EuroSciCon

DAY 1

Scientific Tracks & Abstracts

Infectious Diseases and STD-AIDS

April 26, 27 2018 Rome, Italy

DAY 1

April 26-27, 2018

Sessions

Infectious Diseases | Tuberculosis | HIV | Viral Infection | Sexually Transmitted Diseases

Session Chair
Kadiyali M Srivatsa, NHS & Public HealthCare, UK

Session Introduction

Title: Syphilis and its association with HIV infection in patients from a General Hospital in Buenos Aires, Argentina
Jose Barletta, Hospital Juan A. Fernandez , Argentina

Title: Study of joint action isoniazid and Vitamin B6 on the condition of liver during of treatment of Guinea pigs with experimental Tuberculosis
Ludmila Gayova, National Medical University, Ukraine

Title: "ELEPHANT IN THE DOCTORS ROOM": Emerging and Antibiotic resistant microorganisms that threaten healthcare workers
Kadiyali M. Srivatsa, NHS & Private Healthcare, UK

Title: Detection of anal dysplasia with chromo-endoscopy and narrow band imaging
Michelle D. Inkster, Digestive Disease and Surgery Institute, USA

Title: EATAN Voice of the Unheard
Kabukoma Christine, Country Representative European African Treatment Advocates Network [EATAN], Italy

Title: Micronutrient deficiency among WHO stage I/II HIV infected individuals in Kaduna and Zaria
Obiako O. R., Ahmadu Bello University Teaching Hospital, Nigeria

Title: Factors associated with Malaria test preference among households in Rubavu district, Rwanda: A cross Sectional study
Gashegu Misbah Mount, Kenya University, Rwanda

Title: Key achievements in PMTCT program: Rwanda 2006-2016
Karangwa Chasthe, Biomedical Center/HIV Division, Rwanda

Title: Blood stream infection and antibiogram among patients referred to Bahir Dar Regional Health Research Laboratory Center Ethiopia: A Retrospective Study
Derese Hailu, Bahir Dar Regional Health Research Laboratory Center, Ethiopia

Title: Seroprevalence and Risk Factors of Chlamydia Trachomatis Genital infection in Moroccan women
Belefquih B., Medicine and Pharmacy School, Morocco

EuroSciCon

Infectious Diseases and STD-AIDS

April 26-27, 2018
Rome, Italy

Jose Barletta et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

SYPHILIS AND ITS ASSOCIATION WITH HIV INFECTION IN PATIENTS FROM A GENERAL HOSPITAL IN BUENOS AIRES, ARGENTINA

Jose Barletta, Sofia Stover, Maria Rey, Mercedes Cabrini Gabriela Blugerman and Hector Perez

Hospital Juan A. Fernandez, Argentina

Background: Syphilis is an old known sexually-transmitted disease (STD). Despite it can be easily prevented and treated, each year more than 10-million cases are still diagnosed worldwide, with an incidence of 1, 5 cases/1000 habitants in Latin-America. There is limited epidemiological data from South-America available.

Materials & Methods: We performed a retrospective analysis of medical records of patients with clinical diagnosis of syphilis and non-treponema-test data (VDRL) available between june-2012 and october-2015. Age, gender, HIV status, HIV plasma viral load (VL), follow-up and repeat infection rates were analyzed. Loss to follow-up was considered when post-treatment-VDRL was not performed, and repeat infection was defined as a fourfold increase in VDRL titer after effective treatment. HIV VL<200 copies/mm^3 was considered as virologic suppression (VS). Statistical analysis was performed using Epi Info 7.2.1.

Results: 3464 VDRL results from 994 subjects were analyzed. 83.9% were men, with a median age of 35-years (IQR 27-43). 771 patients (77.6%) were HIV-positive (HIV+) and 353 of the 654 subjects with available VL data were on VS (54%). 663 (63.7%) had at least one VDRL during follow-up period, with higher follow-up rates in HIV+ (66.9% versus 52.5% p<0.01) and older than 35-years subjects (67.7% versus 59.6% p<0.01). Overall repeat infection rate was 19%, with higher rates in older-than-35-years (23.1% vs. 14.2% p<0.01), HIV+ patients (20, 7% vs. 11,1% p=0.02), and HIV+ patients on VS (27.3% versus 12.9% p<0.01). Median time to repeat infection was 506 days (IQR 363-658).

Conclusions: As stated in previous epidemiological reports, rates of syphilis repeat infections are higher in subjects older than 35-years and in HIV+ patients, especially in those on VS. Our findings remark the need for reinforcement of STD-preventive measures in this population. The usual medical care in HIV+ patients may overestimate the rates of follow-up and repeat infection compared with HIV negative patients.

Biography

Jose Barletta is an Argentine Physician graduated from Universidad de Buenos Aires. He is a Teaching Assistant in Clinical Pharmacology at Universidad de Buenos Aires since 2009. He is currently working as an Infectious Diseases Resident at Hospital Fernández, a reference center for HIV in Argentina where he carries out research and patient-care activities. He has authored and co-authored several research projects.

jabarletta@gmail.com

EuroSciCon

Infectious Diseases and STD-AIDS

April 26-27, 2018
Rome, Italy

Ludmila Gayova., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

STUDY OF JOINT ACTION ISONIAZID AND VITAMIN B6 ON THE CONDITION OF LIVER DURING OF TREATMENT OF GUIENA PIGS WITH EXPERIMENTAL TUBERCULOSIS

Ludmila Gayova
Bogomolets National Medical University, Ukraine

We present the results of morphological studies of tuberculosis and nonspecific inflammatory changes of the guinea pigs in the treatment of different ratios of isoniazid with pyridoxine hydrochloride. Guinea pigs are well suited to study airborne TB transmission due to their exceptional vulnerability to infection with as little as a few inhaled mycobacteria. The guinea pig also replicates many aspects of TB infection in humans, including the formation of granulomata, primary and hematogenous pulmonary lesions, dissemination, and caseation necrosis. The optimal dose ratio of the expression of specific and non-specific manifestations of inflammation in the lungs and liver also prayed to interpret the results of studies for the treatment of destructive tuberculosis in humans. It was proposed a method of determining the optimum ratio of doses of the most pronounced therapeutic effect and minimal side effects. The aim of the study was to conduct morphological evaluation of lesions of internal organs (lungs, liver) after treatment of experimental tuberculosis of guinea pigs different ratios of doses of isoniazid and pyridoxine hydrochloride. The optimal therapeutic effect is obtained by treating animals with experimental tuberculosis isoniazid at a dose of 26 mg/kg of vitamin B6 and 10mg/kg body weight of the animal, thus completely disappeared phenomenon specific inflammation in the lungs, liver. This phenomenon also disappeared perifocal nonspecific inflammation disappeared dystrophic and necrotic changes in the studied organs.

Biography

Ludmila Gayova is a Professor and Head of Department of Biological and Bioorganic Chemistry Bogomolets National Medical University, Kyiv, Ukraine. She has completed her MD from Bogomolets National Medical University. She has published more than 60 papers in academic journals like Ukrainian Pulmonological Journal, *Tuberculosis, Pulmonary disease*, HIV infection, ScienceReise and *International Journal of Animal Science* and Technology and other.

ludmilagaevaya@gmail.com

EuroSciCon

Infectious Diseases and STD-AIDS

April 26-27, 2018
Rome, Italy

Kadiyali M. Srivatsa, J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

ELEPHANT IN THE DOCTORS ROOM": EMERGING AND ANTIBIOTIC RESISTANT MICROORGANISMS THAT THREATEN HEALTHCARE WORKERS

Kadiyali M. Srivatsa
NHS & Private Healthcare, UK

We, were so preoccupied with whether, or not we could, we did not stop, to think if we should. It's ironic, a fantasy movie. Aptly, describes the medical crisis we face today, I am talking about emerging and antibiotic-resistant bacterial infections and how to prevent them spread resulting in epidemics and pandemics that can kill 10 million people per year by 2050. We are now facing a mortal enemy that surpasses our own Intelligence. A tiny microorganism that has indeed, brought us to our knees. It has learned from us, adapted to us, and now exploits our genetic vulnerability, with lethal precision. Pharmaceuticals, medical device manufacturers, government and doctors have now started accepted and acknowledging this as a major crisis of 21st Century. Unfortunately, they are offering incentives and financial support to projects and research that may never bring in the miracle cure and save millions of lives as it did in the past. By not guarding the miracle drug as custodians, we allowed antibiotics to, fatten chickens, treat animals, encouraging nurses to use our clinical skill to diagnose illness, prescribe drugs, and chemist to sell antibiotics without the prescription. We have now lost the only drug that helped us fight infections, learn more about our body, make advances in medicine possible, perform surgical procedures, transplant surgery, IVF and, Save millions of people. My mission is to help encourage, members of our profession to, share knowledge, Innovate and develop products, and method to fight infection. My message to members of my profession is to reduce wasted consultations, cost of healthcare, antibiotic abuse and cross infections and help us this war with bugs that we cannot see. I hope to discourage people in power, institutions and pharmaceuticals companies stop this dream of inventing a miracle cure, tests, investigations and talking about boosting immunity knowing the bugs are smarter, stronger and well adapted to survive and think of alternate strategy of integrating innovations to initially identify infected individuals and isolate them to protect humanity.

Biography

Author, doctor, inventor and publisher who worked in acute as staff and associate specialist in acute and intensive paediatric care in internationally respected hospitals in the UK. Special interest "Spreading Superbugs & Emerging Infections". In 2000, he was appointed to teach nurses to manage infection in pilot nurse-led practice. He raised concern in 2004, about wrong doings and antibiotic abuse and the quality of care offered using protocols by nurse prescribers and practitioners. To protect fellow human for un-ethical medical practice, he collected and compiled a list of common symptoms and developed a simple tool "Maya" to help patients differentiate "Well from Non-Well". His created "Dr Maya" using Internet and communication technology to reduce the cultural dependency, cost, medical errors, delay in diagnosis, treatment and antibiotic abuse. His mission is to reduce cross infections with treatment resistant infections by helping doctors initially identify infected individual and isolate them to protect healthcare workers and pandemics.

medifix@gmail.com

EuroSciCon

April 26-27, 2018
Rome, Italy

Infectious Diseases and STD-AIDS

Michelle D. Inkster et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

DETECTION OF ANAL DYSPLASIA WITH CHROMOENDOSCOPY AND NARROW BAND IMAGING

Michelle D. Inkster and James S. Wu
Digestive Disease and Surgery Institute, United States of America

Anal dysplasia precedes anal cancer. High-definition chromoendoscopy with narrow band imaging and acetic acid was used to identify anal squamous intraepithelial lesions (SIL) in patients with abnormal anal cytology. 260 Patients were examined. Demographic characteristics are mean age (range) 47 (21-82) years; MSM (n= 158); HIV positive (n= 161). Associated diagnoses are urogynecologic SIL, solid organ/bone marrow transplantation and inflammatory bowel disease. Lesions were biopsied for histologic diagnosis and then ablated with hot forceps or Gold probe™. Results showing comparison of cytology to histopathology are shown in Table 1.

Biography

Michelle Inkster completed her PhD in Cell and Molecular Biology at St Louis University before entering Medical School at Case Western University. She is a Staff Gastroenterologist at the Cleveland Clinic in Cleveland Ohio. She is a Fellow of the American College of Gastroenterology. Her interests are improving the detection and treatment of anal dysplasia.

mdinkster@aol.com

Table 1. Chromoendoscopy (NBIA) in search of anal dysplasia in 260 patients with abnormal anal cytology
Chromoendoscopy (NBIA) in search of anal dysplasia in 260 patients with abnormal anal cytology

		Histopathology Histopathology Histopathology				
		SIL/SCC (%)	LSIL (%)	HSIL (%)	SCC	SIL not found
Cytology	N					
ASCUS	141	63/141 (44.7)	46/141 (32.6)	24/141 (17.0)	0 (0)	74/141 (52.5)
LSIL	100	73/100 (73)	54/100 (54)	19/100 (19)	1/100 (1)	25/100 (25)
HSIL	19	13/19 (68.4)	7/19 (36.8)	6/19 (31.6)	0 (0)	5/19 (26.3)

Ascus = atypical cells of undetermined significance; LSIL = low grade squamous intraepithelial lesion; HSIL – high grade squamous intraepithelial lesion; SCC = squamous cell carcinoma. These results are for first time chromoendoscopy.

ASCUS = atypical cells of undetermined significance; LSIL = low grade squamous intraepithelial lesion; HSIL – high grade squamous intraepithelial lesion; SCC = squamous cell carcinoma. These results are for first time chromoendoscopy.

Anal transitional zone lesion identification is enhanced by retroflexed inspection during rectal insufflation. Anal canal lesion detection is facilitated by endoscopic inspection through a lighted anoscope. Providers who perform esophagoduodenoscopy and/or colonoscopy routinely should be able to perform anal chromoendoscopy to detect anal SIL since the technique is part of routine gastroendoscopic practice.

EuroSciCon

WORKSHOP

Abstract

Infectious Diseases and STD-AIDS

April 26-27, 2018 Rome, Italy

EuroSciCon

April 26-27, 2018
Rome, Italy

Infectious Diseases and STD-AIDS

Kabukoma Christine, J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

EATAN VOICE OF THE UNHEARD

Kabukoma Christine

Country Representative European African Treatment Advocates Network [EATAN], Italy

European African Advocates Network is a new Europe-wide initiative that aims to enhance the quality of life of black and minority [BME] and specifically African patients living with HIV, viral hepatitis and other chronic conditions.

EATAN aims to address lack of voice and participation of African patients on key screening, treatment and care decisions. EATAN works with key stakeholders to influence policy; best practice and empower patients with information; skills and resources to self manage and make informed choices about their care.

Legal Status: A Community Interest Company registered on 16th August 2015.

Mission statement: European African Treatment Advocates Network [EATAN] works to reduce inequality in healthcare access experienced by black and minority ethnic [BME] and specifically African patients living with HIV viral hepatitis and other chronic conditions in Europe and to enhance their voices and actively participate in key diagnosis treatment and care decisions and plans.

Goals & objectives: Enhancing BME/African patient voices, experiences, participation and impact on health policies, treatment and care at local, national and EU level.

Developing a core team expert patients and treatment advocate representative of the diverse needs, interests, concerns and identities of BME/African patients across the EU.

Promoting high levels of treatment adherence among patients through provision of quality and appropriate treatment information, literacy and support.

Addressing current imbalances in participation of BME/African patients on clinical trials, scientific and other types of research that results in knowledge gaps and lack of evidence.

Campaigning against negative attitudes, stigma, faith and cultural norms that isolate vulnerable patients and prevent effective access to diagnosis, treatment and care.

Building partnerships and alliances with key stakeholders for shared learning and best practice.

Intended Outcomes: An empowered, informed and vibrant group of BME/African HIV patients taking more responsibility for their health and making informed decisions on treatment and care.

Keywords: EATAN Empowering Migrants & Improving Health options Ending the HIV/AIDS epidemic is our life contract One life saves a million lives

Biography

EATAN was conceived by a group of HIV and HepC patients EATAN and treatment advocates at Professor Ian VD Weller Glasgow Global Treatment Congress in 2012 following extensive consultations with other patients, clinical consultants, policy and healthcare professionals majority of who were concerned about poor health outcomes, lack of participation, voice presentation patients of African background in various high prevalence EU countries on key processes, platforms and bodies that determine policies and practices on HIV, Hepatitis and other blood borne diseases.

tinahkabukoma@gmail.com

EuroSciCon

April 26-27, 2018
Rome, Italy

Infectious Diseases and STD-AIDS

Obiako O.R. et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

MICRONUTRIENT DEFICIENCY AMONG WHO STAGE I/II HIV INFECTED INDIVIDUALS IN KADUNA AND ZARIA, KADUNA STATE: A CASE- CONTROL STUDY

Obiako O. R.[1, 2], Musa B. O. P.[1, 2], Hassan A[1, 2], Balogun Y.[2], Okonkwo L.[1, 2], I. Abdu-Aguye[1, 2], Maiha B. B.[1, 2], Muktar H. M.[1, 2] and Babadoko A.[1, 2]

[1]Ahmadu Bello University, Nigeria
[2]Ahmadu Bello University Teaching Hospital, Nigeria

Background: Persistent oxidative stress, hypercatabolism, increased HIV RNA replication and pro-inflammatory cytokines/ proteins leading to increased demand, utilization and subsequent deficiencies of anti-oxidant micronutrients and malnutrition are hallmarks of untreated HIV infection progression. This research compared some indices of malnutrition such as body mass index (BMI), hemoglobin, serum zinc, copper, and albumin among untreated HIV infected patients and matched HIV negative healthy persons.

Materials & Methods: The BMI, hemoglobin, and serum zinc, copper, and albumin levels of 90 antiretroviral naive adult patients attending HIV clinics in Kaduna and Zaria were compared with age-/sex-matched HIV negative healthy controls from the local communities. Inclusion criteria for cases and controls were absence of pregnancy, immunosuppressive and/or psychiatric illness; in addition to stage 1 and 2 infection, and CD4+ >500 cells/µl for patients.

Results: HIV infected patients had significantly lower BMI (25.8 kg/m2), hemoglobin (10.0 g/dl), serum zinc (0.01 ppm), copper (-0.4 ppm), and albumin (36.0 ppm) than BMI (27.6 kg/m2), hemoglobin (13.0 g/dl), serum zinc (0.16 ppm), copper (0.04 ppm), and albumin (39.0 ppm) of healthy controls.

Conclusion: Early stages of HIV infection, even if asymptomatic, are associated with micronutrients deficiency and malnutrition, thus the imperative for micronutrient supplementation in HIV infection is needed.

Biography

Obiako, Onyeadumarakwe Reginald's area of specialty is Neurology and HIV pharmacology. He has completed his Bachelor of Medicine and Surgery (MBBS), from University of Port Harcourt, Choba, Port Harcourt (1987) and Master of Science (M.Sc, Pharmacology) from Ahmadu Bello University Zaria (1999). Recently he is a Doctor of Philosophy (Ph. D, Pharmacology with special interest in HIV), in Ahmadu Bello University Zaria (2018).

orobiako87@gmail.com

EuroSciCon

WORKSHOP

Abstract

Infectious Diseases and STD-AIDS

April 26-27, 2018 Rome, Italy

EuroSciCon

Infectious Diseases and STD-AIDS

April 26-27, 2018
Rome, Italy

Gashegu Misbah et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

FACTORS ASSOCIATED WITH MALARIA TEST PREFERENCE AMONG HOUSEHOLDS IN RUBAVU DISTRICT, RWANDA: A CROSS SECTIONAL STUDY

Gashegu Misbah[1], Michael Habtu[1], Monica Mochama[1], Catherine Kansiime[2] and Benon Asiimwe[2]

[1]Mount Kenya University, Rwanda
[2]Makerere University, Uganda

Background: If people are not diagnosed and treated promptly for malaria, they may develop severe complications and death. Globally, an estimated 3.3 billion people are at risk of being infected with malaria and 1.2 billion are at high risk. The World Health Organization recommends using malaria rapid diagnostic tests (RDTs) or microscopy followed by prescribing antimalarials only to patients who have a positive test result. In Rwanda, malaria RDT was introduced in 2008 to be used by community health workers (CHWs) before offering treatment. This study assessed malaria test preference and associated factors among community members in Rubavu district, Rwanda.

Methods: This was a quantitative cross-sectional study. A structured self-administered questionnaire was given to 384 community members in households that were randomly pre-selected from community of Rubavu district. Chi-square test ($p<0.05$) was computed to establish factors associated with preference of malaria diagnostic test.

Results: The result shows that majority (77.6%) of the respondents prefer RDT over microscopy test (22.4%). The RDT was more preferable among household heads with low level of education (never attended, primary school, and secondary school) ($p=0.001$), with low monthly income ($p=0.002$) and those with community based health insurance ($p=001$). Descriptive analysis was also done for perceived benefits of using RDTs, reasons for not accepting RDTs and suggestions to improve RDTs in the community, the results show that majority 96.9% perceived that RDTs is used as fast diagnosis, 84.9% not accept using RDTs because on non-trusted results and 90.6% suggested provision of pictorial job aid to the CHWs.

Conclusion: Universal RDTs to all human species called combination or 'combo' test are the preferred method for the diagnosis of malaria by communities in Rubavu district. The test is more acceptable in households with low level of education, low monthly income, with community based health insurance.

Biography

Gashegu Misbah has completed his Master of Public Health from Mount Kenya University. He is the Voluntary Researcher. He has published two papers in reputed journals and has been serving as an Editorial Board Member of repute. During his career he had acquired strong skills through his experience in working with various stakeholders. He has worked with public institutions, international organizations and academic institutions either on full time basis and part time basis. He previously worked with PROTECT-RWANDA as in charge of Community Engagement Officer. More to this, he carried out research project that is a significant contribution to his academic growth and previously he worked with World Health Organization (WHO) as Research Assistant in data collection, data entry data cleaning and analysis.

misbahdjuma50@yahoo.fr

EuroSciCon

April 26-27, 2018
Rome, Italy

Infectious Diseases and STD-AIDS

Karangwa Chaste et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

KEY ACHIEVEMENTS IN PMTCT PROGRAM: RWANDA 2006-2016

Karangwa Chaste, Jean De Dieu Ntwali, Eric Remera and Placidie Mugwaneza

Rwanda Biomedical Center, Rwanda

Background: PMTCT program in Rwanda was initiated in 1999 with a piloting phase in one Health Centre. Subsequently, PMTCT service delivery has been expanded and now over 542 (96%) of public health facilities are covered. Further, the country aims to maintain mother to child transmission as low as 2% by 2020. We report on trend analysis of national program data that was carried for the last 10 years.

Methods: we reviewed National PMTCT guidelines and analysed national data on HIV testing among pregnant women, their partners and children in national PMTCT program from January 2006 to December 2016.

Results: In Rwanda, PMTCT protocol changed over time based on new evidences, it started with single dose Niverapine during labour then AZT for the pregnant mother and Nevirapine for exposed children (option A) to tri-therapy from 14 weeks of pregnancy up to the weaning period (option B), since 2012 the country is implementing option B+ requiring that the pregnant woman receive life-long antiretroviral therapy. Pregnant women tested for HIV increased from 88 to 99% and their prevalence decreased from 5.5% to 0.7% between 2006 and 2016. Women who accessed antiretroviral therapy increased from 80% in 2006 to 98.5% in 2016, this resulted into a decrease of HIV transmission among infants aged 18 months from 9.3% to 1.5%. Of male partners tested in PMTCT, the percentage increased from 30% in 2006 to 84.9% in 2016, their prevalence decreased from 5.4 to 0.9% in the same period.

Conclusions & Recommendations: PMTCT program have been scaled up successfully in Rwanda, there is an increase in HIV testing and a decline in HIV prevalence among pregnant women, partners and their children, indicating successful HIV prevention efforts. The success of PMTCT program in Rwanda result to political commitment, involvement of stakeholders and the whole community.

Biography

Karangwa Chaste has completed his masters in Epidemiology from National University of Rwanda. He is In Charge of PMTCT department in Rwanda Biomedical Centre/HIV Division. He has published more than three papers in reputed conferences.

kchaste92@gmail.com

EuroSciCon

April 26-27, 2018
Rome, Italy

Infectious Diseases and STD-AIDS

Derese Hailu et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

BLOOD STREAM INFECTION AND ANTIBIOGRAM AMONG PATIENTS REFERRED TO BAHIR DAR REGIONAL HEALTH RESEARCH LABORATORY CENTER ETHIOPIA: A RETROSPECTIVE STUDY

Derese Hailu[1], Bayeh Abera[2], Gashaw Yitayew[1], Daniel Mekonnin[2] and Awoke Derbie[2]

[1]Bahir Dar Regional Health Research Laboratory Center, Ethiopia
[2]Bahir Dar University, Ethiopia

Background: Blood stream infection (BSI) varies from self-limiting infections to life threatening sepsis. This study was conducted to determine bacterial agents causing BSI and their antimicrobial resistance profiles.

Methods: A retrospective study was conducted on febrile patients suspected for blood stream infections from March 2013 to January 2015 at Bahir Dar Regional Health Research Laboratory Center (BRHRL), Ethiopia. According to standard operational procedure for blood culture, venous blood samples were collected aseptically and processed with conventional blood culture. Antimicrobial susceptibility tests were performed using Kirby-Bauer disc diffusion methods.

Results: From 561 blood specimens, aerobic bacterial growth was observed on 220 (39.2%) samples. Age groups were statistically associated with BSI (P=0.001). Gram negative isolates constituted 115 (52.3%). *Staphylococcus* aureus with 22.7% was the predominant isolates followed by Coagulase-negative *Staphylococcus* (15.9%), *Klebsiella pneumoniae* (15.9%), *Escherichia coli* (8.6%), *Pseudomonas aeruginosa* (6.8%) and *Acinetobacter* species (5.9%). The overall range of drug resistance for Gram positive bacteria were 7% to 61% and for Gram negatives 6.9% to 82.6%. Among the Gram positive bacteria, high resistance levels were observed against Penicillin (61%) and Oxacillin (52.9%). The Gram negative organisms showed 66 to 82.6% resistance to Ampicillin, Ceftriaxone and Trimethoprim-sulfamethoxazole.

Conclusions: The present study revealed that blood stream infection linked with high levels of drug resistance is a significant health problem. Hence, early identification of bacterial pathogens and determining their antibiotic susceptibility could play key role for appropriate treatment of blood stream infection.

Biography

Derese Hailu has completed his BS degree in Addis Ababa University and Second-degree MS degree in Medical Microbiology at University of Gondar. He has nine years of work experience. From 2016-2017, he was working as Laboratory Directorate Director in Amhara Public Health Institute (APHI). Currently, he is working as Researcher in APHI. He has taken different trainings and short courses. Especially, he has taken TOT trainings provided by American Society for Microbiology (ASM).

deresehailu86@gmail.com

EuroSciCon

Infectious Diseases and STD-AIDS

April 26-27, 2018
Rome, Italy

Belefquih B. et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

SEROPREVALENCE AND RISK FACTORS OF CHLAMYDIA TRACHOMATIS GENITAL INFECTION IN MOROCCAN WOMEN

Belefquih B.[1], Benlahlou Y.[1, 2], Chahdi H.[1], Frikh M.[1, 2], Ez-zarigua N.[2], Ibrahimi A.[1], Bssaibis F.[1, 2], E. l Ghazouani M.[1, 2], Chadli M.[1, 2] Lemnouer A.[1, 2], Oukabli M.[2], Kassidi F.[1], Moussaoui D.[1], Bouzidi A.[2] and Elouennass M.[1, 2]

[1]Medicine and Pharmacy School, Morocco
[2]Hospital Military Instruction Mohamed, Morocco

Background: *Chlamydia trachomatis* genital infections represent a worldwide public health problem, due to their frequency and to their huge economical and human tribute associated to their complications (pelvic inflammatory disease, extra-uterine pregnancy and infertility). The aim of this study was to determine *Chlamydia trachomatis* seroprevalence and risk factors related to *Chlamydia trachomatis* infection.

Material & Method: Prospective study over six months, including female patients who underwent *Chlamydia trachomatis* IgG screening. Demographic and clinical data were collected after patient consent. *Chlamydia trachomatis* IgG testing was performed on sera samples, by immune-enzymatic technique using Serion ELISA Anti *Chlamydia trachomatis* IgG* according to manufacturer recommendations. Statistical analysis was performed by SPSS 17* (SPSS Inc.).

Results: One hundred and ninety-eight women were included, mean age was 47.3±9.6-year-old. 92% of patients were married and 34.4% were menopausal. Mean menarche age was 13.6±1.9 years, mean age of sexual activity beginning was 21.5±6.7 years, and mean age at first pregnancy was 22.7±4.9 years, sexual partners mean number was 1.1±0.3, and pregnancies mean number was 3.5±2.2. Patients were from urban origin in 75.5% cases, they were analphabet in 47.7% and their income was between 2000 dh and 5000 dh in 93.3%. Seroprevalence of anti-*Chlamydia trachomatis* IgG was 6%. Their median title was 52.50ul/mL [36.25-108.75]. *Chlamydia trachomatis* IgG detection was statistically associated with women age (p=0.036), menarche age (p=0.006), number of pregnancies (p=0.031), and menopauses (p=0.044).

Conclusion: As far as we know, there is no Moroccan data about *Chlamydia trachomatis* seroprevalence since the 90s. This finding may help to assess prevention or screening Chlamydia policies in this country.

Biography

Belefquih B. has completed her Medical degree on 2006 from Mohammed V University School of Medicine and Pharmacy and specialization studies on Medical Pathology from the same university. She underwent Systematic Virology Course of Pasteur Institute Paris (2009). She has worked at the Virology Department then at the Bacteriology Department of Mohammed V Military Teaching Hospital from 2010 to 2015. She was appointed as Assistant Professor of Microbiology during 2016 at the Mohammed V University and was the Head of Biology pole at the National Reference Laboratory, Casablanca. She is currently pursuing her PhD at Mohammed V University of Rabat and is working on the probable relationship between Chlamydia infection and cervix cancer.

bbelefquih@yahoo.fr

EuroSciCon

April 26-27, 2018
Rome, Italy

Infectious Diseases and STD-AIDS

Ephrem T. et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

FUNGAL PROFILE OF LOWER RESPIRATORY TRACT INFECTIONS AND DRUG SUSCEPTIBILITY PATTERN AMONG PEOPLE LIVING WITH HIV IN ADDIS ABABA, ETHIOPIA

Ephrem T.[1], Habteyes H.[1], Zemedu M.[1], Adane B.[2]

[1]Ethiopian Public Health Institute, Ethiopia
[2]Addis Ababa University, College of Health Sciences, Ethiopia

Background: Lower respiratory tract fungal infections are the most common cause of clinical manifestations among People Living with HIV (PLWHIV) and their impact is well documented. However, there is little information regarding the profile and drug susceptibility pattern of these pathogens. Thus, the aim of this study was to determine the profile of lower respiratory tract fungal pathogens and their drug susceptibility pattern among PLWHIV in Ethiopia.

Methodology: A cross-sectional study was conducted in St Paul's hospital millennium medical college, Addis Ababa. We enrolled a total of 142 adult PLWHIV, with symptoms of lower respiratory tract infections consecutively. We used a structured questioner to collect socio-demographic variables and clinical data of the participants. One early morning sputum was collected for fungal culture and antimicrobial susceptibility testing. Four millilitre whole blood was also collected for CD4+ T cell count. Data was analyzed by IBM SPSS version 22.0. We used descriptive statistics to describe the profile and drug susceptibility pattern of fungal pathogens. We also used Pearson Chie-square test to compare groups, and multiple logistic regression model was employed to determine factors associated with fungal infections.

Results: Of total participants 62% were females and the average age was 39.8(+10.35) years with range 16 to 75 years. The overall fungal pathogens isolated were 32.4%, and Aspergillus species were the most frequently (11.3%) isolated pathogen. CD4+ T cell count (AOR = 1.02; 95% CI, (1.01 – 1.03)) and WHO HIV clinical stages (AOR = 6.1; 95% CI, (5.9 – 8.01)) were significantly associated with fungal infection. Candida species were susceptible to all antifungal agents; however Candida krusei was resistant to Fluconazole.

Conclusion: The overall magnitudes of fungal pathogens isolated were considerable. Aspergillus species was the most frequently isolated fungal pathogen. CD4+ T cell count and WHO HIV clinical stages were significantly associated with fungal infection. Fungal pathogen screening among PLWHIV with symptoms of lower respiratory tract infections is crucial, while targeting individuals with low CD4+ T cell count and at advanced WHO HIV clinical stages.

Keywords— Lower Respiratory Tract Infections, fungi, Drug susceptibility pattern, Human Immunodeficiency Virus.

Biography

Ephrem have completed his BSc at the age of 21 years from Haramaya University and MSc from Addis Ababa University College of Health Sciences. He is the head of National TB Reference Laboratory and TB research team at the Ethiopian Public Health Institute. He has published more than 5 papers in reputed journals in collaboration with other researchers.

ephremt13@gmail.com