



**CLINICAL INFECTIOUS
DISEASES SOCIETY**

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Dr Ram Gopalakrishnan

Design and format:
Dr Laxman G. Jessani

Editor's note

Dear CIDS members

Hope all of you have registered for CIDSCON by now, and are actively encouraging your colleagues to attend.

As last year, there will be an ID prize exam for MD/ DNB postgraduates (any clinical or non-clinical specialty). Please encourage your postgraduates to attend, and spread the word around your local medical colleges and postgraduate programs.

Dr Ram Gopalakrishnan

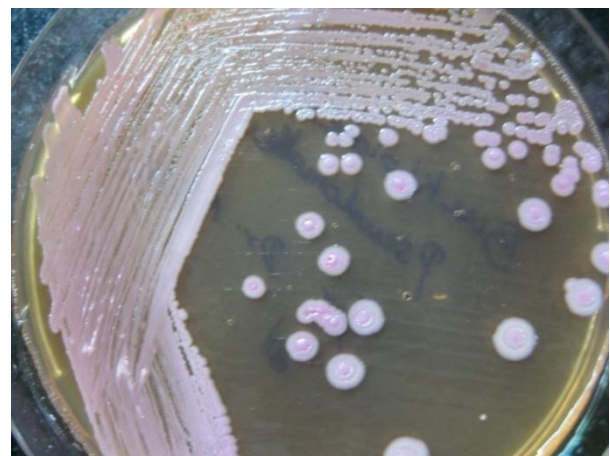
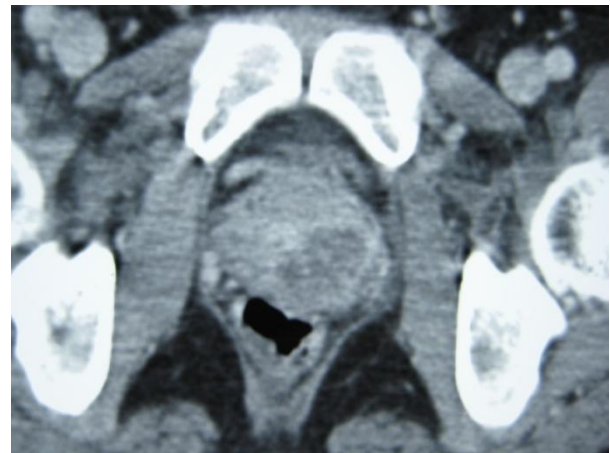
New Members

We welcome the following new members:

Dr. Latika Sharma	Bhatia Global Hospital	Delhi
Dr. Davinder Singh Jasrotia	CMC	Vellore
Dr. Kirti Sabnis	CMC	Vellore
Dr. Madhumitha R	Apollo Hospitals	Chennai

Photo Quiz

A 62 year old diabetic male presented with fever, dysuria and perineal pain. His blood cultures grew a non-fermenting Gram negative bacillus. CT scan showed a prostatic abscess. What is your diagnosis?

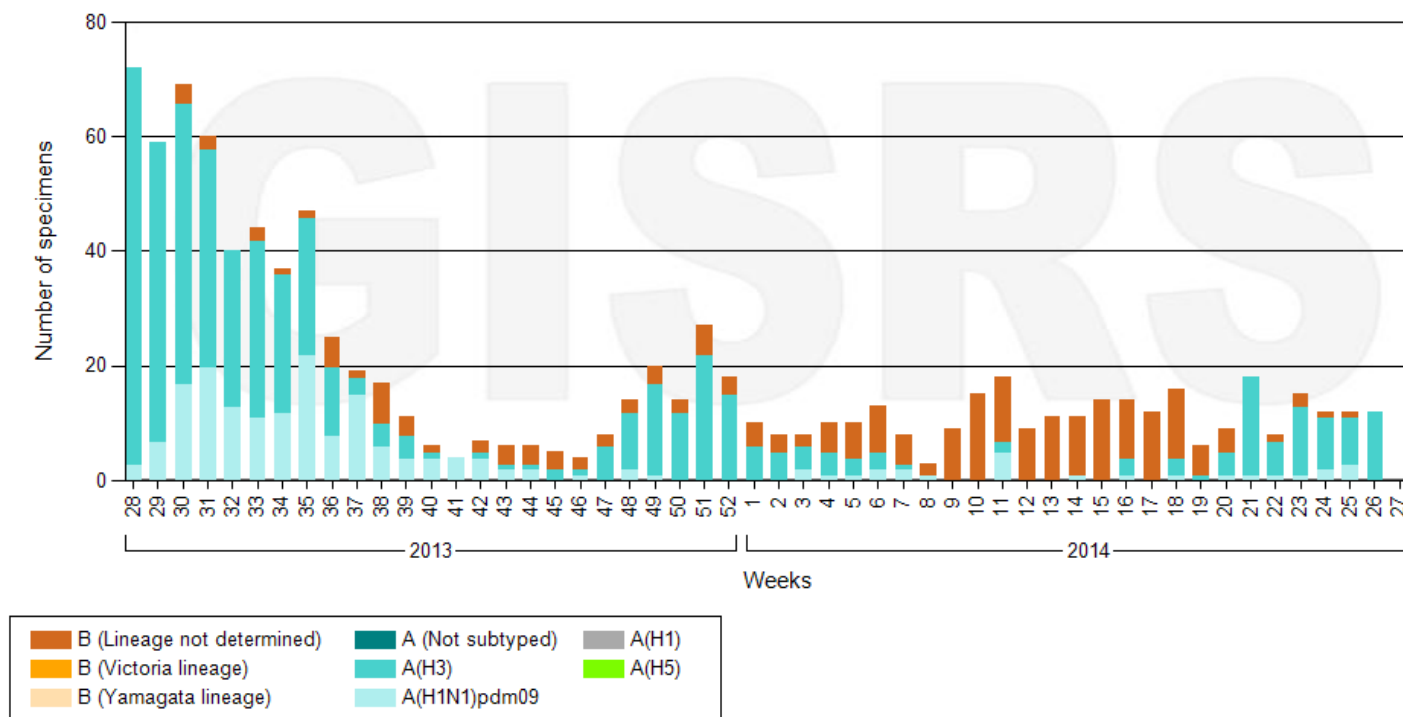


What's new and going around

Influenza activity in India remains low with most of reported cases being A (H3) and a small minority being A (H1N1) or B.

India

Number of specimens positive for influenza by subtype



Encephalopathy associated with litchi season in West Bengal and Bihar

(provided by Dr Laxman Jessani)

<http://www.promedmail.org>

http://m.timesofindia.com/city/kolkata/Litchi-virus-kills-8-kids-in-Malda/articleshow/36225598.cms?utm_source=facebook.com&utm_medium=referral

<http://ijcma.com/vol-2-12/D.S.Dinesh,%20et%20al.pdf>

At least eight children have died of encephalopathy that coincides with the litchi season in Malda Medical College and Hospital, West Bengal. Litchi sales and export have been hit. The syndrome has been reported from Muzaffarnagar, Bihar as well as Bangladesh and Vietnam earlier. A toxin methylenecyclopropyl-glycine (MCPG) has been incriminated earlier. Whether this is truly an infection or is a toxin due to litchi consumption, or merely a co-incidence of a viral infection and the

litchi season, is unclear at present. Investigations are ongoing.

Dr Jacob John, eminent virologist from CMC, is just back from Muzaffarpur. He is convinced this is not an infection but rather is hypoglycemic encephalopathy (Reye's syndrome). This is supported by the fact that the cerebrospinal fluid is clear without inflammatory cell response (less than 5 cells per cubic mm) and gushes out, indicating brain edema.

The blood glucose level is below 40 in about half the children in whom testing was done, and lower than 80 in 80-85 percent. There is a prompt response to 10% dextrose infusions, and Dr John recommends this rather than transferring patients to tertiary care hospitals, often with much delay.

? Japanese Encephalitis from Bihar

<http://www.promedmail.org>

<http://ibnlive.in.com/news/nearly-190-dead-due-to-suspected-encephalitis/482814-3-232.html>

Nearly 190, mostly children from poor families, have died due to acute encephalitis syndrome in Bihar in the last month. Most deaths have been in Muzaffarpur district, but half a dozen districts where the disease has spread include Bhagalpur, Motihari, and Samastipur districts. Although the Union Health Minister Dr Harsh Vardhan launched a 2 day vaccination campaign in the last week of July, it is still unclear whether Japanese B or some other virus is responsible as viral studies are yet to be done. Surely it is time for universal childhood immunization in areas affected annually, if indeed the cause is Japanese B and not an enterovirus.

Chikungunya from Karnataka

<http://www.promedmail.org>

<http://www.deccanherald.com/content/415993/chikungunya-dengue-rise-ramanagara.html>

Bangalore's neighbour Ramanagara district has been a cause for perpetual concern, with the highest number of dengue and chikungunya cases coming to light in the district. 45 out of 188 chikungunya cases that were tested positive across the state were from Ramanagara. Put on your insect repellent if you plan to do any sight-seeing in this area after CIDSCON!

Post-Diarrhea Guillain-Barre Syndrome, Kerala

<http://www.promedmail.org>

<http://timesofindia.indiatimes.com/city/kozhikode/Doctors-prescribe-ORS-for-diarrhea-doctors-told/articleshow/36411889.cms>

Fifteen cases of GBS following diarrhea have been reported from Anthiyoorunnun region of Kondotty and Cherukavu, Kerala.

Doctors have been advised to prescribe quinolones and a team is investigating the outbreak. Although not stated in the report, Campylobacter jejuni is the likely cause of the diarrheal illnesses in this cluster of GBS.

Anthrax endemic in Koraput district, Odisha

(provided by Dr Senthur Nambi)

<http://www.promedmail.org>

<http://www.mid-day.com/articles/six-persons-in-odisha-hospital-with-suspected-anthrax-symptoms/15409150>
http://zeenews.india.com/news/odisha/anthrax-infected-15-tribals-in-odisha_943188.html

Six persons were treated for suspected anthrax in Laxmipur area of tribal-dominated Koraput district in Odisha. The affected people had consumed meat of a dead animal a few days ago, and villagers were advised not to consume rotten beef. Four anthrax cases were reported from villages in Semiliguda and Lamatapur blocks in the district nearly a week ago. 15 people, including a 14-year-old girl and 2 women were infected in Bisarbandha village and Lugum villages. Truly, a campaign is urgently needed in this district against the practice of consumption of rotten meat or meat from sick animals.

Leptospirosis, Dengue, Chikungunya – Tamil Nadu

<http://www.promedmail.org>

<http://timesofindia.indiatimes.com/City/Chennai/200-villagers-fall-ill-with-symptoms-of-dengue-rat-fever-near-Dharmapuri/articleshow/37006587.cms>

More than 200 villagers have fallen ill with symptoms of “dengue, chikungunya and rat fever” at Jambukarankottai in Dharmapuri district since 21 Jun 2014. Dharmapuri MP and former Union Health Minister Dr Anbumani Ramadoss rushed to the spot on Sunday morning. Reportedly leptospirosis was confirmed on testing, but a “differential diagnosis” has crept in using two vector borne diseases! The report illustrates the absence of rapid and thorough epidemiological investigation in India even in situations where important politicians are involved.

West Nile Virus causing Acute Flaccid Paralysis (AFP), Karnataka

(provided by Dr Senthur Nambi)

<http://www.promedmail.org>

<http://timesofindia.indiatimes.com/City/Pune/Mosquito-borne-virus-shows-polio-like-symptoms/articleshow/36517803.cms>

Neurologists from hospitals in Kochi, Kerala along with virologists from the Indian Council of Medical Research (ICMR) designated virology laboratory Manipal Centre for Virus Research (MCVR), Manipal University have reported 3 laboratory confirmed cases of West Nile virus-induced AFP, a syndrome historically associated with infection by polio virus. This presentation is well recognized in the USA where West Nile infection is widespread and well studied. Indian clinicians need to consider West Nile in cases of AFP, especially as polio is officially eradicated.

Snippets from the literature

Raltegravir looks promising in HIV-TB co-infection

(provided by Dr Swati Gohel)

Lancet Inf Dis 2014;14:459-67

Efavirenz has long been the drug of choice (along with two NRTIs) for patients with HIV-TB who get a rifampicin based regimen, a common situation faced by clinicians in India. Previous recommendations suggested a higher dose of raltegravir (800 mg bd) when co-administered with rifampicin. A recent study found that a standard 400 mg twice daily dose performed as well as 800 mg twice daily or efavirenz. This increases the options for patients in whom efavirenz is contra-indicated or not tolerated.

Rifaximin effective for travelers' diarrhea

(provided by Dr Madhumita R)

The Lancet Infect Dis 2013; 13 (11): 946-54

Options to prevent diarrhea for travelers to South and Southeast Asia are limited by increasing antimicrobial resistance. This double blind placebo controlled randomized trial from Germany found that rifaximin 200mg twice daily was 48% effective in preventing travelers' diarrhea with an NNT of 5.70. This increases the options for travelers to the Indian subcontinent.

Isolate hospitalized TB patients early

(provided by Dr Laxman Jessani)

Am J Inf Control Online publication March 2014

TB including MDR-TB and XDR-TB is a major health hazard for health care workers in India, and hospital infection control practices often lag behind WHO recommendations in most Indian hospitals. This paper from Canada analyzed errors leading to TB exposure in hospital and found a delay in instituting airborne precautions, due to failure to consider the diagnosis or obtain appropriate radiology, in 70% of instances. This supports the practice of instituting airborne precautions at admission or as early as possible in patients suspected of having TB, irrespective of the sputum AFB smear, and discontinuing later if TB is excluded.

Guideline watch

IDSA guidelines for Diagnosis and Management of Skin and Soft Tissue Infections (SSTI)

www.idsociety.org

Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update

[Infection Control and Hospital Epidemiol... Vol. 35,](#)

[No. 6, June 2014](#)

<http://www.jstor.org/stable/10.1086/676022>

International Standards for TB care updated

J Epidemiol & Global Health 2014;4:77-80

Which is better for detecting MDR-TB, Xpert or Hain LPA? (provided by Dr A Murali)

Published ahead of print 19 March 2014,

doi:10.1128/JCM.03005-13

J.Clin. Microbiol. June 2014vol. 52 no. 6 1846-1852

The MTBDR*plus* line probe assay (LPA) and Xpert MTB/RIF have been endorsed by WHO for the rapid diagnosis of drug-resistant tuberculosis. In a double-blinded prospective study, investigators from AIIMS, New Delhi evaluated the efficacy of the Xpert MTB/RIF on samples that were first tested by LPA,

and used MGIT960 drug susceptibility testing to further analyse discrepant samples.

The MGIT960 results showed 100% agreement with LPA results but only 64.4% agreement with Xpert MTB/RIF results. Sequencing analysis of discrepant samples showed 91.3% concordance with LPA but only 8.7% concordance with the Xpert MTB/RIF assay. The authors suggest that by using Xpert MTB/RIF testing we might be underestimating the burden of drug-resistant tuberculosis and indicate that country-specific probes need to be designed to increase the sensitivity of the Xpert MTB/RIF.

News from the ID world

Problem of fake antibiotics (Washington Post June 17, WHO)

<http://washpost.bloomberg.com/Story?docId=1376-N6YB5Z6K50ZN01-6BATHV1KCPREG9P60ND0OS1VRB>

Antibiotics now rank among the most counterfeited medicines in the world, feeding a global epidemic of drug-resistant superbugs. India produces about 40 percent of the world's supply of antibiotics. A new surveillance and reporting program in 80 countries led by the WHO shows that counterfeit antibiotics are a growing problem in all regions of the world. The threat is already spurring a strong response from drug makers such as Pfizer who have been focusing anti-counterfeiting efforts on online pharmacies.

Government planning screening at airports

(Times of India, July 9)

In response to the epidemics of MERS Cov in the Middle East and Ebola in Africa, the Govt of India is preparing to start screening at airports for MERS CoV and Ebola virus for passengers arriving in India from involved countries, from September. Wonder how an airport screen for a fatal hemorrhagic fever will be implemented!

List of Yellow Fever Vaccination Centres

S. No.	PHOs/APHOs	Days and Timings of Yellow Fever Vaccine	Contact Details	Fax No.
1.	APHO, New Delhi	Tuesday & Thursday 2:00 PM – 4:00 PM	011-25655081 (O)	011-25655079
2.	PHO, Chennai	Monday & Wednesday	044-25260038 (O) 044-25243939 (O)	044-25225858
3.	PHO, Cochin	Wednesday & Friday 10 AM – 02:30 PM	0484-2666060 (O)	0484-2666060
4.	PHO, Visakhapatnam	Monday & Thursday 10 AM – 01:30 PM*	0891-2562681 (O)	0891-2562681
5.	PHO, Kandla	Thursday	02839-270220 (O)	02839-270189
6.	PHO, Kolkata	Monday, Wednesday & Friday	033-22230904 (O)	033-22230435
7.	APHO, Kolkata	Tuesday & Thursday 12:00 – 02:30 PM	09831047763 (M) 033-25119044 (O)	033-25119370
8.	APHO, Mumbai	Monday, Tuesday, Wednesday, Thursday & Friday Registration: 10:00 AM – 11:30 AM Vaccination timings: 12:00 – 02:00 PM	022-28392302 (O) 022-28322353 (O)	022-28392429

9.	PHO, Marmagao	Thursday 09:00 AM – 12:00	0832-2520292(O)	0832-2520292
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10.	PHO, Mumbai	Monday, Tuesday, Wednesday, Thursday & Friday 10 AM – 02:30 PM	022-22020027(O) 022-22612256	022-22020814
11.	General Hospital, Gandhinagar, Ahmedabad, Gujarat	Monday 09:00 AM – 12:00	079-23221931-32 079-23221913	079-2322733
12.	Bhavsinhji (General) Hospital, Porbandar	Thursday 9:30 AM - 12:30 PM	09099079101 (M) 0286-2242910	0286-242910
13.	Armed Force Clinic, Dalhousie Road, New Delhi	Monday – Friday 09:00 AM - 05:00 PM	011-23019405	011-23792356
14.	A.M.C., Health E.P.I. Department, Ahmedabad	Tuesday & Thursday 11:00 AM – 5:00 PM	09327038840 (M) 079-25390651 (O)	079-25390651
15.	MCD, Public Health Department, Civic Centre, New Delhi	Monday & Friday 10:00 AM – 12:00	09313558436 (M) 011-23226913	011-23226920
16.	Urban Health Centre, Panaji, Goa	Every 2 nd & 4 th Wednesday of month 09:00 AM – 1:00 PM	09011025021 (M) 0832-2225668 0832-2225646	0832-2225561 0832-2225538

17.	Public Health Institute, Sheshadri Road, Bengaluru	Wednesday 10:30 AM – 12:00	080-22210248 080-22213824	080-22277389
18.	Dr. RMLH, New Delhi	Wednesday – 10 AM - 11.30 AM Saturday 9.30 AM – 11.00 AM	09818118398 (M) 011-23404668	011-23361164
19.	AIIH&PH, C.R. Avenue, Kolkata	Friday 11:00 AM- 01:00 PM	033-22412888	033-22418717
20.	Treatment Centre, Central Research Institute, Kasauli, HP	Monday & Thursday 2:00 PM – 4:00 PM	01792-272538 01792-273209	01792-272016
21.	Health Department, International Inoculation Centre, Mandir Marg, New Delhi	Wednesday & Friday 2:00 PM – 4:00 PM	09811547118 (M) 011-23362284	011-23742752
22.	Commandant, Base Hospital, Delhi Cantt. PO- Kirby Place, Delhi	Monday-Friday 08:00 AM – 01:00 PM	011-25693422 011-25693423	011-25281531
23.	King Institute of Preventive Medicine and Research, Guindy, Chennai	Friday 10:00 AM – 1:00 PM	044-22501520 044-22501521 09940175654 (M)	044-22501263
24.	Balrampur Hospital, Lucknow (U.P.)	Thursday 8:00 AM - 1:00 PM	09335281326 (M)	0522-2629949
25.	Institute of Preventive Medicine, Public Health Labs and Food (Health) Admn., Narayanaguda, Hyderabad	Tuesday and Friday 09:00 AM – 02:00 PM	09441152515 (M) 040-27557728	040-27567894

26.	Guru Gobind Singh Govt. Hospital, Jamnagar	Monday and Thursday 03:00 PM – 05:00 PM	09426233477 (M) 0288-2554629	0288-2679592
27.	Station Health Organisation (Navy), Old Navy Nagar, Colaba, Mumbai-400005	Daily only for serving persons 09:00 AM – 1:00 PM*	09757403517 (M) 022-22152080 (O)	022-22152080

Upcoming conferences and meetings

Infection Prevention-an update

2nd-3rd August, Hyderabad.

Contact Dr Ranganathan Iyer

(ranganathaniyer@yahoo.com)

The 38th National Conference of the Indian Association of Medical

Microbiologists (MICROCON 2014)

15th - 19th October 2014 Jaipur, Rajasthan

<http://www.microcon2014.com>

Transplant Infectious Disease Conference

6-8 November, Vellore

Contact Dr Priscilla Rupali

(prisci@cmcvellore.ac.in)

7th World Workshop on Oral Health and Disease in AIDS.

6-9, Nov 2014, Hyderabad

info@ww7india.com, ww7india@gmail.com

First Conference of Fungal Infection Study Forum (FISF) and Mycology Master Class

Kolkata 14-16 Nov 2014

<http://www.fisftrust.com>

Antimicrobial Stewardship Course

27-28th Nov, New Delhi

Pre-conference workshop of IAMM Delhi chapter annual conference, co-sponsored by BSAC (British Society of Antimicrobial Chemotherapy and GARP.

CIDS has endorsed this course.

Answer to photo quiz

Prostatic abscess and bacteremia caused by *Burkholderia pseudomallei* (melioidosis).

India is one of the endemic countries for melioidosis and the prostate gland is a known site of abscess formation in melioidosis

4th Annual Conference in Infectious Diseases

CIDSCON 2014

August 22nd | 23rd | 24th - Bangalore

Enhancing Knowledge, Implementing Change

Dr. Purnima Parthasarathy

Organizing Secretary

Dr. George K Varghese

Organizing Chairman

Registration Fee		
	Delegates	Medical Students, PG's & Fellows (Limited Seats)
Earlybird (till June 15 th , 2014)	₹. 4000	₹. 2000
After June 15 th	₹. 6000	

**Last Date for
Abstract Submission
July 15th, 2014**

For updates and more details logon to
www.cidskon2014.com

For any assistance kindly contact : Conference Managers, Hallmark Events

09591732274 | 09880880682 | 09845671462

Email : cidskon2014@gmail.com

Venue : Vivanta by Taj, Yeshwantpur, Bangalore, Karnataka 560022

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