



**CLINICAL INFECTIOUS
DISEASES SOCIETY**

Editor:
Dr Ram Gopalakrishnan

Design & format:
Dr Laxman G. Jessani

Editor's note

Dear CIDS members

Thanks to all of you for attending and making CIDSCON 2015 in New Delhi a grand success! The event manager was efficiency personified and the scientific content of the program maintained the usual high standard that has been set over the last five years. Registrations were in excess of 600, more than 200 posters were presented and 30 postgraduates wrote the prize exam. In fact we got compliments from our international faculty that the standards were as good as ID Week in the USA! Special thanks to all the members of the organizing committee and especially to Dr George M Varghese who worked tirelessly behind the scenes to ensure the success of the conference.

Next year, the conference will be at Varanasi with our President Dr Shyam Sundar as organizing chairman and Dr Rajeev Soman as chairman, scientific committee.

Members are welcome to pursue prior issues of the newsletter which have been put up for open access on the society website (www.cidsindia.org).

We welcome Dr Neha Gupta, Dr Ashwini Tayade and Dr Surabhi Madan, who have kindly offered to help edit the newsletter. Contributions from all members are of course most welcome.

Sincerely

Ram Gopalakrishnan

Photo quiz

A 68/M presented with pain and swelling of the right elbow for 4 months. He had a history of a right pleural effusion and upper lobe pulmonary infiltrate 4 months ago which had resolved on ATT, and CXR was currently clear. History was otherwise unremarkable other than travel to USA to visit his son. Examination revealed diffuse swelling around the elbow joint. ESR was 86.

A synovial biopsy was done.

What is your diagnosis?

News from the ID world

DM in Infectious Diseases around the corner?

An announcement was made at CIDSCON that the All India Institute of Medical Sciences (AIIMS) will commence a DM course in Infectious Diseases and will start accepting candidates from next year. Hopefully this will materialize and encourage other institutions to follow suit and address the severe shortage of ID clinicians in India; it will also contribute to the growth of our society.

Intravenous doxycycline available in India

Doxycycline is a valuable and inexpensive drug for the treatment of many serious infections such as leptospirosis and rickettsial infections, but a limitation was the availability of the oral preparation only in India. The recent marketing of the parenteral preparation, which has been available for several decades abroad, should go a long way in facilitating the use of this drug for severe infections or for patients with gastro-intestinal issues limiting oral therapy.

Snippets from the literature

(References courtesy Dr OC Abraham at CIDSCON 2015)

New vaccine for JEV looks promising

(Courtesy Dr Vinay D)

J Infect Dis 2015;212 (1 September):715

The results of a phase 2/3 trial of JENVAC, a Vero cell-derived vaccine developed using an Indian strain of JE virus are reported in this paper. JENVAC was administered in 2 doses 28 days apart, and immunogenicity was compared to that from a single dose of SA-14-14-2, the only approved JE vaccine. After both the doses, seroconversion and seroprotection were >90% for JENVAC. For SA-14-14-2, seroconversion and seroprotection were 57.69% and 77.56%, respectively, on day 28 and 39.74% and 60.26%, respectively, on day 56. With a single dose of JENVAC, seroprotection titers lasted at least 12 months in >80% of the subjects.

This Indian made vaccine looks promising and may become an important tool to control the epidemics of JEV seen in summer in North India.

Six months as good as nine months for abdominal TB

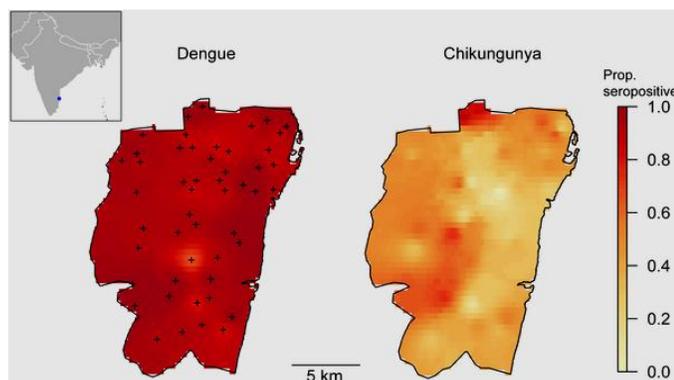
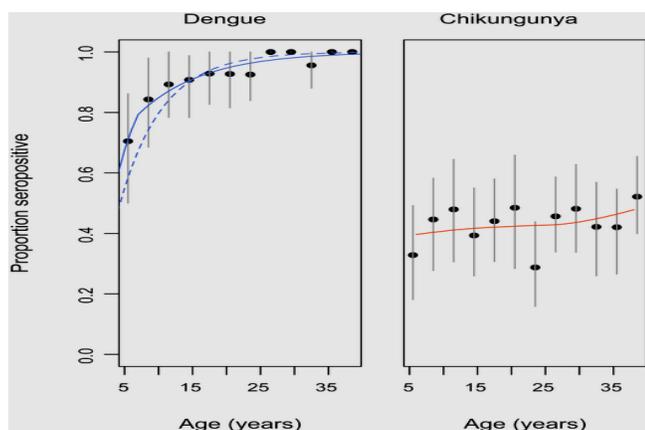
Clin Infect Dis 2015 61: 750-757

These investigators from India conducted a multicenter randomized controlled trial to compare 6 months and 9 months of antituberculosis therapy using DOTs. One hundred ninety-seven patients with abdominal tuberculosis (gastrointestinal, 154; peritoneal, 40; mixed, 3) were randomized to receive 6 months (n = 104) or 9 months (n = 93) of ATT. There was no difference between the 6-month group and 9-month group in the complete clinical response rate on per-protocol analysis (91.5% vs 90.8%; $P = .88$) or intent-to-treat analysis (75% vs 75.8%; $P = .89$).

The Hidden Burden of Dengue and Chikungunya in Chennai

PLoS NTD July 2015 DOI:
10.1371/journal.pntd.0003906

The investigators conducted a household-based seroprevalence survey among 1010 individuals aged 5-40 years living in fifty randomly selected spatial locations in Chennai. While only 1% of participants reported history of dengue and 20% of chikungunya, they found that 93% (95%CI 89-95%) of participants were seropositive to dengue virus, and 44% (95%CI 37-50%) to chikungunya. Age-specific seroprevalence was consistent with long-term, endemic circulation of dengue and suggestive of epidemic chikungunya transmission. They estimate that 23% of the susceptible population gets infected by dengue each year, corresponding to approximately 228,000 infections.



This is yet another report confirming significant under-reporting of dengue and other tropical infections in India.

Antibiotic treatment of diarrhoea is associated with decreased time to the next diarrhoea episode among young children

Int. J. Epidemiol. (2015) 44 (3):978-987. doi: 10.1093/ije/dyv040

In a prospective observational cohort study from Vellore, the investigators assessed the effect of caregiver-reported antibiotic treatment for diarrhoea on the timing of a child's next episode among 434 children followed from birth to 3 years of age. Study children had more than five diarrhoea episodes on average in the first 3 years of life, and more than a quarter of all episodes were treated with antibiotics. Children who received antibiotics for their first diarrhoea episode had their second episode on average 8 weeks earlier (median time difference: -8) than children who did not receive antibiotics. The effects of antibiotics on subsequent diarrhoea were greatest at earlier episodes and younger ages, and cefixime had a slightly larger effect compared with cotrimoxazole.

Antibiotics are commonly given for the treatment of childhood diarrhoea, but are not indicated in most cases. Antibiotics modify the gastrointestinal microbiota, which may have unanticipated effects on the risk of subsequent diarrhoea.

Changing paradigm of Cryptococcal meningitis: An eight-year experience from a tertiary hospital in South India

Ind J Med Microbiol 2015 Volume : 33 Issue : 1
Page : 25-29

Patients admitted between 2005 and 2013 with confirmed CM were included in the analysis. 102 (87.2%) cases of CM occurred among HIV infected individuals, whereas 15 (12.8%) occurred among HIV-uninfected patients. The median duration of symptoms prior to presentation was shorter in the HIV-infected group (20 ± 32 vs. 30 ± 42 ; $P = 0.03$). There was no difference between the cerebrospinal fluid (CSF) lymphocyte counts, CSF protein counts, and CSF sugar levels in both the groups. The diagnostic yield of *Cryptococcus* was similar with CSF India ink smear (89% vs. 87%), CSF fungal culture (95% vs. 87%), and blood culture (100% vs. 75%)

in both the groups. Case fatality rate in the HIV-infected group was 30.6%, whereas there were no deaths in the HIV-uninfected group.

We need to suspect cryptococcus as a cause of meningitis in the HIV negative population, especially as the disease responds well to treatment in this group.

Clinical profile of scrub typhus

(Reference provided by Dr George M Varghese)

International Journal of Infectious Diseases, 2014;
Vol. 23, p39–43

This retrospective study from Vellore included 623 patients admitted between 2005 and 2010 with scrub

typhus. The diagnosis was established by a positive IgM ELISA and/or pathognomonic eschar with PCR confirmation where. The most common presenting symptoms were fever (100%), nausea/vomiting (54%), shortness of breath (49%), headache(46%0, cough(38%) and altered sensorium(26%). An eschar was present in 43.5% of patients. Common laboratory findings included elevated transaminases(87%), thrombocytopenia(79%) and leukocytosis (46%). MODS was seen in 34% of patients. The overall case-fatality rate was 9.0%. Features of acute lung injury were observed in 33.7% and 29.5% required ventilatory support. Over 4 years, a decreasing trend was observed in the mortality rate.

Congratulations!

CIDS members congratulate our senior member Dr Rajeev Soman who has been conferred Fellowship of the Infectious Diseases Society of America (IDSA).

Upcoming conferences and meetings

2nd Indian Transplant Infectious Diseases Conference

October 2-3, Chennai

<http://www.cmch-vellore.edu/pdf/events/tid.PDF>

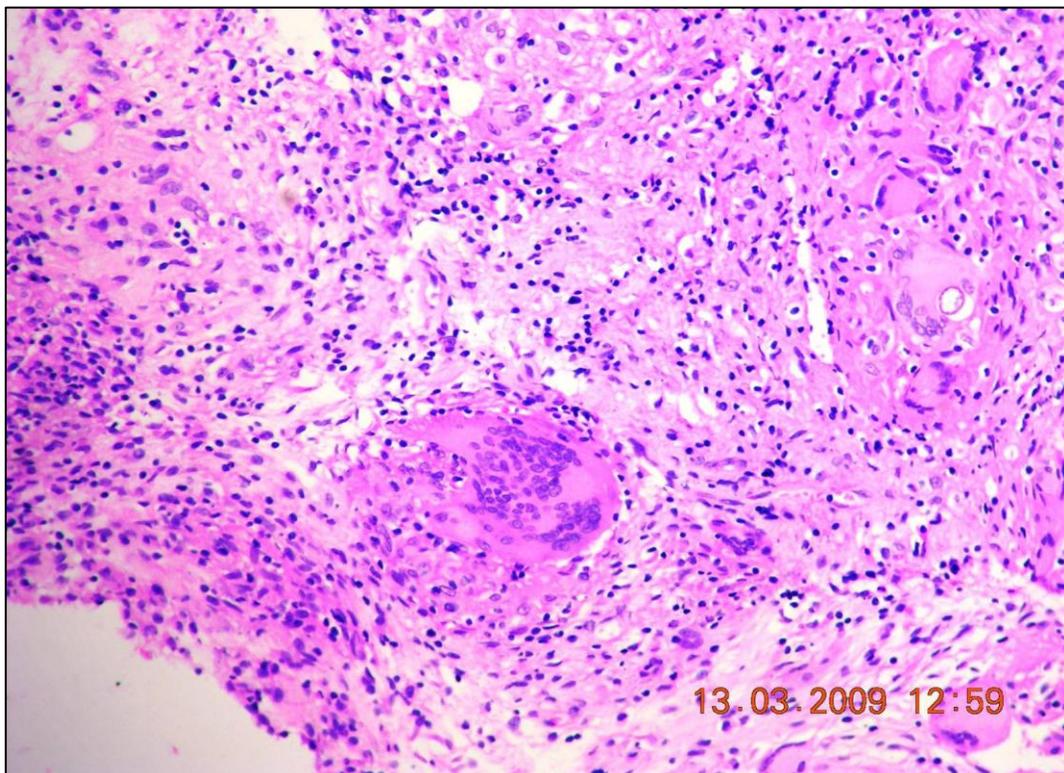
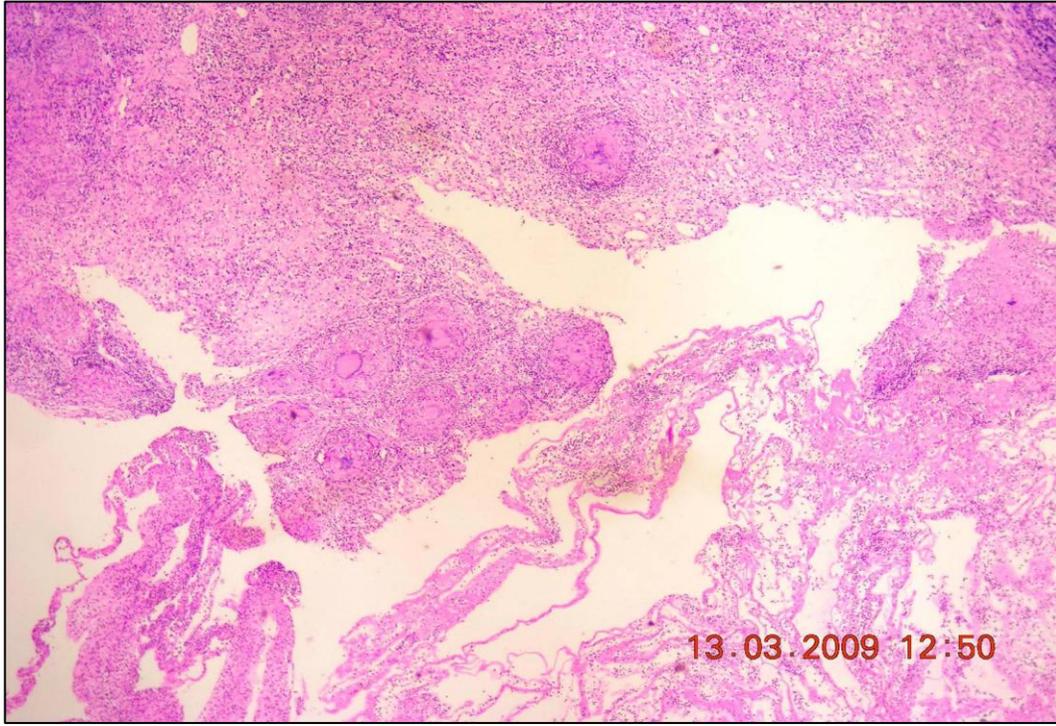
8th Annual Conference of AIDS Society of India

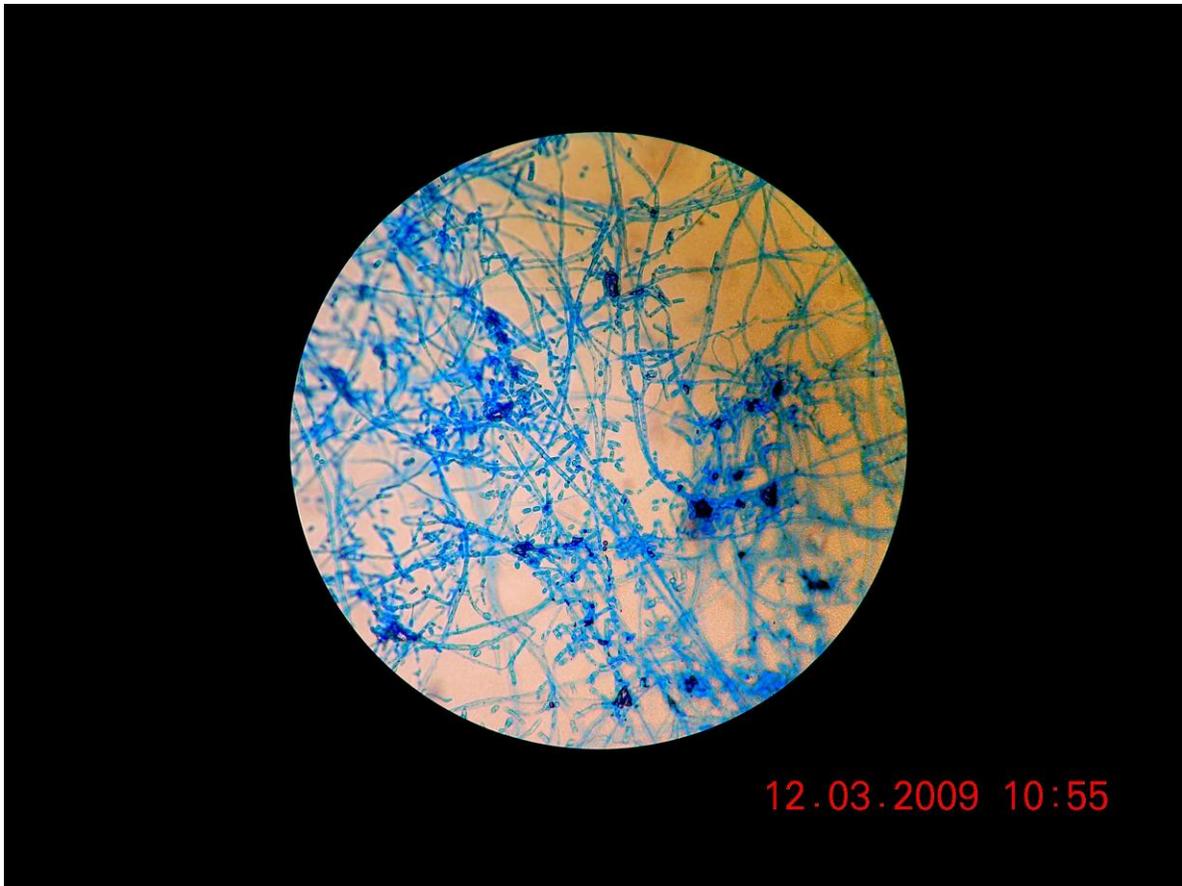
October 30-Nov 1, Mumbai

<http://www.asi-asicon.com/>

Answer to photo quiz

Biopsy of the synovium from the elbow joint showed granulomatous inflammation. The spherules of coccidioidomyces were also seen, and culture grew *Coccidioides immitis*.





The patient had visited Phoenix, Arizona, USA which is a known hotspot for acquiring the organism. Osteo-articular involvement in coccidioidomycosis is known, and responds to prolonged antifungal therapy. The patient improved after a 1 year course of itraconazole.

Diagnosis: Disseminated coccidioidomycosis with septic arthritis.