



14th International Congress on Infectious Diseases (ICID)

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Organized by the International Society
for Infectious Diseases



FINAL PROGRAM

With the



4th Regional Conference of the International Society of Travel Medicine



II Congreso Latinoamericano de Medicina del Viajero

In collaboration with the



Infectious Diseases Society of America (IDSA)
Pan American Association for Infectious Diseases (API)
Latin American Society of Pediatric Infectious Disease (SLIPE)



Poster Presentations

Riverfront Hall
Exhibition Area
Lobby Level
 9:45 – 10:15hrs
12:30 – 14:30hrs
 15:15 – 15:45hrs

Wednesday, March 10, 2010	Riverfront Hall	Sessions 23–34
Thursday, March 11, 2010	Riverfront Hall	Sessions 48–59
Friday, March 12, 2010	Riverfront Hall	Sessions 73–84

Wednesday, March 10, 2010

- 23 Antibiotic Resistance: Gram-Negative
- 24 Arboviruses
- 25 Clinical Bacterial Infections
- 26 Foodborne Diseases and Outbreaks
- 27 HIV: Epidemiology and Prevention
- 28 **Influenza**
- 29 Malaria & Blood-borne Parasites
- 30 Mycology, Fungal Infections and Antifungal Drugs
- 31 Non-tuberculous Mycobacteria
- 32 Travel Medicine and Travel Health
- 33 Tuberculosis: Epidemiology, Prevention & Control
- 34 Zoonoses and Infections in Animals

Thursday, March 11, 2010

- 48 Antibiotics: Mechanisms and Spectrum
- 49 Antibiotics: Pharmacology and Clinical Studies
- 50 Antibiotics: Usage and Stewardship
- 51 Epidemiology of Pathogens
- 52 Gram-negative Bacterial Infections
- 53 Hepatitis
- 54 HIV: Pathogenesis
- 55 HIV: Therapeutics
- 56 Infection Control, Nosocomial Infections and Critical Care
- 57 Infectious Diseases Surveillance
- 58 Parasites
- 59 Tuberculosis: Diagnosis, Treatment & Drug Resistance

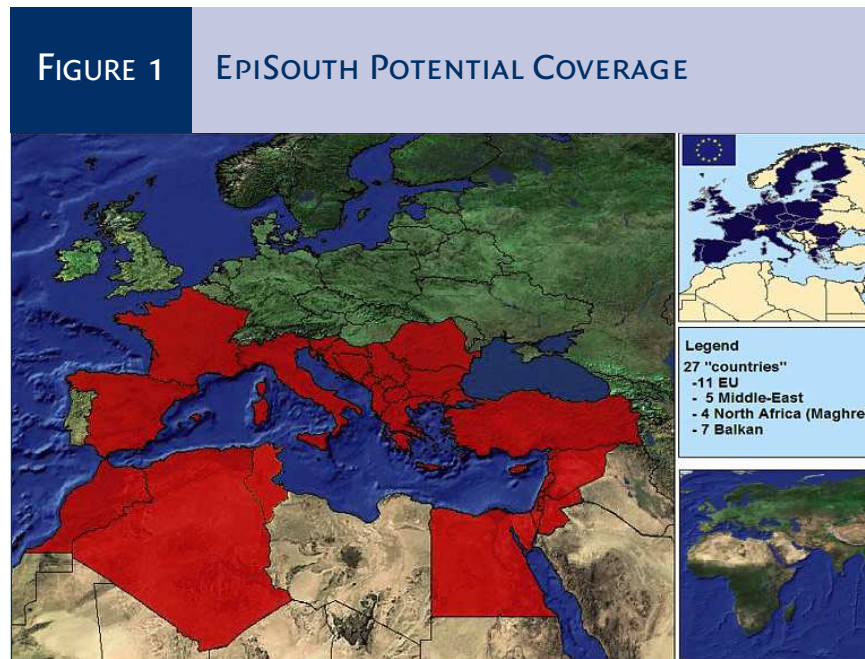
Friday, March 12, 2010

- 73 Animal Models, Pathogenesis & Host Defenses
- 74 Antibiotic Resistance: Gram-Positive
- 75 Diagnostics
- 76 Emerging Infectious Diseases
- 77 Gram-positives & Miscellaneous Pathogens
- 78 HIV: Opportunistic Infections & Malignancies
- 79 Obstetrical-Gynecological, Surgical and Sexually Transmitted Infections
- 80 Pediatric and Perinatal Infections
- 81 Mycobacterial Pathogenesis, Immunology and Vaccines
- 82 Trypanosomiasis, Leishmaniasis & Schistosomiasis
- 83 Vaccines and Vaccine Development
- 84 Virology and Viral Infections (Non-HIV)



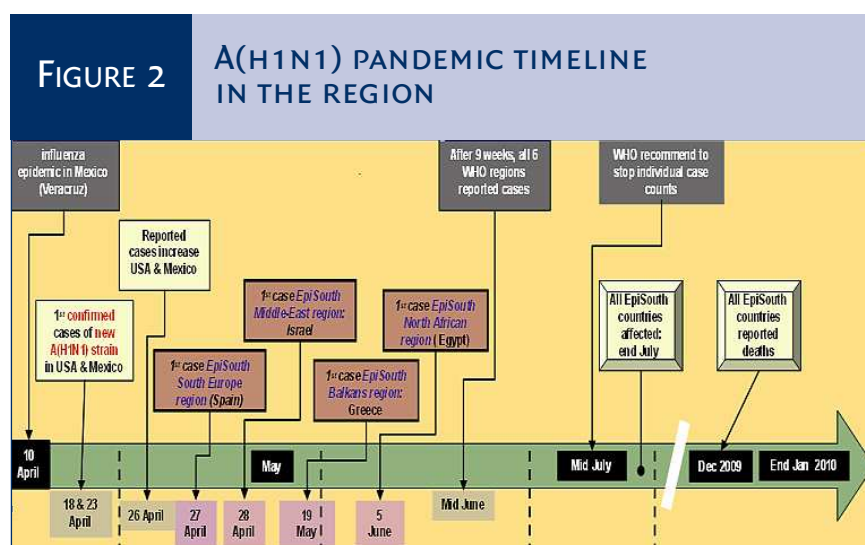
The progressive expansion of the Novel A(H1N1)v epidemic in the EpiSouth region (Mediterranean and Balkans)

F. Ait-Belghiti, N. El Omeiri, J. Gueguen, M. Gastellu-Etchegorry, A. Rachas, S. Declich, MG. Dente and P. Barboza for the EpiSouth network and the Epidemic Intelligence team - French Institute for Public Health Surveillance (InVS), France.



Structure of the EpiSouth network

- EpiSouth objective:** Improve communicable diseases surveillance, communication and training across Mediterranean and Balkans countries
- The project is composed by 8 Workpackages (WP)
- The WPs are hosted in European public health institutes
 - ↳ **4 technical WPs**
 - Epidemic Intelligence & cross border (InVS, France)
 - Vaccine preventable diseases & migrants (Bulgaria)
 - Emerging zoonoses (Greece)
 - Training (Spain)
 - ↳ **4 support WPs**
 - Coordination, dissemination, evaluation, and network (Italy)
- Duration:** Initial 3 Years period
- Start:** December 2006 (in practice April 2007)
- Funding:** European Commission + Italian MoH
- Countries:** They actively collaborated to the project construction through their involvement in WP Steering Teams.
- List of the 26 participating countries :**
 - South of Europe: Bulgaria, Cyprus, France, Greece, Italy, Malta, Romania, Slovenia, Spain
 - Balkans: Albania, Bosnia & Herzegovina, Croatia, Kosovo, FYROM, Macedonia, Montenegro, Serbia
 - Middle-East : Israel, Jordan, Lebanon, Palestine, Syria, Tunisia, Turkey
 - North Africa : Algeria, Egypt, Morocco, Tunisia



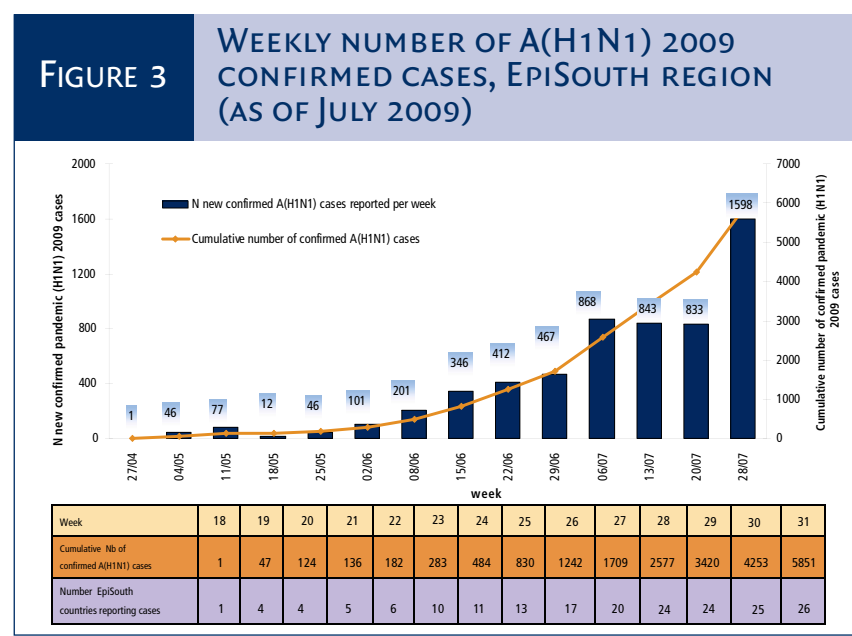
After July 2009, the number of confirmed cases was no longer representative and monitoring of pandemic progression was based on the reporting of confirmed deaths

Tracking A(H1N1) in the EpiSouth region

- Data source:** EpiSouth countries
 - Data were provided on a voluntary basis by network focal points
 - And collected from: ministry of health, public health institutes, WHO.
 - Type of data collected :**
 - Case definition and case management strategies
 - Confirmed cases
 - Deaths / severe cases
 - Community transmission: virus circulation intensity
 - Imported vs. autochthonous cases
 - A Descriptive analysis performed on a weekly basis**
 - The information was shared with the network:**
 - Daily bulletin (in April and May 2009)
 - Twice a week (in June 2009)
 - Weekly bulletin (from July 2009 to January 2010)
- A total of 121 bulletins and messages were issued (from 27th April to 19th January 2010)

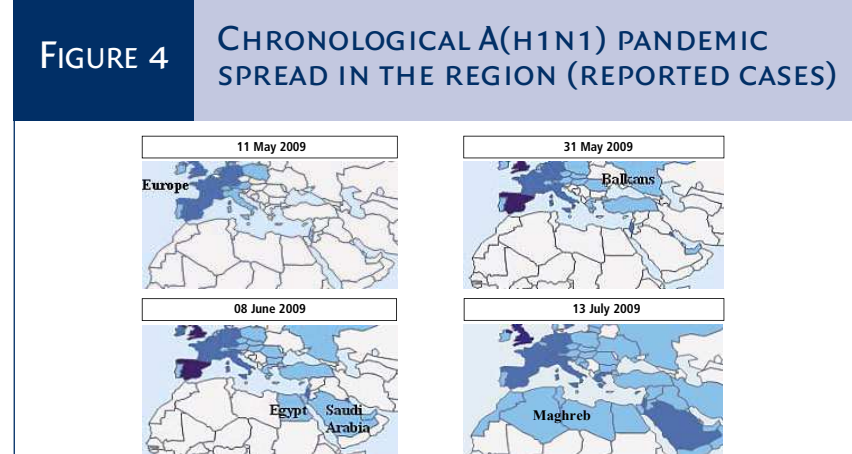
Results

- Confirmed A(H1N1) cases reported in the EpiSouth region (from week 17 to 31)
 - 8 weeks after the 1st confirmed case in the region, over 1200 cases were reported in two thirds of EpiSouth countries
 - On 16 July 2009, WHO recommended to discontinue individual cases count in countries where community transmission was established
 - At that date:
 - A total of 6,499 confirmed cases including 8 deaths had been reported in the region
 - Spain and Israel had reported the highest number of cases (1,538 and 1,520 respectively)
 - By the end of July 2009, all 26 EpiSouth countries had reported confirmed cases

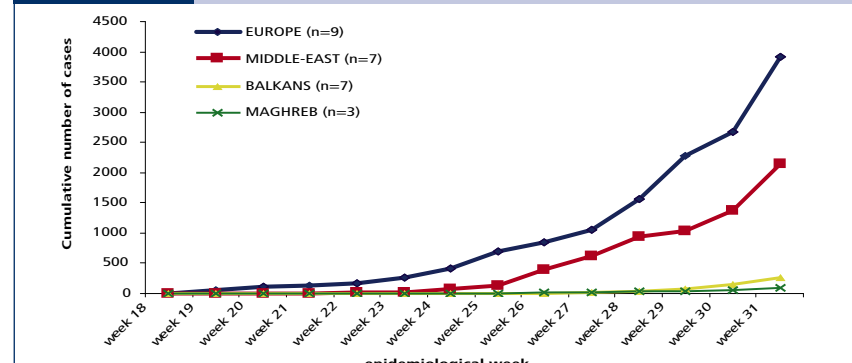


A(H1N1) Geographical spread

- As for other parts of the world, students, tourist, residents, or expatriates coming from areas with higher levels of community transmission travelled to less affected countries, hence increasing the level of imported cases in various countries
- The epidemic spread of the pandemic in EpiSouth region reflected:
 - The importance of links with North America
 - The extensive population movements within the Mediterranean area during summer vacations
- The 4 EpiSouth sub-regions were progressively affected by the A(H1N1) pandemic
 - Southern Europe was the 1st EpiSouth area affected
 - By end of May 2009, several Balkans countries reported confirmed cases
 - In June 2009, most of Middle-East countries declared community transmission
 - By Mid-July 2009, North African countries reported confirmed cases



EVOLUTION OF THE PANDEMIC PER WEEK AND BY "SUB-REGION": CUMULATIVE NUMBER OF A(H1N1) 2009 CONFIRMED CASES, AS OF 28 JULY (WEEK 31)*

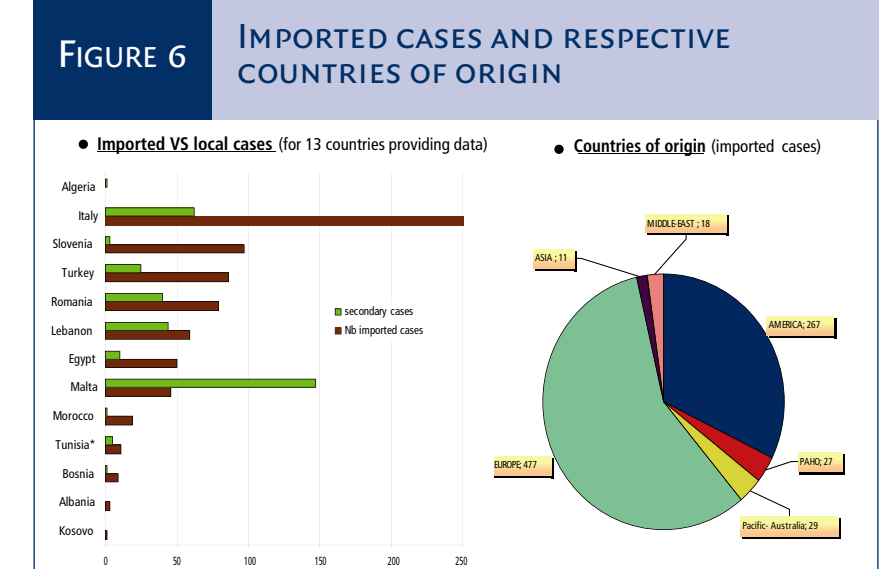


* mid-July 2009, WHO recommended to stop individual counting of cases. After this date, the total number of reported cases is no longer representative.

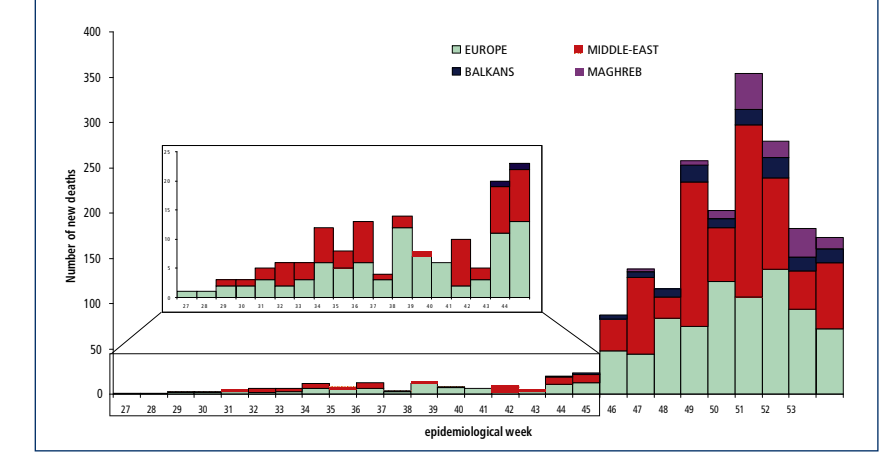
A(H1N1) related deaths and imported cases

- Deaths reported in the EpiSouth region (week 17 to 53) :
 - By the end of December 2009, 1,939 A(H1N1) related deaths had been reported
 - The 1st A(H1N1) related death in the EpiSouth region was reported in Spain (on 29 June 2009)
 - Until week 44, most cases and deaths were reported in Southern European countries
 - On week 45, the pandemic had spread to all 4 EpiSouth sub-regions.
 - By 07 December 2009 (week 49), all 26 EpiSouth countries had reported fatalities:
 - Southern Europe: 874
 - Middle East: 826
 - North Africa: 120
 - Balkans countries: 119

- Imported cases:**
 - Importation of cases varied according to EpiSouth sub-regions
 - First imported cases in most Southern European countries and Israel originated from North America (Canada, Mexico & USA), and to a lesser extent from South America and the Pacific. Transmission within EpiSouth was limited
 - For the Middle-East and North Africa, imported cases originated mainly from Europe (including EpiSouth Southern European countries) and other Middle Eastern countries (e.g. pilgrims returning from Saudi Arabia). Documented importation from North America was limited
 - Most imported cases into the Balkans originated from other European countries



NUMBER OF A(H1N1) RELATED DEATH, PER WEEK OF REPORTING IN THE 4 EPI SOUTH SUB-REGIONS, FROM APRIL TO DECEMBER 2009



Discussion

- EpiSouth added value:
 - First compilation of data covering the Mediterranean and Balkans (3 WHO regions), information available in English
 - Unique access for regional daily update
 - Optimisation of epidemic intelligence and epidemiological analysis (reduced duplication)
 - Enhanced communication flow and expertise exchanges on:
 - case management, case definition, and vaccination strategies, etc
- The main limitations related to the systems:
 - Country specific surveillance systems: different characteristics (timeliness, sensitivity exhaustivity, geographic coverage, etc.)
 - Case definitions used (for case confirmation) were country specific
 - Access to laboratory confirmation varied in the region

Conclusion

- Phased dissemination of the pandemic in the region:
 - North Africa and Balkans affected later than other sub-regions
 - The dynamic of the pandemic illustrated the role played by population movements in EpiSouth countries
- Increased information sharing among affected countries
 - Countries affected later were in better position to anticipate
 - Usefulness in data sharing for
 - Elaboration of case definitions
 - Strategy for case detection and management
- Although countries of the Balkans and the Mediterranean Basin belong to different supranational organisations (3 WHO regions, EU & non-EU, etc), they share the same ecosystem, the same populations and a common history.
- The A(H1N1) pandemic underlined the importance of reinforcing information and expertise sharing across the region
- EpiSouth, is still a young network, but through this global crisis it proved that it can contribute to strengthen health security in the region in coordination with existing early warning systems especially WHO and ECDC

Acknowledgments to:

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 - All the EpiSouth network and the 26 participating countries: ALBANIA, Tirana (Institute of Public Health); ALGERIA, Alger (National Institute of Public Health); BOSNIA & HERZEGOVINA (Ministry of Civil Affairs Sarajevo, Ministry of Health and Social Welfare, Banja Luka, Republic of Srpska, and Public Health Institute, Mostar, Federation of B&H); BULGARIA, Sofia (National Center of Infectious and Parasitic Diseases - NCIPD); CROATIA, Zagreb (Croatian National Institute of Public Health); CYPRUS, Nicosia (Ministry of Health); EGYPT, Cairo (Ministry of Health and Population); FYROM - Former Yugoslav Republic of Macedonia, Skopje (Institute for Health Protection and Clinic of Infectious Diseases); FRANCE, Saint Maurice Cedex (French Institute for Public Health Surveillance - InVS); GREECE, Athens (Hellenic Center for Diseases Control and Prevention - HCDCP); ISRAEL (Israel Center for Disease Control Tel Hashomer and Ministry of Health Jerusalem); ITALY (Italian National Institute of Health - ISS, Rome & Padua Teaching Hospital Padua); JORDAN, Amman (Ministry of Health); KOSOVO UNSCR 1244, Prishtina (National Institute of Public Health); LEBANON, Beirut (Ministry of Public Health); MALTA, Msida (Ministry of Health, Elderly and Community Care); MONTENEGRO, Podgorica (Institute of Public Health); MOROCCO, Rabat (Ministry of Health); PALESTINE, Ramallah (Ministry of Health); ROMANIA Bucharest (Institute of Public Health - IPH/ISPB); SERBIA, Belgrade (Institute of Public Health of Serbia); SLOVENIA, Ljubljana (Institute for Public Health of the Republic of Slovenia - NIPH/IVZ-RS); SPAIN, Madrid (Carlos III Health Institute); SYRIA, Damascus (Ministry of Health); TUNISIA, Tunis (Ministry of Health); TURKEY, Ankara (Ministry of Health & Refik Saydam National Hygiene Center).
- <http://www.episouth.org/index.html>



