finally included in the narrative review and meta-analysis. The primary outcome in this review was to assess the microbiological cure at the end of the follow up period. Secondary outcome was clinical response and absence of the signs and symptoms at the end of the follow up period.

Results: A total of 86 abstracts were screened for review, out of the 86 abstracts, 25 studies were further screened for eligibility, only 6 studies were finally included in the narrative review and meta-analysis. By using RevMan Software Risk Ratio (RR) random effects model was used with 95% Confidence interval. The pooled efficacy of Delafloxacin was at 80% 95 CI 1.01 (0.97, 1.06) P=0.51. No statistically significant difference was found between Intravenous (IV delafloxacin) and Comparator drugs.

Conclusion: Despite having a pooled cure rate of 80%, the efficacy of Delafloxacin was found to be non-inferior to tigegcycline and linezolid. Pooled cure rate and efficacy of Delafloxacin was also found to be superior to vancomycin. Therefore, it can be ascertained that Delafloxacin might prove as a useful alternative for treating resistant Gram-positive infections. However, more high quality randomized controlled trials, need to be conducted in future in order to develop clinical guidelines.

Biography

Syed Bilal Tanvir has completed his MD in Medicine and a higher Masters in Clinical Microbiology and Infection Control from the Prestigious Queen Mary, University of London. He is currently working as a Faculty Member and Course Director of Infection and Host Defense and Disease Transmission and Infection control at Dar Al Uloom University, KSA, Saudi Arabia. He is also working as an infection control specialist at Dar Al Uloom University Hospital. He has published more than 12 papers in reputed journals and have presented his research internationally in Bahrain, Karachi and Jeddah previously.

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Notes:

Uma Nahar Saikia et al., J Infect Dis Ther 2018, Volume 6
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Role of HPV 6/11 in giant condyloma in Indian patients

Uma Nahar Saikia, Suvradeep Mitra, Tirupti Rangta, Mini P Singh and Dipankar De
PGIMER, India

Introduction: Genital warts are quite common in sexually active population with Human Papilloma Virus (HPV) as the causative agent. In western literature HPV6/11 as an etiological factor varies from 80 to 90%, however there is a paucity of literature in India about the type of virus causing condylomata.

Material & Methods: A total of 22 histologically confirmed cases of condylomata acuminata were included in the study over a period of 2 years (2014-2016). The majority (19/22; 86.3%) of the biopsy samples were from genital and perianal areas. Formalin Fixed Para-film (FFPE) embedded sections were used for HPV 6 and 11 using 2-3, 20-30 micron sections. The targets used were L1 and E6 region of HPV 6 and 11, respectively.

Result: Clinically, 18 patients had giant condyloma and 4 had multiple lesions. There was male preponderance (95.4%) with mean age of 46.3 (18-84 years). Histologically marked acanthosis with papillomatosis was noted. There was moderately dense lymphoplasmacytic infiltrate in the upper dermis with vascular proliferation. Koilocytic change was seen in 10 (71.4%) cases which correlated with PCR positivity in 10 cases. On PCR 14 cases (63.6%) were positive for HPV 6 or 11; HPV 6 alone was present in eight cases (36.3%) and HPV 11 in six cases (27.2%). No dual infection was present. The HPV 6/11 positivity correlated with higher degree of inflammation. Three cases with clinical diagnosis of syphilis, Ewing's sarcoma and carcinoma breast, respectively were negative for HPV 6 and HPV 11.

Conclusion: The PCR results confirmed the presence of HPV6/11 in 63.6% of condylomata acuminata cases. Five morphologically confirmed cases were negative for HPV 6 and 11, possibly due to late stage of infection with no significant inflammation or koilocytic change. Hence HPV vaccination to be used in prevention of giant condyloma caused by HPV 6 or 11.

Biography

Uma Nahar Saikia has completed her MD, Pathology from NIMS, India and is currently working as a Professor at the Department of Histopathology, PGIMER, India. She is a Member of International Medical sciences Academy (FIMSA), International Society for Dermatopathology (ISDP), Member of National Academy of Medical Sciences (NAMS), Indian Society of Heart Research (ISHR), Dermatopathology Society of India (DSI), Indian association of Pathologists and Microbiologists (IAPM). She has published more than 200 international and 49 national papers in reputed journals.

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Notes:

Kavita Diddi, J Infect Dis Ther 2018, Volume 6
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Dengue epidemiology and vaccine: Current status

Kavita Diddi
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Dengue viruses are member of the genus Flavivirus within the family *Flaviviridae*. There are 4 dengue virus serotypes (type 1, 2, 3 and 4), all of which circulate globally. Most of dengue virus infections are asymptomatic. For clinical management of WHO classify dengue illness as: (1) Dengue with or without warning signs for progression towards severe dengue and (2) severe dengue. There is no specific antiviral treatment for dengue illness. Clinical management is based on supportive therapy, preliminary judicious monitoring of intravascular volume replacement. Until the recent vaccine licensure, the only approach to control and prevent transmission of dengue virus through interventions targeting for vectors. Dengue virus infection induces high titer of neutralizing antibodies, which is believed to important component of a protective immune response. Following an infection with one dengue virus serotype, protection against the infective serotype (homotypic protection) considered long lasting. Temporary cross protection is induced to other serotypes (heterotypic protection), lasting 2 years on average. One dengue has been licensed in several countries (CYD-TDV or Dengvaxia®); this is a live attenuated (recombinant) tetravalent vaccine. Other than this, 2 more vaccines are under evaluation. World Health Organization (WHO) states "countries should introduce vaccine only in geographical settings with high burden of disease (sero-prevalence should be approximately 70% and greater in defined age group)". Dengue vaccine introduction should be a part of a comprehensive dengue control strategy, including well executed and vector control, evidence based best practices for clinical care for all patients with dengue illness and strong dengue surveillance. However, using surveillance data to monitor population impact of a vaccination program may be challenging as to year-to-year variability in dengue virus transmission may be greater than the expected vaccine impact on dengue illness.

Biography

Kavita Diddi has completed her Post-graduation in Microbiology from AIIMS, New Delhi in India. There she was also involved in research activities related to dengue and chikungunya virus and published her work in various international and national journals. Before moving to UAE, she worked in private tertiary care hospital in India. Here in UAE, she is associated with Prime Health care group and taking care of microbiology division as well as infection control division.

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Notes:

Wafaa Ahmed Zahran, J Infect Dis Ther 2018, Volume 6
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Sepsis: Infection control strategy to manage

Wafaa Ahmed Zahran
Menoufia University, Egypt

Sepsis refers to signs of inflammation in the presence of a presumed infection. It can be a dangerous complication of almost any type of infection, including influenza, pneumonia and food poisoning; urinary tract infections; bloodstream infections from wounds; and abdominal infections. Recent sepsis overview in the medical journals, explains sepsis symptoms and risk factors, the difference between severe sepsis and septic shock, and how sepsis is typically treated. Nosocomial sepsis is a serious problem especially for patients who are admitted in intensive care units. It is associated with an increase in mortality, morbidity, and prolonged length of hospital stay. Thus, both the human and fiscal costs of these infections are high. The purpose of this lecture is to describe infection control strategy to reduce rate of nosocomial sepsis. I will answer some inquiries about sepsis: What are the differences among sepsis, severe sepsis and septic shock? What Should Infection Preventionists Know? Sepsis Epidemiology, Sepsis Pathophysiology, How to Diagnose, What Are Sepsis Risk Factors? The antibiotics and antibiotic stewardship role in managing sepsis. I will give highlights on New Guidelines for sepsis management. Prevention and Treatment of Nosocomial Sepsis in the ICUs and Septic Shock Bundle.

Biography

Wafaa Zahran is a Professor of Medical Microbiology& Immunology, Faculty of Medicine, Dean of Faculty of Pharmacy,Menoufia University Egypt. She is also the Head of infection control unit, Menoufia University Hospitals. She completed her MBBch faculty of Medicine at Tanta University. She did her MSc and ph D in Microbiology & immunology in Menoufia University. Dr. Wafaa also completed her Infection control Professional Diploma AUC, Cairo and Medical Education Diploma, at Arab institute for continued development.

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Notes:

Reyed M Reyed, J Infect Dis Ther 2018, Volume 6
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The negative impact of sea water desalination and the potential exposure to the risk of antibiotic resistome: The transmission antibiotic resistance from the aquatic environment to humans

Reyed M Reyed
City of Scientific Research and Technology Applications, Egypt

Antibiotic-resistant bacteria most often are associated with hospitals and other health-care settings, but a new study indicates that sea water treatment plants and their water reuse also are hot spots of antibiotic resistance. The increase in antibiotic-resistant bacteria and antibiotic-resistant bacterial infections could be the result of a number of factors including the overuse and misuse of antibiotics in humans, antibiotic use in animal and crop agriculture, antimicrobial substances in personal care products, and the incomplete removal of biocides from wastewater treatment plants (WWTPs). Wastewater treatment plants and their water reuse areas ripe for bacteria to shuffle and share their resistance genes. These hot spots of potential resistance transmission included a modern wastewater treatment plant their water reuse in agriculture and food production that means it's relatively easy for disease-causing bacteria that are treatable with antibiotics to become resistant to those antibiotics quickly. If these bacteria happen to come into contact with other microbes that carry resistance genes, those genes can pop over in one step. Such gene-transfer events are generally rare, but they are more likely to occur in these hot spots if the water reuse are hot spots of resistance gene transfer, We speculated that bacteria present in wastewater treatment plants where human regularly receive antibiotics would see even more pressure to share resistance genes. We should concern about such bacteria getting into the food system. Further, the wastewater treatment facility may be hot spots of antibiotic resistance transmission regardless of their locations. Trace concentrations of antibiotic, such as those found in sewage outfalls, are enough to enable bacteria to keep antibiotic resistance. This explain why antibiotic resistance is so persistent in the environment. The nonexistence of a important overlap of antibiotic-resistant bacteria (ARB) and antibiotic resistome between the human microbiome and potential environ mental sources should not be interpreted as an indication of risk absence. Hence, screening of antibiotic resistome pools cannot be used as an accurate measure of the risk for transmission to humans. The risks of transmission of antibiotic resistance from the environment to humans must be assessed based on antibiotic-resistant bacteria (not only on antibiotic resistome) that are able to colonize and proliferate in the human body. The risk is a function of their fitness in the human body and the presence of resistance and virulence genes. Even at extremely low abundance in environmental sources. antibiotic-resistant bacteria may represent a high risk for human health. The limits of quantification of methods commonly used to screen for antibiotic-resistant bacteria in environmental samples may be too high to allow reliable risk assessments. The times of yore decade has eye witnessed a disintegrate of study regarding antibiotic resistance in the environment, mainly in areas under human activities, which they are now recognized. However, a key issue refers to the risk of transmission of resistance to humans, for which a quantitative model is urgently needed. A most important conclusion is that the risks of spread of antibiotic resistance from the environment to humans must be managed under the precautionary principle, because it may be too late to act if we wait until we have concrete risk values.

Biography

A one-decade technology developer and market builder in water Microbiology, Dr Reyed Human Gut Microecology & Microbiota Consultant; PhD "Probiotics Microbiology and researcher at Scientific Research and Technology Application city " SRTA- City" , has deep expertise in Probiotic Microbiology, Water microbiology and Water treatment technology application stemming from 25 years a Scientific Researcher over 10 years executive technical consultant for h2obioprocess of corporate Safibiowater in Alexandria, Egypt " Integrated Eco-solution" He contributes to European Desalination Society, International water association. Egyptian council society and Egyptian scientific syndicate. And participated in over 20 International and National Conferences.

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Notes:

Usman A Dutsinma et al., J Infect Dis Ther 2018, Volume 6
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Studies of human T-lymphotrophic virus 1 among patients with pulmonary tuberculosis in Dutse Jigawa state, North-Western Nigeria

Usman A Dutsinma[1], Yahaya M[2] and Mohammed Y[1]
[1]Bayero University Kano, Nigeria
[2]Rasheed Shekoni Specialist Hospital, Nigeria

Human T-lymphotrophic virus type 1 (HTLV-1) is a causative agent of tropic spastic paraparesis and adult T-Cell leukaemia. Information regarding the involvement of HTLV-1 in presentation of subclinical immune suppression that may results in increased rate of HIV and TB infections has long been documented. 60 confirmed pulmonary TB subjects consisting of 41 males and 19 females were recruited in this study. Tuberculosis was confirmed by collecting their sputum samples and analyzed using GeneXpert. The immune-globulins G and M (IgG and IgM) were both assayed by Enzyme Linked Immunosorbent Assay (ELISA). The prevalence of HTLV-1 IgG antibodies among TB subjects was 6.6%, while that of IgM was 1.6%. There was no significant association between HTLV-1 and tuberculosis (P>0.05). Accordingly, sexually active group has the highest prevalence of 2.3% when compared to single and widow categories, age group 15-24 has the highest percentage of 3.3% for HTLV-1 IgG antibodies.

Biography

Usman Aliyu Dutsinma completed his PhD in Microbiology (Medical) in 2013 from Bayero University, Kano Nigeria at the age of 35 years. He was the Deputy Dean, Faculty of science and Faculty of Life Sciences 2015 -2016 and 2016 – 2017 respectively. He published more than 20 papers in reputable Journals and presently he is the Editor-in-Chief, UMYU Journal of Microbiology Research (*www.ujmr.umyu.edu.ng*). Usman got the opportunity to interact with Professor Robert Gallo, the first Scientist to discover HIV/AIDS and the Founder of Global Virus Network during a third (3rd) short course at the Institute of Human Virology, School of Medicine, University of Maryland USA in October, 2016.

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Notes:

Claude Flamand, J Infect Dis Ther 2018, Volume 6
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Seroprevalence of arbovirus antibodies, French Guiana, 2017

Claude Flamand
Institut Pasteur, France

Arboviral infections have become a significant public health problem with the emergence and re-emergence of arboviral diseases worldwide in recent decades. Given the increasing number of cases, geographic spread, but also health, social and economic impact of arboviral outbreaks, estimating their true burden represents a crucial issue but remains a difficult task. In French Guiana, the epidemiology of arboviral diseases has been marked by the occurrence several major dengue fever (DENV) outbreaks over the past few decades, recent emergences of Chikungunya (CHKV) and Zika virus (ZIKV) and the circulation of Mayaro virus (MAYV). To assess antibody seroprevalence against DENV, CHIKV, ZIKV, MAYV a random 2-stage household cross-sectional survey was conducted among the general population. We enrolled 2,718 individuals aged 1-87 years from June 1 to 12 October 2017. We performed detection of DENV, CHIKV, ZIKV, MAYV IgG antibodies on collected blood samples using a Microsphere Immunoassay (MIA). Socio-economic data, environmental variables and exposure to mosquitoes, perceptions of the illness and risk of contracting arboviral infections were collected using a standardized questionnaire administrated to all individuals included in the survey. Overall seroprevalence rates for antibodies against ≥1 DENV were 68.8% [66.4%-71.2%] and differed significantly according to age and geographical area. Seroprevalence rates of CHIKV, ZIKV and MAYV antibodies were respectively 23.2% [20.5%-26.1%], 23.1% [20.7%-25.6%] and 11.2% [9.7%-13.0%] and did not differed significantly according to gender or age. The distribution of seroprevalence rates for ZIKV antibodies corroborate previous findings for pregnant women sampled during the 2016 ZIKV outbreak. Future steps will help to identify associated factors and to predict the risk of transmission in the different areas of the country.

Biography

Claude Flamand has completed his PhD from Paris-Saclay University, France. He is currently the Head of Epidemiology Unit of Pasteur Institute in French Guiana and his main research interest is to study epidemics and infectious diseases outbreaks to better understand how pathogens spread in human populations. He has over 48 publications in the field of vector-borne and/or infectious tropical diseases that have been cited over 200 times and his publication H-index is 10.

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Notes:

Hafiz Ahmad, J Infect Dis Ther 2018, Volume 6
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Opportunistic intestinal parasitic infections in immunocompromised (HIV/AIDS) patients

Hafiz Ahmad
RAK Medical and Health Sciences University, UAE

Gastrointestinal parasitic infection is a major source of disease in people living with HIV/AIDS, especially in tropical countries. Diarrhoea is a common clinical manifestation of patients with HIV infection. Although gastrointestinal diseases occur in all age groups of immunocompromised patients, they occur with the greatest frequency (up to 90%) in patients with AIDS. Most of morbidity and mortality of advanced AIDS is associated with opportunistic intestinal parasites that cause debilitating infections in immocompromised individuals with low immune status as compared to the immunocompetent individuals. Protozoa are the most common cause of parasitic diarrhea particularly in developing countries. They are frequently transmitted by unhygienic habits such as direct transfer of ova or cysts from anal region to mouth, eating with unwashed hands, eating and drinking of contaminated food and drink and inappropriate disposal of night soil and human excreta. Most common enteric opportunistic parasites which have been associated with HIV/AIDS include: *Cryptosporidium spp., Iso spora belli, Cyclospora spp., Microsporidium spp., Strongyloides stercoralis, Giardia lamblia, Entamoeba histolytica*. Amongst the opportunistic intestinal parasitic infections, intracellular coccidial protozoan parasites, *Cryptosporidium* and *Isospora belli* infection have been labeled as AIDS-defining illness and occur mostly at CD4 counts <200 cells/µl.

Biography

Hafiz Ahmad has extensive teaching and research experience in Medical and Molecular Microbiology. His past research focus has been on HIV/TB drug resistance and co-infections especially intestinal parasites. He has served as an Assistant professor of Microbiology at various Medical colleges and has been involved for over 10 years in MBBD/MD teaching programs in India and the U.A.E. He has contributed to over 30 scientific international publications, published over 20 abstracts with 2 book chapters and is a frequent invited speaker at various national & international scientific conferences.

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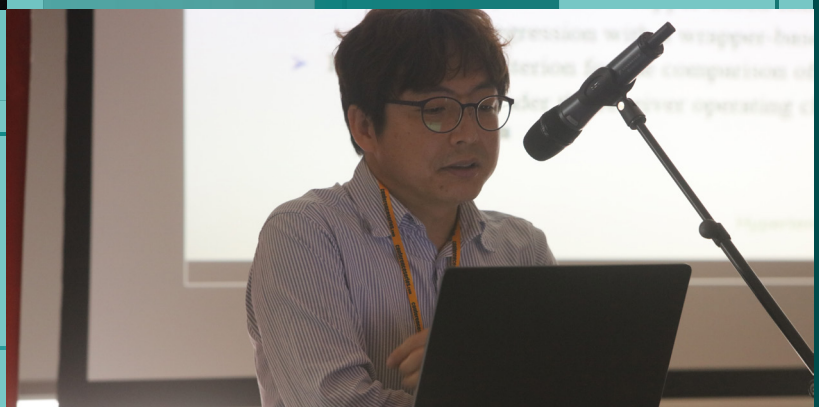

Ghweil Ali Abdelrahman, J Infect Dis Ther 2018, Volume 6
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Ghweil Ali Abdelrahman

South Valley University, Egypt

Management of HBV infection in special situations

Biography

Ghweil Ali Abdelrahman was a Resident of (Tropical medicine and Gastroenterology) for three years .He worked as a Clinical demonstrator and assistant lecturer of Tropical medicine and Gastroenterology, Sohag University. He was working as a Lecturer of Tropical medicine and Gastroenterology, South Valley University. Currently, he is the Head of Tropical Medicine and Gastroenterology department, South Valley University. He is also a member of the European Society of Liver Diseases (EASL).

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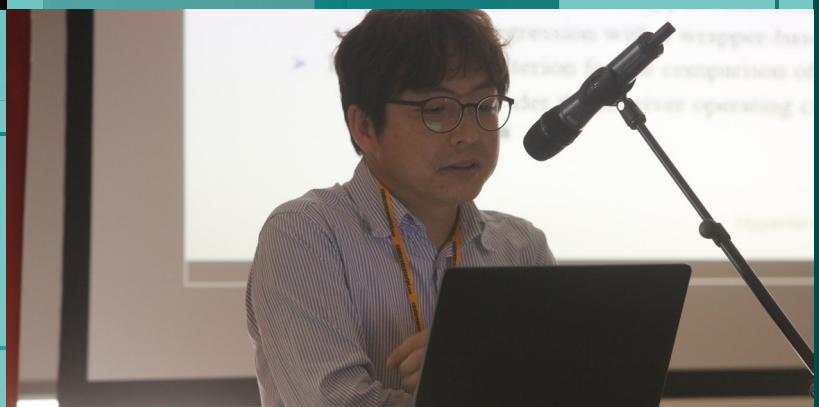

Stef Stienstra, J Infect Dis Ther 2018, Volume 6
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&

NEGLECTED TROPICAL DISEASES CONGRESS: THE FUTURE CHALLENGES

December 05-06, 2018 Dubai, UAE

Stef Stienstra

Dutch Armed Forces, Netherlands

Information sharing in an international outbreak of a very contagious disease

Biography

Strategic and creative consultant in biomedical science, with a parallel career in the Dutch Civil-Military Interaction Command in which he has responsibility for the counter measures in CBNRe threats and (medical) consequence management both in a military and a civilian (terrorism) setting. He was the director of the 2014 & 2016 World Congress of CBRNe Science & Consequence Management in Tbilisi, Georgia. He works internationally as consultant or scientific supervisory board member for several medical and biotech companies, merely involved in biodefense, clinical diagnostics and therapies. He is also visiting professor for Punjab University in Pakistan and Rhein-Waal University in Germany and visiting professor at the University of Rome Tor Vergata. He has finished both his studies in Medicine and in Biochemistry at the University of Groningen in The Netherlands and has extensive practical experience in cell biology, immuno-haematology, biodefense and transfusion medicine. His natural business acumen and negotiation competence helps to initiate new successful businesses, often created out of unexpected combinations of technologies. His thorough understanding of abstract science combined with excellent skills in the communication of scientific matters to non-specialists, helps him with strategic consulting at top level management.

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Ghweil Ali Abdelrahman et al., J Infect Dis Ther 2018, Volume 6
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Reactivation of Herpesvirus in patients with Hepatitis C treated with direct-acting anti viral agents

Ghweil Ali Abdelrahman and Mohamad M Helal
South Valley University, Egypt

We performed a case-series analysis of reactivation of *Herpesvirus* in patients with Hepatitis C virus (HCV) infection treated with Direct-Acting Antiviral (DAA) agents. Eight cases were detected among 100 treated patients with direct acting antiviral regimens in Qena University Hospital from June 2016 to June 2017. *Herpesvirus* was reactivated in 8 patients who received DAA therapy. None of the cases had risk factor for HZ reactivation. The DAAs used regimens were sofosbuvir/daclatasvir in 6 cases and sofosbuvir/ledipasvir in 2 cases. Immune changes that follow HCV clearance might lead to reactivation of other viruses, such as *Herpesvirus*. Patients with HCV infection suspected of having *Herpesvirus* infection should be treated promptly.

Biography

Ghweil Ali Abdelrahman was a Resident of (Tropical medicine and Gastroenterology) for three years .He worked as a Clinical demonstrator and assistant lecturer of Tropical medicine and Gastroenterology, Sohag University. He was working as a Lecturer of Tropical medicine and Gastroenterology, South Valley University. Currently, he is the Head of Tropical Medicine and Gastroenterology department, South Valley University. He is also a member of the European Society of Liver Diseases (EASL).

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Notes:

Zakeya Al Rasbi, J Infect Dis Ther 2018, Volume 6
DOI: 10.4172/2332-0877-C7-056

Study of the prevalence and risk factors of parasite (Helminthes and Protozoa) amongst labors in Al Ain district

Zakeya Al Rasbi
United Arab Emirates University, UAE

Introduction: United Arab Emirates is a multicultural country and approximately 65% of the population are expatriates from low- and middle-income developing countries that have a high burden of intestinal parasitic infections (IPI).

Aim: The primary aim is to estimate the prevalence of, and factors associated with IPI in an occupational sample of expatriates in Al-Ain.

Methodology: This study utilized an observational analytical cross- sectional study and recruited a representative sample of expatriate employees. Participants completed a questionnaire; and provided a fresh stool sample. Fecal specimens were analyzed for a range of IPI species using microscopy, Ziehl–Neelsen stain, and polymerase chain reaction (PCR) techniques.

Results: 25% of participants harbored intestinal parasites; 15% with protozoa, while 10% had helminths infection according to microscopy diagnosis. Higher incidents of protozoa and helminths infection were identified using PCR.

Conclusion: IPI can be found in more than quarter of the survey population and this conclusion shed a light on the importance of this study in understanding the pattern of IPI infection and transmission in the UAE.

Biography

Zakeya Al Rasbi works as Assistant Professor, in Department of Microbiology and Immunology, College of Medicine and Health Sciences at United Arab Emirates University the Emirates. Also, she is the Emirates Center for Happiness Research (ECHR) Director. Her research lab focuses on the connection between parasitology and immunology, and how recent studies link parasitic infection in gastrointestinal tract to autoimmune disorders.

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Notes:

Caroline Bilen, J Infect Dis Ther 2018, Volume 6
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Surgical safety solution to improve patient safety in caesarean procedures

Caroline Bilen
Clinical educator, UAE

Health Care-Associated Infections (HCAI) is the most frequent adverse event in health-care delivery worldwide. Up to 16% of HCAI are Surgical Site Infections (SSI). Managing the risk of SSI is complex. Many patients are affected by SSI each year, leading to significant mortality, morbidity and financial losses for health systems. Caesarean section deliveries are an important surgical procedure that is used to improve both maternal and fetal outcomes in complicated pregnancies. In recent times however the convenience of the surgery for both mother and surgeon has resulted in an increasing global trend of C-section deliveries which according to the world health organization has now reached pandemic proportions. The nature of the surgery makes it a high risk procedure and the incidence of infection have been increasing in both well and under-resourced countries. Since the entire process is not limited to a single hospital department, a multi-disciplinary approach is needed to minimize the risk of infections. For this study a surgical care pathway was introduced as part of a performance improvement project to a private hospital in South Africa which resulted in C-section infection rates decreasing from 5.12±0.82% to 0.23±0.15% ($p<0.0001$).

Biography

Caroline holds BS in nursing since 1988, certified in Infection Control (NYIC) as well as educator for NYIC certification and patient safety. She is JCI certified educator for JCI education program "Safety in Surgical Services". She has more than 25 years' experience in Nursing Management, Infection control and Health Care Quality, Accreditation Management and Elderly Care. She held the position of Director of Nursing Services at "Home Care Lebanon", where she was leading the Health Care Team and responsible for Patient Safety. Caroline held the position of Operating Room Nursing Manager in Lebanon. She is an active public speaker at international and national congresses addressing many topics related to Patient Safety such as Hand Hygiene, Surgical standard of care, etc.in Central East Europe and Middle East and Africa (CEMEA) region. She has been working closely with Hospitals Management team, Infection Control and Patient Safety Committees all over the CEEMEA region to improve patient safety, Expectations and outcomes. Her contribution in creating awareness of the best practices and driving surgical safety solution, surgical pathway, clinical evidences and standards of care to prevent Hospital Acquired Infection as well as educating Health Care Staff in CEEMEA region is broadly recognized and appreciated. She has publication on the Reduction of Surgical Site Infections in Cesarean Section Deliveries by Implementation of a Surgical Care Pathway

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Liver stiffness predicts relapse after direct acting antiviral therapy against chronic Hepatitis C Virus infection

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Background & Aim: Assessment of fibrosis in chronic hepatitis has always been considered of utmost relevance for patient care in clinical hepatology. Over the last years, multiple non-invasive methods were used for diagnosis of hepaic fibrosis, including transient elastography in addition to clinical and biochemical parameters or combinations of both methods. Serum markers and elastography are considered useful techniques for diagnosing severe liver fibrosis and cirrhosis and for excluding significant fibrosis in hepatitis C virus infected patients. Also, liver stiffness may help to foretell treatment response to antiviral therapy. We aimed to evaluate changes of transient elastography values as well as serum fibronectin and AST to Platelet Ratio Index in Patients (APRI) treated with sofosbuvir based treatment regimen.

Methods: This is a follow-up study including 100 chronic HCV Egyptian patients treated with sofosbuvir-based treatment regimen. Transient elastography values were recorded as well as serum fibronectin and APRI were calculated at baseline and SVR12.

Results: There was a significant improvement of platelets counts, ALT and AST levels, which in turn cause significant improvement in APRI scores at SVR12. Liver stiffness measurements were significantly lower at SVR12 (15.40±8.96 vs. 8.82±4.74 kPa, P=0.000). There was significant decline in serum fibronectin from baseline to SVR 12 (524.14±237.61 vs. 287.48±137.67, P=0.000).

Biography

Ghweil Ali Abdelrahman was a Resident of (Tropical medicine and Gastroenterology) for three years .He worked as a Clinical demonstrator and assistant lecturer of Tropical medicine and Gastroenterology, Sohag University. He was working as a Lecturer of Tropical medicine and Gastroenterology, South Valley University. Currently, he is the Head of Tropical Medicine and Gastroenterology department, South Valley University. He is also a member of the European Society of Liver Diseases (EASL).

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Multi-scale modeling of schistosomiasis transmission dynamics

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In this study, we develop a multi-scale model that integrates the within-host and between-host transmission dynamics of schistosomiasis. The resulting linked models are sometimes called immuno-epidemiological models. However, there is still no generalized framework for linking the within-host and between-host dynamics of infectious diseases. Moreover, for environmentally transmitted infections, there is a gap in knowledge on how environmental factors alter many aspects of such infections including susceptibility to infective dose, persistence of infection, pathogen shedding and severity of the disease. In this work, we integrate the within-host and between-host sub-models by identifying the within-host and between-host variables and parameters associated with the environmental dynamics of the pathogen and then design a feedback of the variables and parameters across the within-host and between-host models using human schistosomiasis as a case study. We study the mathematical properties of the linked model and show that the model is epidemiologically well-posed. Using results from the analysis of the endemic equilibrium expression, the disease reproductive number and numerical simulations of the full model, we adequately account for the reciprocal influence of the linked within-host and between-host sub-models. We expect the conceptual modeling framework developed here to be applicable to many environmentally transmitted infectious diseases other than the specific disease system of human schistosomiasis considered here.

Biography

Dephney Mathebula has her expertise in multi-scale modeling of infectious diseases such as schistosomiasis, malaria and influenza. Her passion is in improving the implementation of infectious diseases control measures by developing multi-scale models that account for both between-host and within-host disease dynamics. Her multi-scale model adequately accounts for the reciprocal influence of the linked within-host and between-host models.

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Perceptions and behaviors associated with emerging arboviruses in French Guiana

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The recent emergence of chikungunya and Zika virus worldwide aroused global attention due to their rapid spread and high potential for epidemics. Effective management of new arboviruses risks in the phase that no specific treatment or vaccination is yet possible is largely dependent on precautionary behavior of the population. The knowledge and understanding of the mechanisms underlying perceptions and behaviors are essential for authorities in charge of vector-borne diseases prevention to implement effective communication and promote precautionary practices. In the context of emerging arboviruses in French Guiana, we conducted two surveys among students and the general population respectively. A multifactorial analysis and a logistic ordinal regression were performed to explore and assess risk perceptions and protective behaviors and identify their potential determinants among the population of French Guiana. An emergent arboviral disease appeared as a new health threat that concern the public more than others existing *Aedes* mosquito-borne diseases, with a significant degree of perceived worry and severity. Furthermore, perceptions varied considerably among different social groups and geographic areas with an important gender effect related to Zika perceptions. Women were significantly more afraid about Zika, felt more exposed and characterized the disease as more severe and as affecting the patient more than did men ($p<0.001$). The adoption of protective behaviors was associated with socio economic and environmental factors, risk perceptions and behaviors. A negative association between the level of knowledge and the adoption of protective behaviors was observed (OR=0.69 [0.49-0.98]). Our results suggest that the adoption of protective behaviors would not necessarily rely on the knowledge but on individual factors and perceptions associated with the disease, as a multi-factorial process. Such data will be subsequently analyzed with seroprevalence data in order to identify from these socio-behavioral factors which are potential determinant of the infection of dengue, chikungunya and/or Zika viruses.

Biography

Camille F is currently finishing her PhD on the study of perceptions and behaviors related to arboviral infections among the population of French Guiana at the Epidemiology Unit at Pasteur Institute of French Guiana with Dr. Claude Flamand. She has 7 publications in the field of infectious diseases and already presented her research in three congresses.

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