



CLINICAL INFECTIOUS DISEASES SOCIETY

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Editor's note

Dear CIDS members

We are happy to inform you that two recent CIDS endorsed ID CMEs at Coimbatore and Nagpur went off smoothly and were very well attended. We encourage all members to conduct such CMEs in your area: this would showcase your ability to contribute to patient outcome and help popularize our specialty as a whole. I am sure senior CIDS members would be happy to advice you and serve as faculty.

Sincerely

Ram Gopalakrishnan

For more details Logon to : www.cidscon.in



CIDSCON - 2016

6th Annual Conference of
Clinical Infectious Diseases Society, India

Venue : Banaras Hindu University, Varanasi, Uttar Pradesh

Photo quiz

A 42 years old female had a history of a roadside accident at a village setting 4 years ago, following which she developed a laceration at pre-auricular area on left side which was treated at a primary health center (sutured). She developed pain and erythema on the same site after 2 months which gradually increased to current size. She had received multiple treatments including ATT but no response. Three biopsies done earlier had suggested chronic non specific inflammation.



What is your diagnosis?

News from the ID world

Surge in XDR-TB in Maharashtra

(courtesy Dr Ashwini Tayade)

Maharashtra recorded 779 cases of extensively drug resistant tuberculosis (XDR-TB) in 2015 - the highest figure recorded in last 5 years. Mumbai registered the most number of cases at 475, higher than the total number of cases (469) reported in the state in 2014. The state has 5 public testing centres where sensitivity to 2nd-line drug is tested. 12 cases of XDR-TB were reported in Kolhapur, 7 in Sindhudurg, while the Malegaon Municipal Corporation registered 6 cases. Besides, Gondiya and rural Nagpur recorded 6 cases each, 4 cases were reported in rural parts of Pune, while Pimpri Chinchwad registered 3 cases.

While Mumbai has always been in the forefront of diagnosis and treatment of XDR-TB thanks to several leading experts and laboratories in the private sector, the increase in other parts of the state is a concern.

Snippets from the literature

Intensified Antituberculosis Therapy in Adults with Tuberculous Meningitis

N Engl J Med 2016; 374:124-134

The authors performed a randomized, double-blind, placebo-controlled trial in Vietnam on both HIV positive and negative patients with TB meningitis. The study compared a standard, 9-month antituberculosis regimen (which included 10 mg of rifampin per kilogram of body weight per day) with an intensified regimen that included higher-dose rifampin (15 mg per kilogram per day) and levofloxacin (20 mg per kilogram per day) for the first 8 weeks of treatment. The primary outcome was death by 9 months after randomization. There was no evidence of a significant differential effect of intensified treatment in the overall population or in any of the subgroups, with the possible exception of patients infected with isoniazid-resistant *M. tuberculosis*.

High dose intravenous rifampicin and addition of moxifloxacin have recently looked promising for TBM. This large study refutes those approaches.

Antibiotic Lock Therapy in the Era of Gram-Negative Resistance

JAPI Feb 2016;31-36

The authors report the use of antibiotic lock therapy in the first 29 patients who had 37 episodes of bacteremia (CLABSI/symptomatic colonization) due to long-term catheters. Patients received systemic antibiotic therapy and lock solutions were kept in the catheter for dwell times of 24 hours, and therapy was continued for 14 days. 30 episodes were caused by GNB and four episodes were caused by GPC. Successful treatment with ALT was observed in 30 (81.08%) of the 37 episodes.

This approach may help salvage catheters when removal is difficult.

Evaluation of Carba NP test for rapid detection of carbapenemase producing *Enterobacteriaceae*

(courtesy Dr Ashwini Tayade)

Indian Journal of Medical Microbiology
2015;33(4):603

In this brief communication, 27 CPE harbouring and 6 carbapenem susceptible isolates were selected and molecularly characterized for the presence of *bla*NDM-1, *bla*KPC-2, *bla*OXA-48.

The test seemed to be promising in identifying NDM-1 producers but performed poorly in detecting OXA-48 carbapenemases.

This test helps in identifying carbapenem resistance 24-48 h earlier than standard DST and starting therapy correspondingly early, but identifying OXA-48/OXA-181 is essential as the strain has been found widespread among Indian subcontinent.

Predicted global distribution of *Burkholderia pseudomallei* and burden of melioidosis

(provided by Dr FD Dastur)

- *Nature Microbiology* 1, Article number: 15008 (2016) doi:10.1038/nmicrobiol.2015.8

The authors mapped documented human and animal cases and the presence of environmental *B. pseudomallei* and combined this in a formal modelling framework to estimate the global burden of melioidosis. They estimate there to be 165,000 (95% credible interval 68,000–412,000) human melioidosis cases per year worldwide, from which 89,000 (36,000–227,000) people die. Their estimates suggest that melioidosis is severely underreported in the 45 countries in which it is known to be endemic and that melioidosis is probably endemic in a further 34 countries that have never reported the disease.

Upcoming ID conferences and CME programs

17th International Congress on Infectious Diseases (ICID)

March 2-5, 2016, Hyderabad

<http://www.isid.org/icid/>

Chennai ART symposium (CART)

April 16-17, 2016, Chennai

https://www.yrgcare.in/cart/cart_welcome.htm

Guideline watch

Updated DHHS Adult and Adolescent Antiretroviral Treatment Guidelines Released

<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0>

Key updates to the guidelines are largely based on findings from the START and TEMPRANO trials demonstrating the clinical benefits of early initiation of antiretroviral therapy (ART) (i.e., pre-treatment CD4 count threshold >500 cells/mm³).

- The Panel has increased the strength and evidence rating for the recommendation on initiating ART to **AI** for all HIV-infected adults and adolescents, regardless of CD4 count.
- The Panel has increased emphasis on treating older adults and those with acute and recent infection.
- The Panel added elvitegravir/cobicistat/tenofovir alafenamide/emtricitabine for patients with estimated creatinine clearance ≥ 30 mL/min (**AI**) as a recommended regimen for initial therapy.

Answer to photo quiz

A punch biopsy was done.

Fig 1: Modified acid fast stain showing filamentous bacteria.

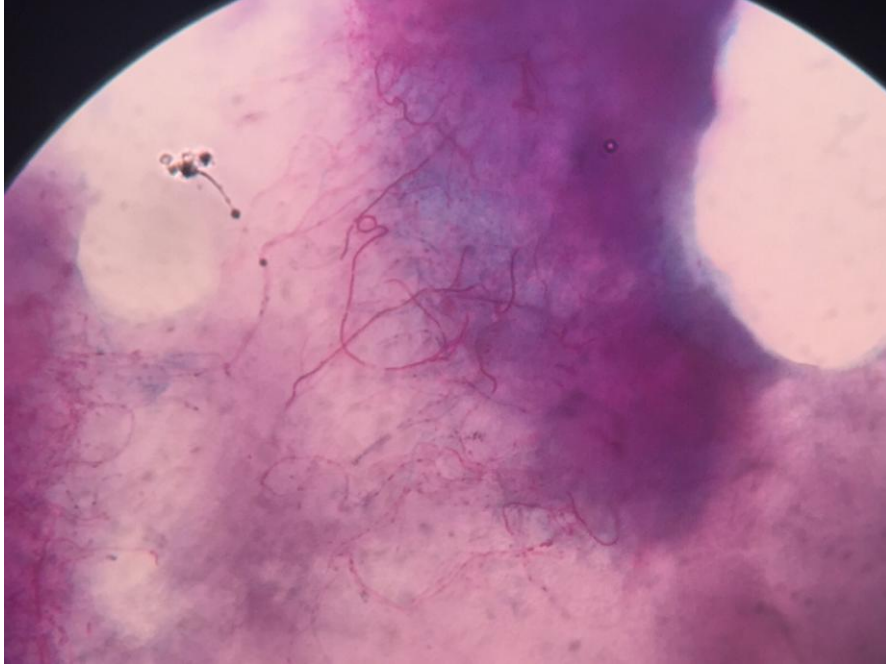


Fig 2: Cultures grew Nocardia species.



Nocardia species are found in soil and can cause chronic cutaneous lesions following inoculation injury.

Diagnosis: Cutaneous nocardiosis

(case provided by Dr Nitin Shinde).



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Block your Dates

26th, 27th, 28th, August
2016

Varanasi, India.

Organising Chairman :
Dr. Shyam Sundar

Organising Secretary :
Dr. Jaya Chakravarty

Scientific Committee Chairperson : Dr. Rajiv Soman



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