17th International Congress on Infectious Diseases

HYDERABAD • INDIA • MARCH 2~5, 2016

Organized by the
International Society for Infectious Diseases

Supported By

Satellite Symposia Program and Abstracts
What is ProMED?

- A global expert network of infectious disease and public health specialists.
- The organization that first reported the outbreak of SARS in 2003 and another new coronavirus in 2012.
- A FREE emerging diseases alert system that reaches 65,000 subscribers in 190 countries worldwide in multiple languages.
- The world’s first infectious disease social network, with its own website, Twitter feed, and Facebook pages.

✔ ALL OF THE ABOVE
**Grand Convergence: Aligning Technologies and Realities in Global Health**

*Sponsored by PLOS (Public Library of Science) and University of California San Francisco’s Global Health Group*

12:30 – 14:15  **Panel Discussion**

Global health experts discuss “Grand Convergence,” a new PLOS Collection that explains how a dramatic reduction in the global burden of disease can be achieved by 2035 through investing in research and development, and aggressively scaling up delivery of existing health tools and services.

**Faculty**

Larry Peiperl, Chief Editor, PLOS Medicine
Soumya Swaminathan, Secretary, Department of Health Research, Ministry of Health and Family Welfare, Government of India, and Director General of Indian Council of Medical Research
Cyril Engmann, Program Leader, Maternal, Newborn, and Child Health and Nutrition, PATH
Harish Iyer, Senior Advisor, Gates Foundation India Country Office, Scientific Programs
Pertussis. The protection starts with you.
Sponsored by GSK

Chair: Dr. Sundaram Balasubramanian, India

12:30 – 12:35 Welcome and Introduction  
Dr. Sundaram Balasubramanian, India

12:35 – 14:00 Panel Discussion Including the Following Topics:
- Latest update on global and regional pertussis burden
- Why pertussis is a public health concern
- Current recommendations and available strategies for pertussis prevention in different age groups
- Lessons learned from pertussis vaccination implementation

14:00 – 14:15 Concluding Remarks and Q&A

Faculty
Dr. Sundaram Balasubramanian, India
Dr. Anil Dutta, GSK Belgium
Dr. Walid Kandeil, GSK Belgium
Dr. Tomas Marcek, GSK Belgium
Pneumococcal Disease Prevention: Further Evidence of Success

Sponsored by Pfizer

Chair: Mark A. Fletcher, MD, France

12:30 – 12:35 Remarks by Chair
Mark A. Fletcher, MD, France

PCV Protection of Children: A Story of Immune Response, Serotype by Serotype
12:35 – 13:15 Helping to Protect Against Pneumococcal Disease Across Generations: Public Health Impact of PCVs
Nitin Shah, MD, India

Pneumococcal Vaccination in Older Adults: Where Is the Evidence Leading?
Rosana Richtmann, MD, Brazil

13:35 – 13:55 Helping to Protect Adults Against Pneumococcal Pneumonia: From Clinical Trials to Vaccine Policy
Charles Feldman, MB BCH, DSc, PhD, FRCP, FCP (SA), South Africa

13:55 – 14:00 Summary and Concluding Remarks
Mark A. Fletcher, MD, France

Abstract
The widespread use of pneumococcal conjugate vaccines (PCVs) has had a significant impact on vaccine-type pneumococcal disease in children globally. This is evidenced by the real-world effectiveness data from countries around the world. With high vaccine coverage in pediatric populations, indirect (herd) protection has led to substantial reductions in invasive pneumococcal disease in unvaccinated populations, including adults. However, challenges remain. This symposium will examine vaccine serotype immunogenicity data and its relation to the impact PCVs have had on public health. The symposium will also examine the continuing burden of pneumococcal pneumonia in older adults, and conclude with a review of landmark clinical trial data and an assessment of the evolving PCV recommendation landscape.

Faculty
Mark A. Fletcher, MD, Senior Director Pfizer Vaccines, Paris, France
Rosana Richtmann, MD, Director, Infections Control Committee, Santa Joana Hospital Maternity Director of Infection Control Committee, Pro Matre Paulista, São Paulo, Brazil
Charles Feldman, MB BCH, DSc, PhD, FRCP, FCP (SA), Professor of Pulmonology, Chief Physician, Charlotte Maxeke Johannesburg Academic Hospital, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
Nitin Shah, MD, Professor of Paediatrics and Consultant Paediatrician PD Hinduja Hospital for Children, (B) Wadia Hospital, Lion’s Hospital, Mumbai, India
Do MMRV Combination Vaccines Optimize the Prevention of Measles, Mumps, Rubella and Varicella?

*Sponsored by GSK*

**18:00 – 18:10**  
Introduction  
Dr. Sanjay Lalwani, India  
Dr. Anil Dutta, GSK Belgium

**18:10 – 18:30**  
Lessons Learned from MMRV Combination Vaccine Programs Worldwide  
Dr. Volker Vetter, GSK Belgium

**18:30 – 19:00**  
Recent Evidence from India  
Dr. Sanjay Lalwani, India

**19:00 – 19:30**  
The Potential Role of MMRV Vaccination in India  
Panel Discussion

**19:30 – 19:45**  
Q&A and Concluding Remarks  
Dr. Anil Dutta, GSK Belgium

**Faculty**  
Dr. Sanjay Lalwani, India  
Dr. Anil Dutta, GSK Belgium  
Dr. Volker Vetter, GSK Belgium
The International Meeting on Emerging Diseases (IMED 2016) is organized by the International Society for Infectious Diseases (ISID) and its Program for Monitoring Emerging Diseases (ProMED-mail). Since its inception, IMED has been a summit that unifies our approach to pathogens in the broadest ecological context. Drawing together human and veterinary health specialists, IMED serves as a true One Health forum where those working in diverse specialties and diverse regions can meet, discuss, present and challenge one another with findings and new ideas. While pathogens emerge and mutate, our methodology for detection, surveillance, prevention, control, and treatment also continue to evolve. New approaches to vaccination and isolation the uses of novel data sources and genomics, novel laboratory methods, rapid point-of-care diagnostics, risk communication, political and societal responses to outbreaks have all seen innovation and change that will be explored at IMED 2016.

The deadline for abstract submission will be July 1, 2016.

Target Audience: Physicians, veterinarians and other health care workers and scientists, public health leaders, pharmaceutical and biotechnology industry, journalists, other interested persons including the entire ProMED-mail community.

Planned Session Topics Include:

- Disease Surveillance, Detection, Reporting and Outbreak Modeling
- Ethics of New Methodologies of Disease Surveillance
- Vectorborne and Zoonotic Diseases
- Foodborne and Waterborne Infections
- Infections Related to Travel and Migration of Humans and Animals
- Animal Reservoirs for Emerging Pathogens
- Agents of Bioterrorism/Biological Warfare
- Laboratory Biosafety and Emerging Pathogen Research
- Specific Disease Threats: Pandemic Influenza, Anthrax, C. difficile, Q fever, Rift Valley Fever; MERS, West Nile Virus, Zika Virus, Hemorrhagic Fevers, Bluetongue, Chikungunya, TSEs, Healthcare Associated Infections, and Others.
- Antimicrobial Resistance
- Vaccines and Diagnostics for Emerging Diseases
- Submitted Abstracts (Oral and Poster)
Priorix-Tetra™ Advert_A4_GSKDC-PT-GVAC-2016-249_D10.indd   1

Priorix-Tetra™ is for subcutaneous injection. It is preferable to respect an interval of at least 6 weeks between doses. In no circumstances should this interval be less than 4 weeks (see full prescribing information for more information).

Method of administration:

- Known systemic hypersensitivity to neomycin or to any other component of the vaccine, subjects with impaired immune responses and pregnant women.

Pregnancy should be avoided for one month after vaccination. Special warnings and special precautions for use: Should be postponed in subjects suffering from acute severe febrile illness. Alcohol and other disinfecting agents must be allowed to evaporate from the skin before injection. Should be given with caution to persons with a history or family history of allergic diseases or those with a history or family history of convulsions.

Thrombocytopenia should be considered in patients with selected immune deficiencies where the benefit outweighs the risks. Thrombocytopenia is the risk-benefit of immunising with Priorix-Tetra™ should be carefully evaluated. Data suggest a higher efficacy and a decrease in breakthrough varicella following two doses of vaccine with respect to one dose. This correlates with an increase in anti-varicella antibodies elicited by the second dose, which suggests that the second dose of varicella antigen acts as a booster. Should not be administered intravenously. Interaction with other medicinal products and other forms of interaction: Tuberculin testing should be carried out before or simultaneously with vaccination as live measles vaccine for reconstitution with the sterile diluent. Indications: Active immunisation against measles, mumps rubella and varicella. Posology: Each dose of Priorix-Tetra™ 0.5 ml given in accordance with the applicable official recommendations. Subjects from the age of 12 months up to and including 12 years of age should receive 2 doses of PRIORIX-TETRA™ to ensure optimal protection against measles, mumps, rubella and varicella. It is preferable to respect an interval of at least 6 weeks between doses. In no circumstances should this interval be less than 4 weeks (see full prescribing information for more information).

Method of administration:

- Provides the flexibility to substitute for separate MMR or varicella vaccines.

- Demonstrated efficacy data for up to 6 years.

- Priorix-Tetra™ is generally well tolerated. A small increased number of children experienced febrile seizures five to 12 days after the first dose of Priorix-Tetra™ as compared with co-administration of MMR and varicella vaccines or MMR alone.


For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory

Name: PRIORIX-TETRA™. Measles, mumps, rubella and varicella vaccine (live) Ph. Eur. Composition: Each 0.5 ml dose of the reconstituted vaccine contains not less than 10^3.0 CCID50 of the Schwarz measles, not less than 10^4.0 CCID50 of the Wistar RA 27/3 rubella virus strain and not less than not less than 10^3.3 PFU of the varicella virus OKA strain. Pharmaceutical form: Lyophilised vaccine for reconstitution with the sterile diluent. Indications: Active immunisation against measles, mumps rubella and varicella. Posology: Each dose of Priorix-Tetra™ 0.5 ml given in accordance with the applicable official recommendations. Subjects from the age of 12 months up to and including 12 years of age should receive 2 doses of PRIORIX-TETRA™ to ensure optimal protection against measles, mumps, rubella and varicella. It is preferable to respect an interval of at least 6 weeks between doses. In no circumstances should this interval be less than 4 weeks (see full prescribing information for more information).

Method of administration:

- Provides the flexibility to substitute for separate MMR or varicella vaccines.

- Demonstrated efficacy data for up to 6 years.

- Priorix-Tetra™ is generally well tolerated. A small increased number of children experienced febrile seizures five to 12 days after the first dose of Priorix-Tetra™ as compared with co-administration of MMR and varicella vaccines or MMR alone.


For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory

Name: PRIORIX-TETRA™. Measles, mumps, rubella and varicella vaccine (live) Ph. Eur. Composition: Each 0.5 ml dose of the reconstituted vaccine contains not less than 10^3.0 CCID50 of the Schwarz measles, not less than 10^4.0 CCID50 of the Wistar RA 27/3 rubella virus strain and not less than not less than 10^3.3 PFU of the varicella virus OKA strain. Pharmaceutical form: Lyophilised vaccine for reconstitution with the sterile diluent. Indications: Active immunisation against measles, mumps rubella and varicella. Posology: Each dose of Priorix-Tetra™ 0.5 ml given in accordance with the applicable official recommendations. Subjects from the age of 12 months up to and including 12 years of age should receive 2 doses of PRIORIX-TETRA™ to ensure optimal protection against measles, mumps, rubella and varicella. It is preferable to respect an interval of at least 6 weeks between doses. In no circumstances should this interval be less than 4 weeks (see full prescribing information for more information).

Method of administration: