



CLINICAL INFECTIOUS DISEASES SOCIETY

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Dr Laxman G. Jessani

Editor's note

Dear CIDS members,

Happy New Year to all of you!

Preparations are under way for CIDSCON 2015 (August 21-23 in New Delhi) and we hope to have an even better meeting with greater attendance than previous meetings.

Sincerely,

Ram Gopalakrishnan

Photo Quiz

A 25 yr old female presented to the emergency with high grade fever with chills, headache and vomiting for 24 hours. Skin lesions are shown.

What is your diagnosis?



CIDSCON 2015
5th Annual Conference of
Clinical Infectious
Diseases Society, India

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August 21st - 23rd, 2015
New Delhi India
www.cidsccon2015.com

News from the ID world

More vaccine options for Indian clinicians

Some new vaccines launched in the last couple of years in the Indian market include the following:

The oral cholera vaccine consists of two doses 14 days apart and is an inactivated vaccine with good efficacy data (see CIDS newsletter Vol 1, issue 1, June 2014), but use outside of epidemics is undefined.

The JEV vaccine is an inactivated vaccine given in two doses 28 days apart and can be used for routine immunization in selected endemic areas, in epidemics and for travelers to endemic areas. JEV vaccines were available only abroad or through the government sector earlier.

The conjugate typhoid vaccine (Vi capsular polysaccharide conjugated to tetanus toxoid) is immunologically superior to the earlier polysaccharide vaccine as T cell immunity is stimulated and is licensed for use above the age of 6 months, without a need for boosters every 3 years.

The quadrivalent conjugate meningococcal vaccine protects against A,C,Y and W135 serotypes of meningococcus and has greater immunogenicity than the polysaccharide vaccine. Students in dormitories, especially those travelling abroad and splenectomized hosts are the main candidates.

New parenteral option for influenza

The US Food and Drug Administration [FDA] approved peramivir to treat influenza infection in adults. It is administered as a single IV dose. It is intended for patients 18 years and older who have acute uncomplicated influenza and have shown symptoms of flu for no more than 2 days. Recipients in studies had their combined influenza symptoms

alleviated 21 hours sooner and recovered to normal temperature approximately 12 hours sooner, on average, than those receiving placebo. However, efficacy could not be established in patients with serious influenza requiring hospitalization, a population where a parenteral agent would have maximum use.

Teixobactin

(provided by Dr Laxman Jessani)
Nature Jan 2015

This new antibiotic was effective against gram positives and made the headlines of many Indian newspapers as an answer to drug resistant organisms due to its dual mode of action at the cell wall. However time will tell: all other antibiotics to date ultimately have engendered resistance.

FDA Approves ceftolozane/tazobactam

(provided by Dr Laxman Jessani)

Ceftolozane/tazobactam is a new combination cephalosporin/ β lactamase inhibitor with activity against some MDR *Pseudomonas* and ESBL producing *Enterobacteriaceae*. The drug has Gram positive activity against streptococci but not staphylococci. The drug has been approved for complicated urinary tract infections (noninferior to intravenous levofloxacin) and complicated intra-abdominal infections (noninferior to meropenem + metronidazole).

Additions to the gram negative armamentarium are welcome, though we in India have cefoperazone-sulbactam and cefepime-tazobactam, in addition to piperacillin-tazobactam.

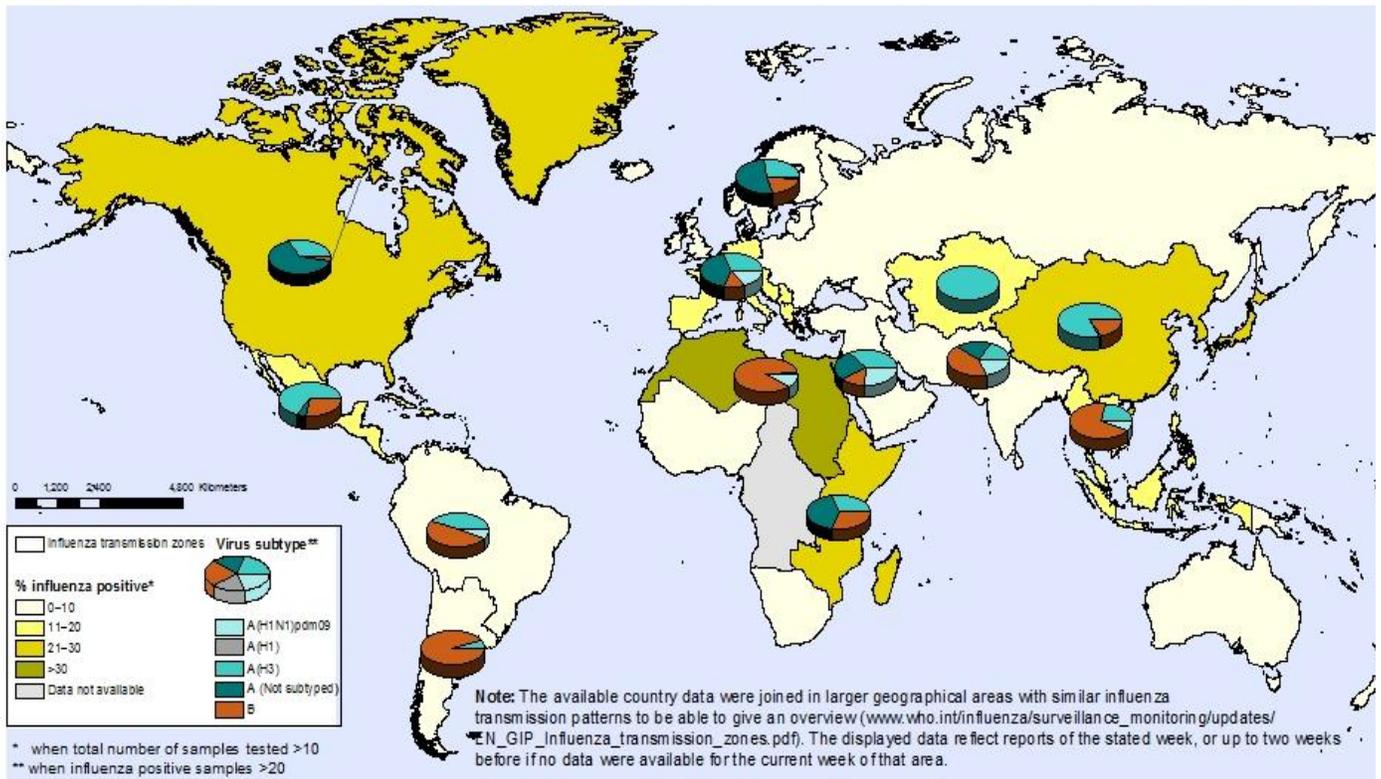
What's new and going around

Influenza season in the northern hemisphere

In the USA there is ongoing H3N2 activity with low vaccine efficacy, due to an apparent mismatch between the circulating strain and the vaccine one. While deaths from H1N1 make the newspaper headlines, it appears that most circulating strains in India are group B strains.

Percentage of respiratory specimens that tested positive for influenza
By influenza transmission zone

Status as of week 52
21-27 December 2014



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO/GIP, data in HQ as of 22 August 2014.
Data used are from FluNet (www.who.int/flu-net), 08:15 UTC snapshot, from WHO regional offices and/or ministry of health websites.

 **World Health Organization**
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Snippets from the literature

Influenza Vaccination during Pregnancy Can Safeguard Both Mothers and Infants

N Engl J Med 2014 Sep 4

Two trials in South Africa randomized 2116 HIV-uninfected women and 194 HIV-infected women between 20 and 36 weeks of pregnancy to receive intramuscular inactivated trivalent influenza vaccine or placebo. Rates of confirmed influenza were 1.8% vs. 3.6% (P=0.01), and were 1.9% vs. 3.6% (P=0.01) in their infants. Vaccinated HIV-seropositive women also benefited over those who received placebo (7.0% vs. 17.0%; P=0.05).

Influenza vaccine should be routinely offered in pregnancy.

Intravascular Stent-related Endocarditis due to Rapidly Growing Mycobacteria

J Assoc Physicians India 2015;63:18-21

This report by R Soman and colleagues describes five patients who developed infection of intravascular stents by rapidly growing mycobacteria. As the stents were not removable, patients had mycobacteremia and a poor outcome despite antimicrobials. Good infection control measures and avoiding reuse of single-use devices are advisable to prevent this infection.

Colistin resistance emerging

Journal of Microbiology and Infectious Diseases 2014; 4 (3): 86-91

Colistin is an antibiotic of last resort for gram negative infections, and this report by A Ghafur and colleagues showing emergence of resistance is worrying. Of 13 patients with colistin resistant organisms, 4 had bacteremia and three of these died. Antibiotic stewardship of colistin and newer therapies are urgently needed.

Position vacant

Infectious Disease fellowship at Wayne State University, USA starting July 2015; requires applicants to have passed USMLE part 1 and 2.

For details contact Dr PH Chandrasekar pchandrasekar@med.wayne.edu.

In training exam conducted by IDSA

Infectious Disease fellows in training may want to consider writing the in training exam conducted by IDSA annually, to assess their knowledge in comparison to international standards and to prepare them for their own exit exam. A number of international graduates take this exam and fees for international trainees have been recently halved.

For details see <http://www.idsociety.org/FITE/>

Upcoming conferences and meetings

IFIC-HISICON 2015

15th Congress of International Federation of Infection Control-13th National Conference of the Hospital Infection Society, India
March 21-24, New Delhi
www.ific2015hisicon.org

Chennai ART conference (CART)

March 28-29, 2015, Chennai
https://www.yrgcare.in/cart/cart_welcome.htm

Deadline for Abstract Submission : 01 Jun 2015

Registration Fees

	Upto 15 th February, 2015	Upto 31 st July, 2015	On the Spot
Member	Rs. 3500/-	Rs. 5000/-	Rs. 7000/-
Non Member	Rs. 4500/-	Rs. 6000/-	Rs. 8000/-
PG Student/Fellow*	Rs. 2000/-	Rs. 3000/-	Rs. 4000/-

*PG Students/Fellows to provide a letter of verification from their respective Heads of the institution

Mode of Payment

Cheque / DD to be drawn in favour of

"Clinical Infectious Diseases Society" payable at Vellore

CANCELLATION CONDITIONS:

Till 15 th March, 2015	No Cancellation Charges
16 th March till 15 th May 2015	30% of total amount
16 th May till 15 th July, 2015	60% of total amount
16 th July, 2015 onwards	No refund

Contact us : info@cidsccon2015.com, cidsccon2015delhi@gmail.com
Mobile No: +91-9910048885



CIDSCON 2015

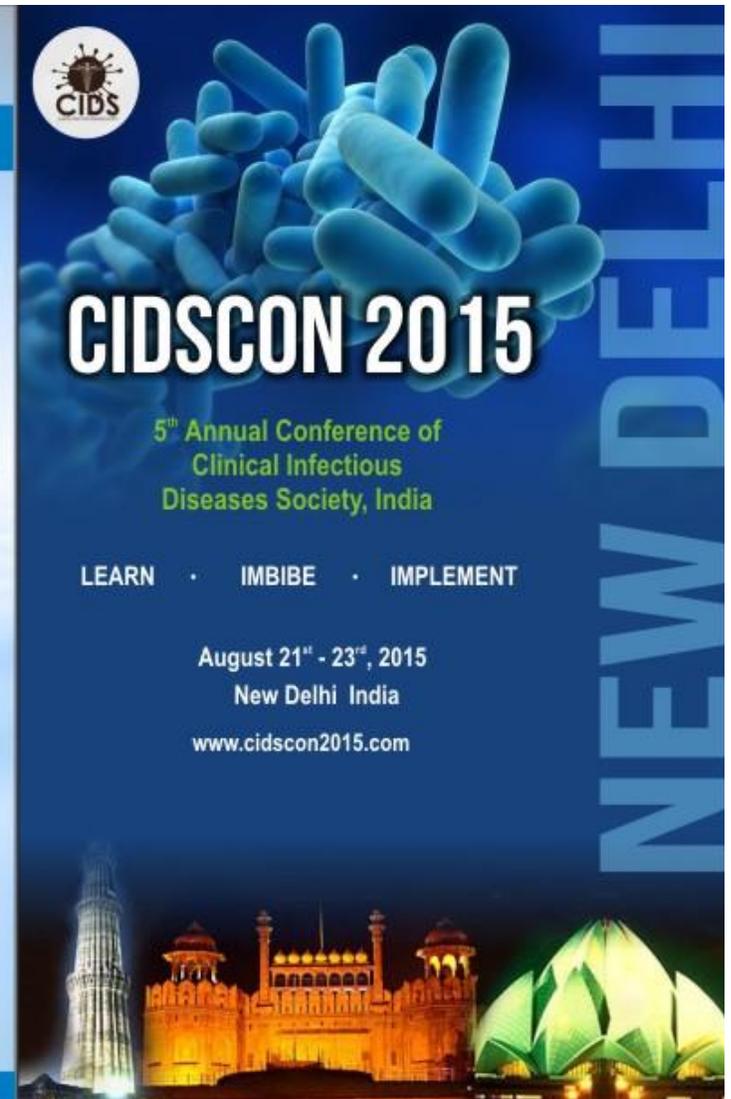
**5th Annual Conference of
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New Delhi India

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Dear Members, Colleagues & Friends,

It gives me immense pleasure to cordially invite you to CIDSCON 2015, the 5th Annual Conference of Clinical Infectious Diseases Society (CIDS), India, which is being held in New Delhi from 21st to 23rd August 2015.

Infectious diseases result in a huge burden of morbidity and mortality especially in the developing world, like ours, where the diagnosis and management can, often, be a huge challenge. CIDS as an organization is committed to make advances in the field of Infectious Diseases in India through education, research, advocacy and professional support.

In this conference, we hope to provide the unique blend of basic sciences and advanced clinical practices, with focus on the Indian context. Through various lectures, keynote addresses, pro-con debates, thematic sessions, meet the professor sessions, interactive case discussions, by a galaxy of eminent national and international experts, we assure you a scientific extravaganza, in the field of infectious diseases, like never before. We endeavor to provide an educational opportunity that will help you optimize your clinical decisions, further. The conference is open to all physicians and healthcare professionals, young and old, with an interest in clinical infectious diseases. The younger physicians will get a chance to share their work and have an uninhibited one-to-one interaction with the stalwarts in the field of infectious diseases.

Delhi, the vivacious capital city of India, is known for its warmth and hospitality. A truly metropolitan city with multicultural influences waits to welcome you.

Looking forward to see you here

Best Wishes

Dr Vivek Nangia

Organizing Secretary
CIDSCON 2015



Topics to be covered:

- Antimicrobial Stewardship
- Clinical Microbiology
- General Infections
 - HIV
- Infection Control
- Nosocomial Infections
- Transplant Infections
- Tropical Diseases
- Tuberculosis

Organising Chairperson :

Dr Arunaloke Chakrabarti

Organizing Secretary :

Dr Vivek Nangia

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Dr Ram Gopalakrishnan

Members -

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Dr O C Abraham,
Dr Neha Gupta,
Dr V Ramasubramniam,
Dr Suneetha Nareddy,

Executive Committee of CIDS

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Dr. George M. Varghese

Joint Secretary:

Dr. V Ramasubramanian

Treasurer:

Dr. George K Varghese

Answer to photo quiz

CSF examination showed 1450 WBC (N75%, L 25%), sugar was 5 mg% (CBG -99) and protein was 45 mg/dl. Culture grew *Neisseria meningitidis*.

Purpuric rash is a classic feature of disseminated meningococcal infections and should prompt consideration of the diagnosis in any patient with bacterial meningitis.

Diagnosis: Meningococcal meningitis