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Tentative

14th Global Vaccines & Vaccination Summit and Expo

December 05-06, 2016 Dubai, UAE

Theme: Innovative Therapeutic Strategies in Vaccines & Vaccination



300+ Participants

- Interactive Sessions
- 15+ Keynote Lectures
- 200 + Plenary Lectures
- 20+ Workshops
- 15+ Exhibitors
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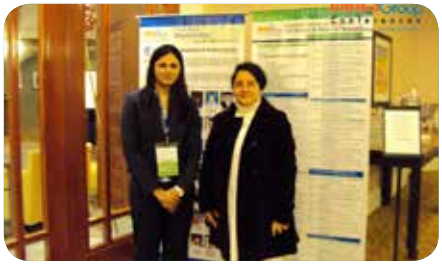












Vaccines Congress 2016 Organizing Committee



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Tentative Program

Program at A Glance

Day 1

Morning Sessions	**Reception/Registration**	**08.00-09.00**	
		Time	**General Session**
	Least of 3 Keynote/Plenary Talks	09.00-09.15	Inaugural Address
		09.15-09.45	Keynote/Plenary Talk 1
		09.45-10.15	Keynote/Plenary Talk 2
		10.15-10.45	Keynote/Plenary Talk 3
	Panel Discussions/Group Photo		
	Coffee/Tea Break 10.45-11.00 (Networking)		
	11.00-12.40	Vaccines Development, Adult Immunisation Challenges	
Evening Sessions	**Lunch Break 12.40-13.30**		
	13.30-15.30	Novel Vaccines against Infectious Diseases	
	Coffee/Tea Break 15.30-15.45 (Networking)		
	15.45-17.25	Childhood Immunization Challenges & Vaccines for pregnant women	

Day 2

Morning Sessions		**Time**	**Session 1**	**Session 2**
	09.00-10.40		Keynote Forum	Cancer Vaccines / AIDS/HIV Vaccines
	Coffee/Tea Break 10.40-10.55 (Networking)			
	10.55-12.35		Veterinary Vaccines	Diabetes Vaccines
Evening Sessions	**Lunch Break 12.35-13.25**			
	13.25-15.05		Therapeutic Vaccines for Chronic Infections	Immuno-Informatics in Vaccine Designs
	Coffee/Tea Break 15.05-15.20 (Networking)			
	15.20-17.00		Immunology / animal models	Vectors / adjuvants / drug delivery

NOTE: Program shedule is subject to change with final allotment of the speaker slots

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Biography

Byungse Suh has completed his BS in pharmacy from Chungang University, Seoul, Korea; Ph.D. at the age of 28 from University of Kansas; postdoctoral studies from University of Iowa; and MD from University of Miami. He has completed the residency and fellowship from University of Wisconsin Hospital. He is Professor of Medicine, Microbiology and Immunology at Temple University School of Medicine, and published more than 110 papers.

Abstract

Zika Virus (ZIKV) Infection: The Most Alarming Viral Infection Today

Byungse Suh
Temple University School of Medicine, Philadelphia, PA 19140, USA

The ZIKV, a flavivirus, was first isolated from a febrile Rhesus monkey in 1947, and in 1948 from Aedes africanus mosquitoes, in the Zika Forest in Uganda. Human infection may have existed as early as 1951 with cases limited to the equatorial regions of Africa and Asia. In 2007, the first outbreak of ZIKV infection outside of these areas was on Yap Island. In 2015 it spread to Brazil where the primary vector was Ae. aegypti. The infection spreads through mosquito bites, although sexual and transfusion related transmissions have been reported. ZIKAV infections are reported in 57 countries and territories as of early May 2016. ZIKV, a previously obscure arbovirus causes mostly asymptomatic infections (80%). Only 20% are symptomatic with: rash (91%), fever (90%), myalgia (80%), arthralgia (64%) and conjunctivitis (56%). The incubation period and clinical illness last approximately one week each. ZIKAV infections, however, may lead to devastating consequences: microcephaly in newborns whose mothers were infected during pregnancy, and also implicated in the autoimmune disorder Guillain-Barre syndrome. ZIKV infection rarely leads to death. The diagnosis is based on the detection of ZIKV RNA using RT-PCR (<7 days of onset of symptoms) in infants and children, and in other patients whose symptoms havebeen present ≥4 days, serum for ZIKV IgM can be used. Specific treatment for the infection is not currently available, and vaccine development is in progress. Recently, Wolbachia-harboring Ae. aegypti was shown to reduce ZIKV transmission, which brings a new potential solution for limiting the spread of ZIKV.

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Biography

Phetole Walter Mahasha, has completed his PhD at the age of 38 years from the University of Pretoria, South Africa and Postdoctoral studies from the University of Virginia, School of Medicine, Division for infectious Diseases and International Health and the Center for Public Health Genomics and the University of Venda, AIDS Virus Research Programme and the NICD in South Africa. He is a Senior Lecturer, in the Department of Pre-Clinical Sciences (Medical Biochemistry) at the University of Limpopo. He has published more than 5 papers in reputed journals and has been serving as an editorial board member of repute.

Abstract

Differential distribution and evolution of HIV-1 RNA variants in the gastrointestinal tract of antiretroviral naive african AIDS patients with diarrhea and (or) weight loss

Phetole Walter Mahasha
University of Limpopo

Due to its continuous exposure to food antigens and microbes, the gastrointestinal tract (GIT) is in a constant state of low level immune activation and contains an abundance of activated CCR5 +CD4+ T lymphocytes, the primary target HIV-1. As a result, the GIT is a site of intense viral replication and severe CD4+ T cell depletion, a process that begins during primary HIV-1 infection and continues at a reduced rate during chronic infection in association with increased production of pro-inflammatory cytokines, a breakdown in the epithelial barrier, microbial translocation, systemic immune activation and the continued recruitment and infection of new target cells. AntiRetroviral Therapy (ART) is only partially effective in reversing these pathogenic changes. Despite the importance of the GIT in HIV-1 pathogenesis, and as a reservoir of persistent virus during ART, little is known about the diversity of HIV-1 in the GIT, or how different tissues in the GIT respond to ART.

Objectives: Primary objectives of this thesis were to: 1) characterize the diversity of HIV-1 RNA variants in different parts of the GIT; 2) determine whether there is compartmentalized evolution of HIV-1 RNA variants in the GIT and whether these variants are likely to have different biological properties.

Methods: A prospective study of the duodenum, jejunum, ileum and colon of African AIDS patients with chronic diarrhea and/or weight loss, sampled before and during 6 months of ART. RNA extracted from gut biopsies was reverse transcribed and PCR amplified. Env and gag PCR fragments were cloned, sequenced and subjected to extensive phylogenetic analysis; pol PCR fragments were analyzed for drug resistance.

Results: Viral diversity varied in different regions of the GIT with env HIV-1 RNA variants being significantly more diverse than gag variants. Gag HIV-1 RNA variants were widely dispersed among all tissue compartments. Some env variants formed tight monophyletic clusters of closely related viral quasispecies, especially in the colon, a finding that is suggestive of compartmentalized viral replication and adaptive evolution.

Conclusions: These results advance our understanding of the GIT as a host-pathogen interface by providing new insights into the diversity, evolution and dissemination of HIV-1 variants in the GIT. Strategies aimed at decreasing immune activation, especially in the small intestine, may be highly beneficial in enhancing the therapeutic efficacy of ART.

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Biography

Dr. S.N. Singh has completed his M.V.Sc. from IVRI Bareilly, in 1976 and post graduate training from L Institute National de la Recherche Agronomique (INRA) France in 1980. He is the managing director of Biovet Pvt .Ltd. Bangalore a premier veterinary biological company. He received various awards along with prestigious national technology day award 2013. From Shree Pranab Mukharjee Hon'ble President govt. of India for innovation of foot and mouth disease vaccine and development of Blue Tongue pentavalent and Johne's disease under PPP first time in the country. He has worked on livestock development and rural upliftment and actively anticipated in grass root level vaccine programme, helping eradication of rinderpest from India.

Abstract

Development Of Novel Vaccines With Indian Strains For Blue Tongue And Johne's Disease In India.

S.N.Singh and Sasane Manoj
Biovet Private Limited, KIADB Industrial, Malur.

Innovations in the Vaccinalogy are the most economic approach for providing solutions to the livestock sector for prevention of infectious diseases. Economic loss due to diseases is enormous needs serious attention for new vaccines development to ensure quality food like milk meat and egg without antibiotics and chemical residue in the era of "One Health One Disease One World".More than 5 billion USD is the economic loss only due to Foot and Mouth Disease in India. Small ruminants are major economic tool for rural farming community in addition to poultry and piggery therefore we developed two new vaccines BLUE TONGUE PENTAVALENT and JOHNE'S DISEASE vaccine successfully used in the field. Vaccine development, vaccinology and immunotherapy in the emergence of providing solution to infectious diseases in man and animals generated visible interest in 20th century. The national immunization programme in India is being run for the different emerging and transboundry diseases of global importance which is having economic impact on the national economy of the nation. We, as an emerging animal health enterprise taking into consideration the diseases of primary concern and interest of farmers, Blue tongue disease and Johne's disease was given a top priority with firm belief "Vaccinate to Live not to Kill". Bluetongue (BT), an arthopod-transmitted viral infection caused by pathogenic Blue tongue virus of the genus orbivirus, of the Reoviridae family affects to domestic and wild ruminants. Out of several isolates five were selected for immunogenicity and protection against the Blue Tongue which is major serotypes which has been characterized sequenced propagated in cell culture for antigen production. The vaccine Bluetongue pentavalent inactivated with formalin-BEI and adjuvanted with mineral oil/Al gel-Saponin. Johne's disease is an infectious wasting condition of cattle and other ruminants including wild animals caused by Mycobacterium avium subspecies paratuberculosis (MAP). In dairy herds, the presence of Johne's disease will significantly reduce milk yields well before other symptoms of the disease can be found control and eradication by vaccination is the better way to control this disease in India Jhone's disease vaccine is the first indigenous vaccine against Johne's disease affecting ruminants. The vaccine consists of suspension of the S5 Indian Bison type strain of Mycobacterium avium subspecies paratuberculosis inactivated by heat and adjuvanted with mineral oil/aluminum hydroxide gel. The vaccine is launched for the nation. Quality vaccine is the most important factor with respect to safety and duration of the immunity to the livestock and ultimately to the human well being globally.

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Biography

Zahra Badawi Eisa and 1Nabila Mutassim Murad are undergraduate students and will be graduates by May 2016. They are 24 and 23 years respectively, studying at Ahfad University for Women in their final year at School of Pharmacy. This is their first experience in attending conferences concerning their career.

Abstract

Designing an Epitope-based vaccine against human immunodeficiency virus (HIV): An in silico approach

Zahra Badawi Eisa1, Nabila Mutassim Murad 1, Bashir Salim2

1Ahfad University for Women School of Pharmacy
2 Khartoum University school of Veterinary

Human immunodeficiency virus (HIV) is the causative agent of the acquired immunodeficiency syndrome (AIDS). The disease is a major global public health threat that causes over 39 million deaths in 78 million cases ever since it was discovered. To date, there is no vaccine available for prevention, and most of the efforts were directed towards the conventional vaccines approaches. Thus, in the present study, an alternative newly emerging in silico approach for designing peptide-based vaccines has been sought. This immunoinformatics approach has several advantages regarding the safety, stability and the ease to manufacture. We designed a potential multi-epitope vaccine against HIV-1 purposely for the most endemic sub-Saharan countries. Three essential structural genes that include envelope (Env), group specific antigen (Gag) and polymerase (Pol) protein sequences were retrieved from the databases, analyzed and verified through a total of 15 in silico tools. This resulted in nine antigenic and non-allergic potential epitopes capable to provoke both humoral and cell mediated immunity without induction of autoimmunity. These epitopes covered 76.57% of the world population with a high sequence conservancy varies from 81-97%. Furthermore, computational docking techniques were used to confirm the strong binding interactions of the epitopes with their specific HLA molecules. Albeit, the results are awaiting validations by in vitro and in vivo experiments, nonetheless, this study provides a useful insight for the developing of successful vaccines to prevent the devastating HIV infections.

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Biography

Sevda Senel is Professor of Pharmaceutical Technology. Her current research area involves mucosal drug/vaccine delivery, and dental drug delivery. She is currently coordinating a project on local vaccine production in Turkey through the Ministry-Industry-University collaboration. She serves on the Evaluation Committee of Vaccine Products at National Medicines Agency, and Advisory Board on Vaccines at National Research Council. She served as the president of the EUCHIS between 2009-2013. She received the CRS-InterVet 2005 Best Paper Award, 2005 Novartis Research Fund-Pharmaceutical Technology Best Paper Award, 2010 Distinguished Scientist Award by the Academy of Science of the Turkish Pharmacists Association, 2011 Hacettepe University Science Award.

Abstract

Vaccine delivery systems

Sevda Şenel
Hacettepe University,Turkey

Vaccines save millions of lives and protect against the spread of disease each year, being one of the most cost-effective health interventions ever developed. Most vaccines are administrated by injection, which requires syringes, needles, and trained personnel. This makes mass immunization more costly and less safe, particularly in developing countries. For this reason, new strategies for vaccine delivery are explored to improve compliance of the general population, facilitate administration, as well as to improve safety and effectiveness of the vaccines. The mucosal administration of vaccines has received great interest due to the advantages such as the ability to administer vaccines without needles, and the capacity to induce immune responses capable of preventing infections at the site of acquisition. Currently, intensive research is focused on developing new adjuvants and delivery systems for efficient delivery of vaccine antigens to mucosal sites that facilitate uptake by local antigen-presenting cells to generate protective mucosal immune responses. However, combining vaccine and adjuvant for mucosal immunization is still a difficult and challenging task in regard to efficacy, safety and acceptability, and there are relatively few mucosal vaccine candidates that have successfully progressed to human clinical trials. In this presentation, after reviewing the recent advances in vaccine delivery systems, studies of our group using chitosan as adjuvant/delivery system will be presented. It will be concluded by mentioning very shortly about the work performed at our University in collaboration with industry and ministry for local manufacturing of vaccine in Turkey.

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Biography

Dr Nighat Jahan Nadeem completed MBBS in 2008 from University of London, UK. She has completed two research degrees: First Class Bachelor of Medical Science (BMedSci) in Community Health Sciences and Masters (MA) in International Child Studies from King's College, London, UK. Her postgraduate qualifications include Membership of the Royal College of Paediatrics and Child Health (Part 2) and Diploma in Child Health (DCH). She is continuing her postgraduate specialisation at South West London & St George's Hospital Trust and aims to further develop her career and sub-specialise in Paediatric Psychiatry.

Abstract

An Evaluation of Doctors and Medical Students' Knowledge of Paediatric Vaccinations in Pakistan

Nighat Jahan Nadeem
King's College, Strand, London, United Kingdom

Aims: Doctors and medical students now have decreased exposure to vaccine preventable diseases as successful vaccination programs have decreased their prevalence. This may cause misconceptions and misinformation. This study aimed to explore knowledge of paediatric vaccinations, identify training needs and make recommendations for future training.

Methods: Vaccination knowledge of doctors and students from four Pakistani institutions was assessed by an anonymous, self-administered, internet-based survey from 14 April 2015 to 14 July 2015. Questions addressed vaccine guidelines, schedules, administration, handling, contraindications and adverse events. Analysis included comparison of proportions with the use of descriptive statistics. Ethical approval was obtained from King's College, London.

Results: 103 doctors and 29 students participated and the best answered question overall was related to the ideal age of Bacilus Calmette-Guerin vaccine administration. This was answered correctly by 98/103 (95.1%) of doctors and 29/29 (100%) of students. The most poorly answered question by doctors was related to whether a 5 week old baby is too young to receive primary vaccinations. This was answered incorrect or 'don't know' by 90/103 (87.4%) of doctors. The most poorly answered question by students (with 29/29 (100%) incorrect/don't know answers) was related to freezing children's vaccines to maintain potency.

Conclusion: This study identifies gaps in knowledge amongst doctors and students in Pakistan and the findings form a platform to develop interventions to integrate into educational curriculum. Recommendations include developing up-to-date core competencies and promoting communication training in the role-play setting. Teaching methods used in institutions should be analysed and compared to determine the most effective strategies.

Biography

Abstract

Humoral immune responses against Leishmaniasis by nanoparticles loaded with TSA recombinant plasmid of Leishmania major

Fatemeh Tabatabaei 1*, Somayeh Zarrati 2, Narges Khabaz zadeh Tehrani 2 , Mehdi Mahdavi 3
1 University of Medical
2 Islamic Azad University
3 Pasteur Institute of Iran

Background:Leishmaniasis is a group of vector-borne diseases caused by obligateintracellular parasite (genus Leishmania) that is endemic in 88 countries with annual incident of 2 million cases in the world . In order to increase immunity the DNA vaccine has been supplemented with two adjuvants . In this study, we evaluated twonanovaccines effects against cutaneous leishmaniasis.

Material/methods: TSA(Thiol –specific – antioxidant) recombinant plasmid ofLeishmania parasite was purified by Endo Free plasmid purification Giga Kit (Qiagen). Inbred female Balb/c mice were divided into 7groups TSA, TSA/dendrimer, TSA/PMMA (test groups),pcDNA3, dendrimer and PMMA,PBS(control groups) and were immunized intramuscularly with 100 µg plasmid DNA containing TSA gene with or without adjuvants ,three times with 3 weeks intervals . The recombinant TSA protein (20µg) was injected 3 weeks later subcutaneously. As a challenge ,animals were infected by Leishmania major 3weeks after final vaccination. Total antibody and IgG1 and IgG2a subclasses were evaluated by ELISA method before and after the challenge.

Results:The findings of this study showed the nanovaccines have capable of induction humoral immune responses (Total antibody and IgG1 and IgG2a isotypes) in immunized mice compared to the controls groups. Moreover the results revealed that nano-vaccines (TSA/dendrimer, TSA/PMMA) were effective in reduction of parasite burden in spleen .

Conclusions:According to the results ,both nano vaccine formulations have potency for futher researches .

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Biography

Dr Ihsane Hmamouchi always wanted to be a scientist since her childhood. As a student at the Faculty of medicine of Rabat, Ihsane soon found herself searching for a subject that would satisfy both her creativity and curiosity. She found it during her training in Department of Rheumatology with Pr Hajjaj-Hassouni while the clinical practice was associated with evidence based medicine. Ihsane interests in rheumatology led her to undertake a PhD where she discovered her niche at the intersection of clinical research and biostatistic practice. Areas of her methodological expertise include clinical epidemiology, design/analysis of clinical trials, outcomes assessment and quality of life measures. She is a member of several professional societies, including the Moroccan Society of Rheumatology, the French Society of Rheumatology and the EUMENET group.

Abstract

Low rate of influenza and pneumococcal vaccine coverage in rheumatoid arthritis: data from the international COMORA cohort

Ihsane Hmamouchi1,2, Kevin Winthrop3, Odile Launay4, Maxime Dougados1
1 Paris Descartes University, Paris, France
2Mohammed V Souissi University, Morocco
3Division of Infectious Diseases, USA
4Paris Descartes University Paris, France

Objectives. (1) to describe pneumococcal and influenza vaccine use in RA patients across various countries and (2) to identify factors associated with their usage.
Methods. Using data from the COMORA cohort, 3920 RA patients were enrolled across 17 countries. We collected patient demographic, disease characteristics, and reported vaccine use over a six months time period. We used logistic regression to evaluate factors related to pneumococcal and influenza vaccine coverage.
Results. Overall vaccination coverage within the recommendations was low with huge disparities between countries: 17.2% (95%CI: 16.0-18.4) for pneumococcal vaccination (from 0% in Morocco to 56.5% in France) and 25.3% (95%CI: 23.8-26.5) for influenza vaccination (less than 1% in Morocco and Egypt to 66.2% in Japan). In countries where immunization was more frequent, we found that predictive factors of vaccination were older age, lower disease activity, higher educational level, use of biotherapy, absence of corticosteroid therapy, and presence of comorbidities.
Conclusion. Despite international recommendations for influenza and pneumococcal vaccination, we observed a low prevalence of these vaccinations among RA patients, with huge disparity between countries. Efforts are needed to better inform patients and physicians doctor regarding the need for vaccinations.

Biography

Graduated in Medicine and Surgery from Bangladesh in 1980, Dr. Akbar received PhD in Medical Sciences from Japan in 1993. A post-graduate fellow from 1994-1996 at Ehime Universitym Japan, Dr. Akbar joined as full faculty member at the Graduate School of Medicine, Ehime University, Japan, from 1996-2008. In 2008, joined Toshiba General Hospital, Tokyo, Japan as Principal Investigator. Worked to elucidate pathogenesis of chronic liver diseases and hepatocellular carcinoma; subsequently developed therapeutic vaccine for HBV transgenic mice and have been condcuting pilot studies and clinical trials in patients with CHB with Therapeutic vacciens for last one decade to optimize a safe, effective and clinical viable regimen of this approach in CHB patients. Have authored more than one hundred scietntific articles in peer-reviweed journal. Associated with all major international and local liver organizations.

Abstract

Development of Therapeutic Vaccine by Analysing Pathogenic Immunity Versus Protective Immunity in HBV infection and its Usage in Patients with Chronic Hepatitis B

Sheikh Mohammad Fazle Akbar
Toshiba General Hospital, Tokyo, Japan

Hepatitis B virus (HBV) is a non-cytopathic virus with no direct role on liver damage in HBV-infected patients. Immune responses of chronic hepatitis B virus (HBV)-infected subjects show considerable heterogeneity. In one hand, host immunity is responsible for inducing and sustaining HBV replication and liver damages (Pathogenic Immunity). On the other hand, host immunity is capable of controlling HBV replication and containment of damages of hepatocytes (Protective and Therapeutic Immunity). We have analysed the natures and characteristics of 'Pathogenic Immunity' versus 'Protective Immunity' in chronic HBV infection by conducting series of studies in HBV transgenic mice (HBV TM), patients with chronic hepatitis B (CHB), HBV-related liver cirrhosis (LC) and HBV-related hepatocellular carcinoma (HCC). Based on insights retrieved from these laboratory experiments in benches, an immune therapeutic regimen was explored and a therapeutic vaccine containing both hepatitis B surface antigen (HBsAg) and hepatitis B core antigen (HBcAg) (HBsAg/HBcAg) was developed. The therapeutic vaccine containing HBsAg/HBcAg was applied in HBV TM, normal volunteers and patients with CHB to assess the safety and efficacy of this vaccine. Finally, a phase III clinical trial was accomplished with HBsAg/HBcAg-based therapeutic vaccine by applying this vaccine in CHB patients via nasal and parental routes and the efficacy of HBsAg/HBcAg-based therapeutic vaccine was compared with that of pegylated interferon, the costliest drug used for CHB. The outcome of phase III clinical trial revealed that HBsAg/HBcAg-based therapeutic vaccine was safer and was endowed with better capacity to control HBV replication and containment of liver damages in CHB patients. Study on mechanism of action of vaccine therapy revealed activation of antigen-presenting dendritic cells and induction of HBsAg and HBcAg-specific immunocytes by vaccine therapy. This entire study shows the importance of insights about 'Pathogenic Immunity' versus 'Protective Immunity' for designing immune therapeutic strategies by vaccines for chronic infection, cancer, autoimmunity and allergy.

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Biography

Professor Nesrin Özören graduated from the Department of Molecular Biology and Genetics at Boğaziçi University in 1995 and conducted doctoral studies at University of Pennsylvania, USA between 1996 and 2002. Her doctoral work focused on the basic mechanisms of programmed cell death pathways, and their deregulation in different types of cancer.Between 2002-2005, Dr. Nesrin Özören completed post-doctoral studies at the University of Michigan- Ann Arbor, USA. During these studies she worked on apoptosis regulation by BCL-2 family proteins and also on pathogen sensing via Nod Like Receptors (NLR). Dr. Özören was appointed Assist. Prof. at the Department of Molecular Biology and Genetics at Boğaziçi University in 2005 and established the Apoptosis and Cancer Immunology Laboratory (AKiL) in 2007. Dr. Özören was promoted to Associate in 2008 and full Professor in 2015. She has pioneered the use of lentiviruses on human primary human melanocytes, keratinocytes and fibroblasts, with the purpose to change their genetic material. During their studies on the functions of NLR proteins, Dr. Özören's group utilizes shRNAi technology to suppress different genes, in a transient or stable manner. Her current work on NLR proteins and immune tolerance mechanisms incorporates the novel induced pluripotent stem cells and CRISPER/CAS9 technologies. The AKiL group has established many cell death/survival assays using flow cytometry or other kinds of fluorimetric or colorimetric assays and has distributed this knowhow to guest students and researchers from the country. Dr. Özören has lead the establishment of xenograft protocols in nude and SCID mice, followed by in vivo imaging, which are essential for cancer research, while managing the animal facility-Vivarium. She has been the coordinator of the Vivarium and vice-director of the Center for Life Sciences and Technologies at Boğaziçi University between the years 2009-2015. AKİL is the only laboratory in the country to focus on inflammasome (ASC speck) assembly mechanisms. Based on these studies a novel microsphere delivery method – via ASC specks- has been discovered. ASC specks can be loaded with different antigens and biomolecules and purified microspheres can be used for delivery to cells or animals. This discovery has been patented (TR 2012 04773 B ve PCT/IB2013/053079). Currently, a new project is underway to use this technology and develop novel flu vaccines.

Abstract

The ASC Specks as a Novel Antigen Carrier and Adjuvant

Nesrin Özören
Molecular Biology Association of Turkey

Inflammasome complexes form upon interaction of Nod Like Receptor (NLR) proteins with pathogen associated molecular patterns (PAPMS) inside the cytosol. Stimulation of a subset of inflammasome receptors including NLRP3, NLRC4 and AIM2 triggers formation of the micrometer-sized spherical supramolecular complex called the ASC speck. The ASC speck is the platform of inflammasome activity, but the reason why a supramolecular complex is preferred against oligomeric platforms remains elusive. We show that a set of cytosolic proteins, including the model antigen ovalbumin, tend to co-aggregate on the ASC speck. Furthermore, ASC specks are released from dying cells and can be engulfed by incoming macrophages to propagete the immune response. Thus, we developed a methodology where ASC specks can be utilized for the delivery of antigens, such as ovalbumin or influenza H5 to live animals for vaccination purposes.

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Biography

Maysaa El Sayed Zaki PhD, MD in Clinical Pathology-Clinical Microbiology and Immunology is Professor at Mansoura Faculty of medicine and director of clinical laboratories in Mansoura university children hospital and member of the higher promotion committee for Egyptian universities Professor (Clinical Pathology).Professor Dr Maysaa has over 120 scientific papers and projects either presented or published. She is internationally recognized expert in many areas of advanced medicine including clinical microbiology, diagnosis of infectious diseases, molecular biology, Clinical research and drug discovery.. Recent publications also include books on the use of modern technology in laboratory diagnosis like omics technology and nanomedicine. Dr Maysaa has awarded the university award of Academic Excellence and is a member of Who,s Who for International Executives.

Abstract

Hepatitis B Virus immunization in Healthcare Workers: Preliminary Study in One Egyptian Hospital.

Maysaa El Sayed Zaki
Professor of Clinical Pathology, Mansoursa Faculty of Medicine

Hepatitis B virus is a known infectious virus affecting approximately one third of the world population. Health care workers (HCWs) are among highly susceptible individuals due frequent exposure to blood splashes from affected patients. Transmission occurs through needles sticks, contact with mucous membranes and skin abrasions. Acting as a double side weapon, infected health care workers with hepatitis B may pose a potential risk for infecting patients in health care settings. Though exposure to hepatitis B virus through needle sticks injury is a common accident in health care settings, there is a lack of its recording in our health care settings. Reports from Egypt are scarce about HCWs who have received complete HBV immunization. There are reports about suboptimal practice of universal precautions, such as safe needle disposal, wearing gloves during phlebotomy and using goggles in developing countries. In an attempt to increase the strict adherence to the standard protocol of infection control policies regarding vaccination of health care workers, we have managed to vaccinate all nurses in Mansoura University Children hospital, Mansoura, Egypt. The vaccination doses were completed in 2009 with vaccination of 355 nurses. Six years later, we recruited vaccinated nurses to study the levels of the protecting antibodies by immunoassay for hepatitis B S antibodies by Elecsys system. We could recruit 159 nurses. The protective levels of antibodies were determined if the level of antibodies were >10 IU/ml according to the standard definitions. Among the recruited nurses, 57.9% had protective antibodies levels above 10.0 IU/ml. The mean SD levels of antibodies were 110 22.0 We can conclude that there is a gradual decline in the anti-HBs titer over the period of time in the vaccinated health care workers in a significant percentage of the fully vaccinated HCWs might have titers insufficient to protect them against HBV infection. The knowledge about vaccination, checking antibody titer regularly and screening for HBs antigen should be made.

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Biography

Professor Leondios Kostrikis is a Professor at University of Cyprus. He received his B.Sc. and Ph.D. degrees from New York University and his post-doctoral training at the Aaron Diamond AIDS Research Center of Rockefeller University. He joined the Rockefeller University as an Assistant Professor in 1999 and the University of Cyprus as Professor in 2003. He was a Fulbright, Elizabeth Glazer Pediatric AIDS Foundation and Aaron Diamond Foundation scholar. He has directed over twenty competitive grants from the NIH and the European Commission and he is an Editorial Board member for eleven international journals.

Abstract

Next-Generation Approaches to Designing HIV-1 Vaccines

Leondios G. Kostrikis
University of Cyprus, Nicosia

Human immunodeficiency virus type-1 (HIV-1), the virus that causes AIDS, remains a central element in the pursuit to control the pandemic. Currently, there is ever-increasing evidence that sexual transmission is the major route of HIV infections among newly infected people, especially in less developed countries. Up to now, all vaccine strategies have failed and new vaccine technologies and vaccination approaches are urgently needed. Additionally, there has been even less focus in developing vaccination strategies to protect against sexual transmission of HIV. It is critical though that the first line of defense against HIV-1 should be at site of virus entry. Furthermore, a highly effective HIV-1 vaccine will likely depend on success in designing immunogens that elicit broadly neutralizing antibodies to naturally circulating strains of HIV-1 preferably at the site of entry, namely the mucosal sites. In the past, antigen-presenting viral vectors have been extensively used as vehicles for the presentation of antigens to the immune system in numerous vaccine strategies. Particularly in HIV vaccine development efforts, two main viral vectors have been used as antigen carriers: (a) live attenuated vectors and (b) virus-like particles (VLPs); the former, although highly effective in animal studies, cannot be clinically tested in humans due to safety concerns and the latter have failed to induce broadly neutralizing anti-HIV antibodies. For more than two decades, Inoviruses have also been utilized as antigen carriers in several vaccine studies. Inoviral vectors are important antigen-carriers in vaccine development due to their ability to present an antigen on their outer architecture in many copies and to their natural high immunogenicity. Numerous fundamental studies have been conducted, which have established the unique properties of antigen-displayed inoviral vectors in HIV vaccine efforts. The recent isolation of new, potent anti-HIV broadly neutralizing monoclonal antibodies provides a new momentum in this emerging technology. I will describe next-generation approaches to creating novel vaccination strategies for the prevention of sexual transmission of HIV-1.

Biography

Hua Zhu is an Associate Professor of Department of Microbiology, Biochemistry and Molecular Genetics, New Jersey Medical School, Rutgers University. He has completed his Ph.D. from Columbia University and postdoctoral studies from Princeton University. He is serving as an editorial board member of the Journal of antivirals and antiretrovirals and reviewer of 6 journals. He published over 70 research articles, reviews and book chapters.

Abstract

Role of ORF 7 in Varicella-Zoster Virus Tissue Tropism and Potential for Novel Vaccine

Hua Zhu
Rutgers University - New Jersey Medical School, Newark, NJ 07103, USA

After the primary infection, varicella-zoster virus (VZV) remains latent in sensory ganglia, and reactivates upon weakening of the immune system, erupting from sensory neurons and infecting surrounding skin tissue. The factors involved in neuronal invasion and establishment of latency are still elusive. In our previous work, we employed a VZV BAC system in order to characterize a comprehensive library of VZV single ORF deletion mutants. We reported 18 ORFs to be fully dispensable in melanoma cells, which we postulated to encode elements responsible for specific tissue tropism. We now demonstrate that screening of these 18 dispensable gene mutants in differentiated neurons led to the identification of ORF7 as a neurotropic factor. This finding adds to our previous report that ORF7 is also a skin tropic factor. ORF7 is a virion component localized to the Golgi compartment in infected cells, whose deletion causes loss of polykaryon formation in vitro and severely impairs viral spread in human nervous tissue ex vivo. Interactions between ORF7 and other virion proteins are under investigation. Furthermore, ORF7 is required for VZV replication in xenografts of human skin and dorsal root ganglia in a SCID-hu mouse model. Here we show that an ORF7 deletion virus is able to infect dendritic cells, which in turn can infect T cells. This unique set of characteristics lends an ORF7 deletion mutant the potential to become an excellent VZV vaccine candidate. This neuroattenuated vaccine would cause neither the primary chickenpox nor the secondary herpes zoster diseases. Finally, given that ORF7 is essential for VZV initial infection of neurons and replication therein, it may also be a critical trigger of reactivation from latency.

14th Global Vaccines & Vaccination Summit and Expo

December 05-06, 2016 Dubai, UAE

Biography

Abstract

Mumps outbreak in Egypt 2012 – 2014

Eman Hamed
Surveillance officer Epidemiology and surveillance unit

Background: in recent years 2012 – 2014 outbreak of mumps have occurred in Egypt, The outbreak started from 2012 till now in 27 governorates and number of cases enhanced in 2013 and begin to decline in 2014. Data of 2013 was analyzed descriptively to determine the risky groups and trend of the disease

Methods: All cases of mumps entered into the national surveillance system (NEDSS) were reviewed, Data were obtained daily through notifications systems covering all levels. Data was extracted on Pivot table to be analyzed using MS Excel 2010 descriptive by time, person and place

Results:The most cases were aged from 5-15 (73%). The majority of them are students (68%).The percentage of mumps in males was (69%).outbreak was started in Giza and spread in all governorates. The seasonality of the disease in school season (October to April)

Conclusions: NEDSS did not provide us with information about vaccination so we can't estimate effectiveness of vaccination, so we need further information and data analysis. The most affected age group 5-15 that are students as high contacts and fast spread of the disease

14th Global Vaccines & Vaccination Summit and Expo

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Biography

Abstract

Distribution of mumps according to vaccination status in Egypt year 2013

Eman Hamed
Surveillance officer Epidemiology and surveillance unit

Background: Outbreak in Egypt was started in 2012 in all governorates. The number of cases enhanced in 2013. Safe and effective vaccines (MMR) have been available in Egypt immunization schedule as two doses in 2008.
Methods: Data was notified daily and collected in line list .Data year 2013 are extracted on Pivot table to be analyzed according to vaccination status and age groups.
Results: The percentages of unvaccinated cases and vaccinated are 35%, 65 % respectively. 94% of mumps cases vaccinated by one dose. High percentage in unvaccinated cases of age group (15-20) and also for age < 20 year. Number of cases enhanced in age group (10-15) and (5-10) that vaccinated by one dose.
Conclusions: Cases that not vaccinated are susceptible to infection. Cases vaccinated by one dose MMR vaccine not fully immunized from mumps. Age group >5 is susceptible to infection may be other risk factors .vaccination by two doses MMR not give full immunization

14th Global Vaccines & Vaccination Summit and Expo

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Biography

Dr. AL Aql has completed his MBBS from King Saud University, Saudia Arabia and fellowship in Neonatology and High Risk Follow-up from University of British Columbia, Vancouver, Canada. He is an Advisor for Ministry of Health and the director of Neonatal Services Improvement Program, Ministry of Health, Saudi Arabia. He has contributed to the development and standardization of Neonatal Services currently adopted in more than 250 MOH hospitals. On the other hand he contributed with the Saudi Central Board for Accreditation of Healthcare Institutions (SBAHI) in updating the accreditation standards for health facilities in the field of Neonatology. He also contributed in updating the design of NICUs which was adopted in the Ministry of Health.

Abstract

Updating and Standarizing RSV Guidelines in Saudi Arabia

Fahad Al Aql.
Minstry of health, Saudi Arabia, Riyadh

Respiratory syncytial virus (RSV) is a leading cause of serious seasonal lower respiratory tract infections (LRTI) in high-risk infants and children, with epidemics occurring annually in Saudi Arabia from October to March. Premature infants born at less than 29 weeks gestation with chronic lung disease or those with significant congenital heart disease who have RSV infection are more likely to be hospitalized and have increased morbidity and mortality. Palivizumab (Synagis) is a humanized monoclonal antibody for the prevention of severe LRTI by RSV in high-risk children. The use of Palivizumab in Saudi Arabia was not regulated and was not meeting approved standards. Clinical practice policy statement was developed by the Ministry of Health and was supported by the National Immunization Technical Advisory Group (NITAG) in Saudi Arabia. This statement based on the available national and international data on the use of Palivizumab for the prevention of severe LRTI caused by RSV in high-risk paediatric patients. These guidelines were endorsed by both The Neonatology and the Pediatric Infectious Diseases Societies. Clinical practice policy statement indicates that Palivizumab prophylaxis shall be administered from the middle of October until the middle of March to all infants born before 29 weeks gestation who are younger than 12 months at the start of the RSV season, must also be given in the first year of life for preterm infants with BPD and to Infants with certain haemodynamically significant heart diseases. Furthermore Palivizumab prophylaxis should not be administered in the second year of life except for children who require supplemental oxygen at 36 weeks corrected gestational age who also continue to require medical intervention in the six months prior to the second season.

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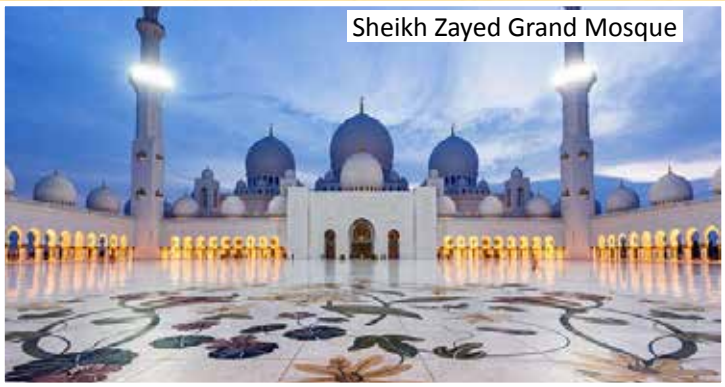

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Contact us
Asia-Pacific: Conference Series LLC
Vaccines Congress 2016
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