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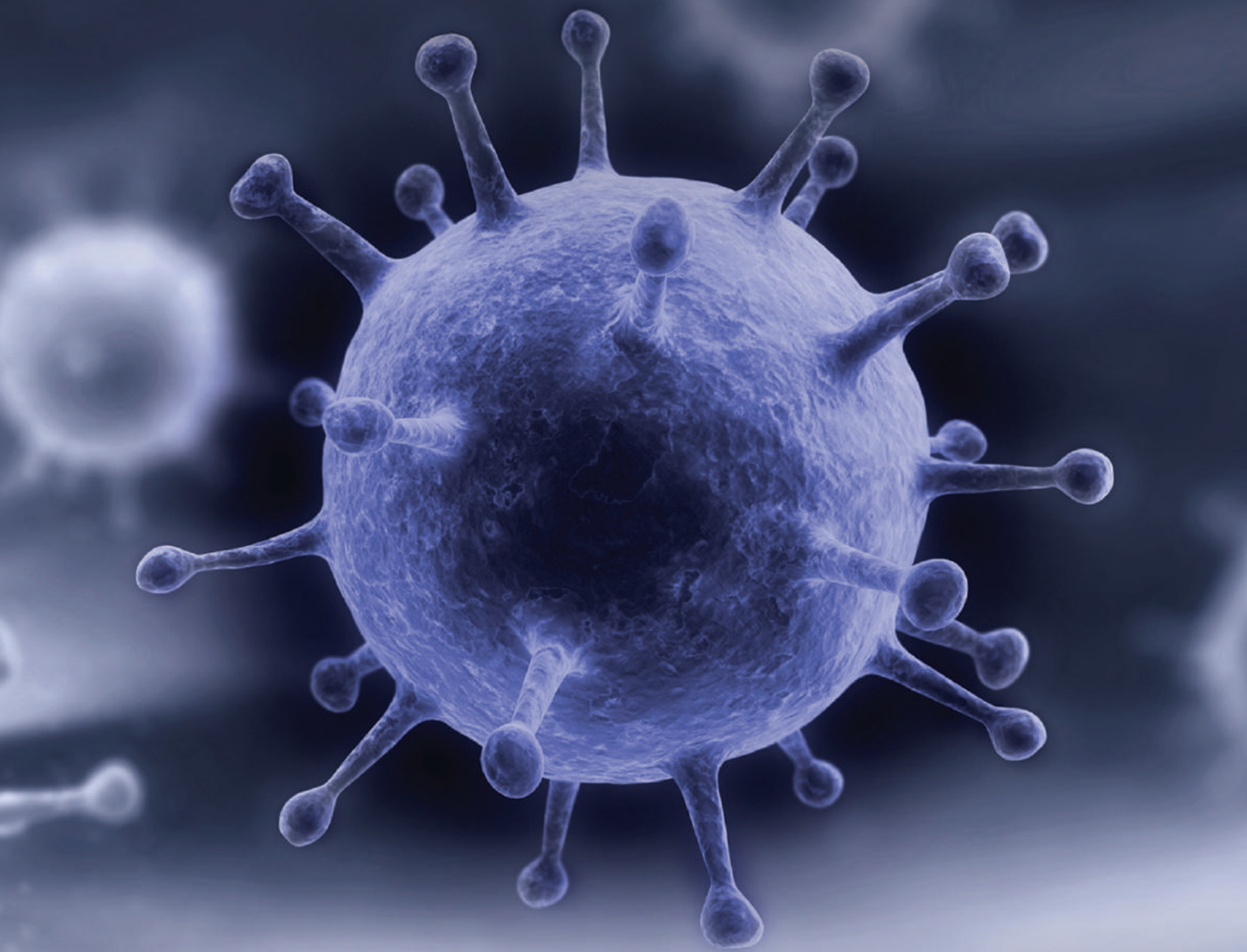
September 2017 Volume 6, Issue 3 | ISSN: 2329-9541

Journal of Immunological Techniques & Infectious Diseases
Open Access

Proceedings of
International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA



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Scientific Program

Day 1 September 25, 2017

08:30-09:00 Registrations

Paris

conferenceseries.com 09:00-09:25 **Opening Ceremony**

Keynote Forum

09:30-10:10 **Title: Value and limits of modern imaging techniques in the evaluation of fibrosis leading to Atrial Fibrillation**
Guy Hagues Fontaine, HDR Hôpital de la Salpêtrière, France

Group Photo

Networking & Refreshment Break 10:10-10:30 @ Foyer

10:30-11:10 **Title: The stratification system of the United States: Correlations between social class and health**
Carol Apt, South Carolina State University, USA

11:10-11:50 **Title: The threat of zoonotic diseases and Ebola virus disease specifically**
Stef Stienstra, Armed forces of the Netherlands, Netherlands

11:50-12:30 **Title: Integrated hepatitis B virus DNA is a source of HBsAg**
Christine I Wooddell, Arrowhead Pharmaceuticals, USA

12:30-13:10 **Title: Culture and resistance: Antibiotic resistance in rural china and sociocultural translations of biomedicine**
Paul Kadetz, Drew University, London

Lunch Break 13:10-14:10 @ Athens

Sessions:
Infection Treatment and Prevention Control | Pediatric Infections Prevention and Control | Resistance and Emerging Infectious Organisms | Infection Novel Therapies | Control of Zika/Malaria/Dengue Viral Infections | Hepatitis C | Surgical Infections Control | Control of HIV/AIDS from STDs & STIs | Antimicrobial Resistance | Microbial Pathogenesis

Session Chair: Paul Kadetz, Drew University, London
Session Co-chair: Saungi McCalla, White Plains Hospital, USA

Session Introduction

14:10-14:35 **Title: Automated hand hygiene compliance system associated with improved monitoring of hand hygiene**
Saungi McCalla, White Plains Hospital, USA

14:35-15:00 **Title: Zein-loaded artemether nanoparticles for treatment of severe malaria**
Yaa Boateng-Marfo, National University of Singapore, Singapore

15:00-15:25 **Title: *Staphylococcus pseudintermedius* adenosine synthase inhibits the innate immune response and promotes bacterial survival in canine blood**
Mohamed A Abouelkhair, University of Sadat City, Egypt

15:25-15:50 **Title: Rapid changes in antibiotic sensitivity and resistance among pathogenic bacteria isolated from clinical samples in two hospitals in Dhaka City, Bangladesh**
Ruhul H Kuddus, Utah Valley University, Bangladesh

Special Session on

15:50-16:35 **Title: Zoonotic diseases threat needs sharing of information and new diagnostic systems in less developed countries**
Stef Stienstra, Armed forces of the Netherlands, Netherlands

Panel Discussion

Networking & Refreshment Break 16:35-16:55 @ Foyer

16:55-17:20	**Title: Spread of *M. chimaera* in cardiac surgery operating room in quebec: WGS and RT-PCR for outbreak investigation and management** **Hafid Soualhine,** National Public Health Institute of Quebec, Canada
17:20-17:45	**Title: Using lean six sigma approach to reduce central line associated bloodstream infections in Hammoud hospital university medical center** **Ibrahim Zeid,** Hammoud Hospital University, Lebanon
17:45-18:10	**Title: Improving breathing with a novel use of xylitol** **Shirley Gutkowski,** Primal Air LLC, USA
18:10-18:35	**Title: Seroepidemiology of HIV-1 and HTLV I\II in Afghanistan** **Abbas Ali Husseini,** Ankara University, Turkey

Panel Discussion

Day 2 September 26, 2017

Paris

Keynote Forum

10:00-10:40 **Title: The resistance to antibiotics of *Staphylococcus aureus* strains isolated from hospitalized patients in Universities Hospitals from Cluj Napoca, Romania**
Lia Monica Junie, Iuliu Hatieganu University of Medicine and Pharmacy, Romania

Panel Discussion

Networking & Refreshment Break 10:40-11:00 @ Foyer

Workshop

11:00-11:45	**Title: Superimposed myocarditis can lead ARVD patients to acute progression to CHF** **Guy Hagues Fontaine,** HDR Hôpital de la Salpêtrière, France

Sessions:
Microbial Infections | Infection Control and Hospital Epidemiology | Medical Microbiology | Immunity and Vaccination | Antimicrobial Resistance | Pediatric Infections Prevention and Control

Session Introduction

11:45-12:10	**Title: Application of online tools & resources on foodborne outbreaks for microbiology instruction** **Narveen Jandu,** Gannon University, USA
12:10-12:35	**Title: Prevalence of parasitic infection among school going children in south India** **Pavithra Saikumar,** University of Pacific, USA
12:35-13:00	**Title: Molecular Epidemiology of HBV, HCV and HDV in general population of Afghanistan** **Abbas Ali Husseini,** Ankara University, Turkey
13:00-13:25	**Title: Lower limb deep tissue infections in type 2 diabetes patients at superspeciality tertiary care reference center in Mumbai** **Dhruv K. Mamtora,** S. L. Raheja Hospital, India

Panel Discussion

Lunch Break 13:25-14:25 @ Athens

14:25-14:50	**Title: Implementation science a missing ingredient in healthcare surface disinfection** **Barley Chironda,** Toronto East General hospital, Canada
14:50-15:15	**Title: Invasive *streptococcal Pyogenes* infection** **Al dubisi Fatimah,** University of Toronto, Canada

Video Presentation

15:15-15:40	**Title: Taeniasis/neurocysticercosis control: Medical aspects** **Zbigniew Pawlowski,** Poznan University of Medical Sciences, Poland

15:40-16:05	**Title: Carbapenemase production in hospital isolates of multidrug-resistant *Klebsiella pneumoniae* in Sudan** **Abdelhakam Hassan Ibrahim Ali,** Neelain University, Sudan
Panel Discussion	
Networking & Refreshment Break 16:05-16:25 @ Foyer	
Poster Presentation	
Poster Judge: Stef Stienstra, Armed forces of the Netherlands, Netherlands	
16:25-16:50	**Title: Evaluation of the lumipulse® G TP-N assay in an all-comers population at Oklahoma state department of health** **Christopher Traynham,** Fujirebio Diagnostics Inc. (FDI) , USA **Title: Evaluation of the lumipulse® G TP-N assay in an all-comers population at Oklahoma state department of health** **Daniel M Edwards,** Ohio State University, USA
16:50-17:15	**Title: Seroepidemiology of HIV-1 and HTLV I\II in Afghanistan** **Abbas Ali Husseini,** Ankara University, Turkey
17:15-17:45	**Title: Pan-genome analysis and phylogenetical grouping of food-borne pathogens, *Bacillus cereus* isolated from South Korea** **Ju-Hoon Lee,** Kyung Hee University, Republic of Korea
17:45-18:15	**Title: Antibacterial and antibiofilm activity of salts derived from N-cinnamyl imidazole with different chain lengths against *Streptococcus mutans*** **Luis Guzman,** University of Talca, Chile
Panel Discussion	
Closing and Award ceremony	



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Osteoporosis & Physical Activity	2329-9509
Otolaryngology:Open Access	2161-119X
Otology & Rhinology	2324-8785
Pain & Relief	2167-0846
Pain Management & Medicine	-
Palliative Care & Medicine	2165-7386
Pancreatic Disorders & Therapy	2165-7092
Pediatric Care	-
Pediatric Dental Care	-
Pediatric Emergency Care and Medicine- Open Access	-
Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

Thrombosis and Circulation	-
Thyroid Disorders & Therapy	2167-7948
Translational Medicine	2161-1025
Transplant Reports : Open Access	-
Transplantation Technologies & Research	2161-0991
Trauma & Acute Care	-
Trauma & Treatment	2167-1222
Traumatic Stress Disorders & Treatment	2324-8947
Tropical Medicine & Surgery	2329-9088
Tumor Diagnostics and Reports	-
Universal Surgery	2254-6758
Vascular Medicine & Surgery	2329-6925
Vitiligo & Dermatomyositis	-
Voice Medicine & Surgery	-
Women's Health Care	2167-0420
Wound Medicine and Tissue Repair	-
Yoga & Physical Therapy	2157-7595

Microbiology

Advances in Influenza Research	-
Antimicrobial Agents	-
Antivirals & Antiretrovirals	1948-5964
Applied Microbiology: Open Access	-
Archives of Clinical Microbiology	1989-8436
Bacteriology and Parasitology	2155-9597
Clinical Infectious Diseases & Practice	-
Clinical Microbiology: Open Access	2327-5073
Colitis & Diverticulitis	-
Emerging Infectious Diseases	-
Fermentation Technology	2167-7972
Fibromyalgia: Open Access	-
Forensic Pathology	-
Hepatitis	-
Human Papillomavirus	-
Infectious Diseases and Diagnosis	-
Infectious Diseases and Therapy	2332-0877
Medical Microbiology & Diagnosis	2161-0703
Medical Mycology: Open Access	-
Meningitis	-
Mycobacterial Diseases	2161-1068
Pediatric Infectious Diseases: Open Access	-
Research & Reviews: Journal of Microbiology and Biotechnology	2320-3528
Research & Reviews: Journal of Inflammation	-
Research & Reviews: Journal of Pathology & Epidemiology	-
Virology & Mycology	2161-0517

Neuroscience

Addiction Research & Therapy	2155-6105
Alzheimers Disease & Parkinsonism	2161-0460
Autism-Open Access	2165-7890
Brain Disorders & Therapy	2168-975X
Child & Adolescent Behavior	2375-4494
Clinical & Experimental Neuroimmunology	-
Dementia & Mental Health	-
Epilepsy Journal	-
Insights in Clinical Neurology	-
International Journal of Neurorehabilitation	2376-0281
Multiple Sclerosis	2376-0389
Neurological Disorders	2329-6895
Neurology & Neurophysiology	2155-9562
Neurology and Neuroscience	2171-6625
Neuropsychiatry	-
Neuroscience & Clinical Research	-
Schizophrenia Journal	-

Health Care & Nursing

Advanced Practices in Nursing	-
Community & Public Health Nursing	-
Nursing & Care	2167-1168
Nursing & Clinical Research	-
Patient Care	-
Perioperative & Critical Intensive Care Nursing	-
Research & Reviews: Journal of Nursing and Health Sciences	-

Pharmaceutical Sciences

Advances in Pharmacoepidemiology & Drug Safety	2167-1052
Alcoholism & Drug Dependence	2329-6488
Bioanalysis & Biomedicine	1948-593X
Biochemistry & Pharmacology: Open Access Journal	2167-0501
Bioequivalence & Bioavailability	0975-0851
Biomarkers in Drug Development	2327-4441
Biomarkers Journal	-
Biomolecular Research & Therapeutics	2167-7956
Cardiovascular Pharmacology: Open Access	2329-6607
Clinical & Experimental Pharmacology	2161-1459
Clinical Pharmacology and Biopharmaceutics	2167-065X
Current Trends in Nutraceuticals	-
Developing Drugs	2329-6631
Diagnostic Techniques & Biomedical Analysis	-
Drug Designing: Open Access	2169-0138
Drug Metabolism & Toxicology	2157-7609
in Silico & in Vitro Pharmacology	-
Molecular Enzymology and Drug Targets	-
Molecular Pharmaceutics & Organic Process Research	2329-9053
Pharmaceutica Analytica Acta	2153-2435
Pharmaceutical Care & Health Systems	2376-0419
Pharmaceutical Microbiology	-
Pharmaceutical Regulatory Affairs: Open Access	2167-7689
Pharmaceutical Sciences & Emerging Drugs	-
Pharmaceutics & Drug Delivery Research	2325-9604
Pharmacoeconomics: Open Access	-
Pharmacogenomics and Pharmacoproteomics	2153-0645
Pharmacognosy & Natural Products	-
Pharmacokinetics & Experimental Therapeutics	-
Pharmacological Reports	-
Pharmacovigilance	2329-6887
Research & Reviews: Journal of Hospital and Clinical Pharmacy	-
Research & Reviews: Journal of Pharmaceutical Analysis	2320-0812
Research & Reviews: Journal of Pharmaceutical Quality Assurance	-
Research & Reviews: Journal of Pharmaceutics and Nanotechnology	2347-7857
Research & Reviews: Journal of Pharmacognosy and Phytochemistry	2321-6182
Research & Reviews: Journal of Pharmacy and Pharmaceutical Sciences	2320-1215
Virology & Antiviral Research	2324-8955

Physics

Astrophysics & Aerospace Technology	2329-6542
Research & Reviews: Journal of Pure and Applied Physics	2320-2459
Vortex Science and Technology	2090-8369

Social & Political Sciences

Anthropology	2332-0915
Arts and Social Sciences Journal	2151-6200
Civil & Legal Sciences	2169-0170
Forensic Anthropology	-
Global Media Journal	1550-7521
Intellectual Property Rights: Open Access	2375-4516
Mass Communication & Journalism	2165-7912
Political Science & Public Affairs	2332-0761
Research & Reviews: Journal of Educational Studies	-
Research & Reviews: Journal of Social Sciences	-
Socialomics	2167-0358
Sociology & Criminology	2375-4435

Veterinary Sciences

Animal Nutrition	-
Primatology	2167-6801
Research & Reviews: Journal of Veterinary Sciences	-
Research & Reviews: Journal of Zoological Sciences	2321-6190
Veterinary Science & Medical Diagnosis	2325-9590
Veterinary Science & Technology	2157-7579

Impact Factors* (IF)

Journal Name	Pubmed Short Name	Impact Factor
Biological Systems: Open Access	Biol Syst Open Access	0.76
Journal of Biotechnology & Biomaterials	J Biotechnol Biomater	1.94
Journal of Psychology & Psychotherapy	J Psychol Psychother	1.3
Advanced Techniques in Biology & Medicine	Adv Tech Biol Med	1.08
AIDS & Clinical Research	J AIDS Clin Res	2.7
Autism Open Access	Autism Open Access	3.52
Biochemistry & Physiology: Open Access	Biochem Physiol	1.03
Diversity Equality in Health & Care	Divers Equal Health Care	2.49
Drug Designing: Open Access	Drug Des	6
Fungal Genomics & Biology	Fungal Genom Biol	1.15
International Journal of Genomic Medicine	Int J Genomic Med	0.67
Journal of Addiction Research & Therapy	J Addict Res Ther	2.86
Journal of Alzheimers Disease & Parkinsonism	J Alzheimers Dis Parkinsonism	1.18
Journal of Fertilization: In Vitro	JFIV Reprod Med Genet	1
Journal of Genetic Syndromes & Gene therapy	J Genet Syndr Gene Ther	2.34
Journal of Microbial & Biochemical Technology	J Microb Biochem Technol	2.5
Journal of Nursing & Care	J Nurs Care	1.6
Journal of Osteoporosis and Physical Activity	J Osteopor Phys Act	0.66
Journal of Yoga & Physical Therapy	J Yoga Phys Ther	1.17
Molecular Biology	Mol Biol	1.85
Neurology & Neurophysiology	J Neurol Neurophysiol	0.77
Primary health care	Prim Health Care	1
Quality in Primary Care	Qual Prim Care	3.88
Tissue Science & Engineering	J Tissue Sci Eng	2.72
Biochemistry & Analytical Biochemistry	Biochem Anal Biochem	2.6
Molecular and Genetic Medicine	J Mol Genet Med	2.89
Advancements in Genetic Engineering	Adv Genet Eng	1
Enzyme Engineering	Enz Eng	2.3
Depression and Anxiety	J Depress Anxiety	1
Human Genetics & Embryology	Human Genet Embryol	1.2
Current Synthetic and Systems Biology	Curr Synthetic Sys Biol	0.8
Hereditary Genetics: Current Research	Hereditary Genet	1.2
International Journal of Emergency Mental Health and Human Resilience	Int J Emerg Ment Health	6.5
Spine	J Spine	1.9
Cloning & Transgenesis	Clon Transgen	1.5
Journal of Medical Microbiology & Diagnosis	J Med Microb Diagn	1.9
Biosensors Journal	Biosens J	0.33
Defense Management	J Def Manag	0.5
Review of Public Administration and Management	Review Pub Administration Manag	0.2
Single cell biology	Single Cell Biol	1
Gerontology & Geriatric Research	J Gerontol Geriatr Res	1
Neuroinfectious Diseases	J Neuroinfect Dis	2.4
Cell Science & Therapy	J Cell Sci Ther	1.37
Molecular Biomarkers & Diagnosis	J Mol Biomark Diagn	2.1
Brain Disorders & Therapy	Brain Disord Ther	1.6
Clinical Case Reports	J Clin Case Rep	1.2
Gene Technology	Gene Technol	0.83
Socialomics	J Socialomics	2.3
Journal of Trauma and Treatment	J Trauma Treat	0.6
Translational Biomedicine	Transl Biomed	1.06
Journal of Neurology and Neuroscience	J Neurol Neurosci	0.88
Research & Reviews: Journal of Botanical Sciences	J Bot Sci	0.33
Journal of Psychiatry	J Psychiatry	2.32
Anaplastology	Anaplastology	0.73
Tropical Medicine & Surgery	Trop Med Surg	0.4
Orthopedic & Muscular System: Current Research	Orthop Muscular Syst	0.32
Pediatrics & Therapeutics	Pediat Therapeut	1.32
Sports Medicine & Doping Studies	J Sports Med Doping Stud	1.45
Journal of Oral Hygiene & Health	J Oral Hyg Health	0.52
Emergency Medicine	Emerg Med (Los Angel)	0.875
Journal of Transplantation Technologies & Research	J Transplant Technol Res	1.39
Journal of Hypertension: Open Access	J Hypertens (Los Angel)	0.92
International Journal of Waste Resources	Int J Waste Resour	1.95
Surgery: Current research	Surgery Curr Re	0.587
Oral Health and Dental Management	Oral Health Dent Manag	1.23
International Journal of Advancement technology	Int J Adv Tech	5.08
Translational Medicine	Transl Med (Sunnyvale)	1.312
Air and Water Borne Diseases	Air Water Borne Diseases	0.6
Journal of Coastal Zone Management	J Coast Zone Manag	0.54
Biology and Medicine	Biol Med (Aligarh)	3.07
Journal of Bioterrorism and Biodefense	J Bioterror Biodef	0.38
Journal of Tropical Diseases & Public Health	J Trop Dis	0.83
Journal of Surgery	Journal of Surgery [Jurnalul de chirurgie]	0.08
Nephrology & Therapeutics	J Nephrol Ther	0.318
Journal of Fundamentals of Renewable Energy and Applications	J Fundam Renewable Energy Appl	1.41
Advances in Pharmacoepidemiology & Drug Safety	Adv Pharmacoepidemiol Drug Saf	1.37
Bioanalysis & Biomedicine	J Bioanal Biomed	1.67
Biochemistry & Pharmacology: Open Access	Biochem Pharmacol (Los Angel)	2.09
Bioequivalence & Bioavailability	J Bioequiv Availab	1.88
Biomolecular Research & Therapeutics	J Biomol Res Ther	1.67
Cardiovascular Pharmacology: Open Access	Cardiol Pharmacol	1.77
Clinical & Experimental Pharmacology	Clin Exp Pharmacol	1.83
Clinical Pharmacology & Biopharmaceutics	Clin Pharmacol Biopharm	1.69
Data Mining in Genomics & Proteomics	J Data Mining Genomics Proteomics	2
Drug Metabolism & Toxicology	J Drug Metab Toxicol	1.37
Ergonomics	J Ergonomics	1.38
Glycomics & Lipidomics	J Glycomics Lipidomics	1.82
Health & Medical Informatics	J Health Med Inform	1.98
Metabolomics: Open Access	Metabolomics (Los Angel)	3.03
Nanomedicine & Biotherapeutic Discovery	J Nanomedine Biotherapeutic Discov	2.69
OMICS Journal of Radiology	OMICS J Radiol	0.54
Pharmaceutica Analytica Acta	Pharm Anal Acta	1.83
Pharmaceutical Regulatory Affairs: Open Access	Pharm Regul Aff	1.88
Pharmacogenomics & Pharmacoproteomics	J Pharmacogenomics Pharmacoproteomics	1.69
Pharmacovigilance	J Pharmacovigil	2.65
Phylogenetics & Evolutionary Biology	J Phylogenetics Evol Biol	2.76
Proteomics & Bioinformatics	J Proteomics Bioinform	2.55
Advances in Automobile Engineering	Adv Automob Eng	1.750
Advances in Robotics & Automation	Adv Robot Autom	0.813
Arts and Social Sciences Journal	Arts Social Sci J	1.231
Bioceramics Developments and Applications	Bioceram Dev Appl	0.958
Business & Financial Affairs	J Bus & Fin Aff	2.000
Generalized Lie Theory and Applications	J Generalized Lie Theory Appl	1.750
Irrigation & Drainage Systems Engineering	Irrigat Drainage Sys Eng	4.286
Industrial Engineering & Management	Ind Eng Manage	0.474
Aeronautics & Aerospace Engineering	J Aeronaut Aerospace Eng	1.407
Applied & Computational Mathematics	J Appl Computat Math	0.581
Architectural Engineering Technology	J Archit Eng Tech	1.071
Accounting & Marketing	J Account Mark	0.500
Aquaculture Research & Development	J Aquac Res Development	1.272
Bioengineering & Biomedical Science	J Bioeng Biomed Sci	1.235
Biometrics & Biostatistics	J Biomet Biostat	1.272
Biosensors & Bioelectronics	J Biosens Bioelectron	2.137
Civil & Environmental Engineering	J Civil Environ Eng	1.294
Cytology & Histology	J Cytol Histol	0.569
Civil & Legal Sciences	J Civil Legal Sci	0.286
Ecosystem & Ecography	J Ecosyst Ecogr	1.806
Electrical & Electronic Systems	J Elec Electron Syst	0.533
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091

Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091
Petroleum & Environmental Engineering	J Pet Environ Biotechnol	2.839
Stock & Forex Trading	J Stock Forex Trad	0.300
Textile Science & Engineering	J Textile Sci Eng	0.667
Tourism & Hospitality	J Tourism Hospit	1.190
Telecommunications System & Management	J Telecommun Syst Manage	0.800
Physical Mathematics	J Phys Math	4.500
Nanomedicine & Nanotechnology	J Nanomed Nanotechnol	4.68
Arabian Journal of Business and Management Review	Arab J Bus Manage Rev	1.42
Research and Reviews: Journal of Engineering and Technology	Engineering and Technology	0.14
Journal of Material Sciences & Engineering	J Material Sci Eng	1.31
Journal of Mass Communication & Journalism	J Mass Communicat Journalism	0.62
Journal of Powder Metallurgy & Mining	J Powder Metall Min	0.71
Journal of Applied Mechanical Engineering	J Appl Mech Eng	1.65
Archives of Clinical Microbiology		0.35
Dentistry	Dentistry	1.22
Journal of Diabetes & Metabolism	J Diabetes Metab	1.77
Otolaryngology: Current Research	Otolaryngol (Sunnyvale)	0.22
Journal of Metabolic Syndrome	J Metabolic Synd	1.27
Journal of Primatology	J Primatol	0.53
Journal of Thyroid Disorders & Therapy	Thyroid Disorders Ther	0.43
Jounal of Novel Physiotherapies	J Nov Physiother	1.24
Journal of Stem Cell Research & Therapy	J Stem Cell Res Ther	2.78
Anatomy & Physiology: Current Research	Anat Physiol	1
Pancreatic Disorders & Therapy	Pancreat Disord Ther	0.54
Journal of Cancer Science & Therapy	J Cancer Sci Ther	4.203
Journal of Biomedical Sciences		0.2
Journal of Nutritional Disorders & Therapy	J Nutr Disord Ther	1.46
Medical & Surgical Urology	Med Surg Urol	0.3
Journal of Biochips & Tissue Chips	J Biochip Tissue Chip	1.7
Journal of Liver	J Liver	0.08
Journal of Family Medicine and Medical Research	Fam Med Med Sci Res	0.78
Gynecology & Obstetrics	Gynecol Obstet (Sunnyvale)	0.52
Journal of Integrative Oncology	J Integr Oncol	1.67
Journal of Neonatal Biology	J Neonatal Biol	0.55
Journal of Glycobiology	J Glycobiology	0.8
Journal of Blood & Lymph	J Blood Lymph	0.12
Journal of Arthritis	J Arthritis	1.87
Journal of Membrane Science & Technology	J Membra Sci Technol	1.18
Medicinal Chemistry	Med Chem (Los Angeles)	2.64
Journal of Physical Chemistry & Biophysics	J Phys Chem Biophys	0.75
Organic Chemistry: Current Research	Organic Chem Curr Res	1.94
Journal of Bioprocessing & Biotechniques	J Bioprocess Biotech	1.74
Journal of Environmental & Analytical Toxicology	J Environ Anal Toxicol	2.58
Journal of Chemical Engineering & Process Technology	J Chem Eng Process Technol	1.21
Journal of Computer Science & Systems Biology	J Comput Sci Syst Biol	1.62
Journal of Analytical & Bioanalytical Techniques	J Anal Bioanal Tech	2.16
Journal of Plant Biochemistry & Physiology	J Plant Biochem Physiol	2.28
Journal of Chromatography & Separation Techniques	J Chromatogr Sep Tech	1.78
Journal of Thermodynamics & Catalysis		0.91
Community Medicine & Health Education	J Community Med Health Educ	1.27
Epidemiology: Open Access	Epidemiology (Sunnyvale)	1.35
Obesity & Weight Loss Therapy	J Obes Weight Loss Ther	0.94
Pain & Relief	J Pain Relief	1.14
Palliative Care & Medicine	J Palliat Care Med	0.88
Steroids & Hormonal Science	J Steroids Horm Sci	0.65
Gastrointestinal & Digestive System	J Gastrointest Dig Syst	0.43
Hair: Therapy & Transplantation		0.6
Andrology	Andrology (Los Angel)	1.16
Endocrinology & Metabolic Syndrome	Endocrinol Metab Syndr	1.12
Internal Medicine		2.48
Sleep Disorders & Therapy	J Sleep Disord Ther	0.5
Nuclear Medicine & Radiation Therapy	J Nucl Med Radiat Ther	0.88
Alternative & Integrative Medicine	Altern Integr Med	1.11
Pulmonary & Respiratory Medicine	J Pulm Respir Med	1.01
Occupational Medicine Health Affairs	Occup Med Health Aff	0.85
Reproductive System & Sexual Disorders	Reprod Syst Sex Disord	1.25
Medical Diagnostic Methods		0.29
Blood Disorders & Transfusion	J Blood Disord Transfus	0.5
General Medicine	Gen Med (Los Angel)	0.86
Bioenergetics: Open Access	Bioenergetics	3.1
Chemotherapy: Open Access	Chemotherapy (Los Angel)	1.8
Clinical & Experimental Pathology	J Clin Exp Pathol	1.54
Carcinogenesis & Mutagenesis	J Carcinog Mutagen	1.9
Clinical Research & Bioethics	J Clinic Res Bioeth	0.95
Vaccines & Vaccination	J Vaccines Vaccin	1.8
Immunome Research	Immunome Res	7.1
Clinical & Experimental Ophthalmology	J Clin Exp Ophthalmol	1.11
Clinical & Experimental Dermotology Research	J Clin Exp Dermatol Res	0.5
Clinical & Experimental Cardiology	J Clin Exp Cardiolog	1.33
Clinical Microbiology: Open Access	Clin Microbiol	0.7
Anesthesia & Clinical research	J Anesth Clin Res	0.7
Mycobacterial Diseases	Mycobact Dis	0.9
Clinical Toxicology	J Clin Toxicol	1.39
Clinical Trials & Research	J Clin Trials	1.33
Antivirals & Antiretrovirals	J Antivir Antiretrovir	1.27
Fermentation Technology	Ferment Technol	3.44
Clinical & Cellular immunology	J Clin Cell Immunol	2.019
Allergy & Therapy	J Allergy Ther	0.762
Bacteriology & Parasitology	J Bacteriol Parasitol	2.025
Rheumatology: Current Research	Rheumatology (Sunnyvale)	1.522
Virology & Mycology	Virol Mycol	0.69
Clinics in Mother and Child Health	Clinics Mother Child Health	0.432
Womens Health Care	J Womens Health Care	0.79
Marine Science: Research & Development	J Marine Sci Res Dev	0.45
Plant Pathology & Microbiology	J Plant Pathol Microbiol	1.75
Geology & Geophysics	J Geol Geophys	0.91
FisheriesSciences	J Fisheries Sci	0.51
Fisheries and Aquaculture Journal	Fish Aquac J	0.69
Bioremediation & Biodegradation	J Bioremediat Biodegrad	2.1
Advances in Crop Science and Technology	Adv Crop Sci Tech	0.39
Journal of Remote Sensing & GIS	J Geophys Remote Sens	0.77
Biofertilizers & Biopesticides	J Biofertil Biopestic.	1.19
Hydrology: Current Research	Hydrol Current Res	1.12
Probiotics & Health	J Prob Health	0.69
Veterinary Science & Technology	J Veterinar Sci Technolo	2.5
Medicinal & Aromatic Plants	Med Aromat Plants	2.02
Forest Research	Forest Res	1.69
International Journal of Sensor Networks and Data Communications	Sensor Netw Data Commun	1.66
Innovative Energy Policies	Innov Energ Policies	0.88
Biodiversity & Endangered Species	J Biodivers Endanger Species	0.25
Biosafety	Biosafety	0.49
Agrotechnology	Agrotechnol	0.69
Journal of Traditional Medicine and Clinical Naturopathy	J Tradition Med Clin Naturopth	0.49
Nutrition & Food Sciences	J Nutr Food Sci	1.14
Entomology, Ornithology & Herpetology	Entomol Ornithol Herpetol	1.26

Impact Factor Calculation:

Impact Factor was established by dividing the number of articles published in 2012 and 2013 with the number of times they are cited in 2014 based on Google search and the Scholar Citation Index database. If 'X' is the total number of articles published in 2012 and 2013, and 'Y' is the number of times these articles were cited in indexed journals during 2014 than, impact factor = Y/X





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Supporting Journals

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Journal of Infectious Diseases & Therapy

Clinical Microbiology: Open Access

Journal of Clinical & Cellular Immunology







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18th Global Summit on
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Oct 02-04, 2017 Chicago, USA

8th International Conference on
Fisheries & Aquaculture
Oct 02-04, 2017 Toronto, Canada

9th Global Food Safety Conference
Dec 04-06, 2017 Atlanta, USA

20th Global Food Processing & Technology Summit
Dec 11-13 , 2017 Philadelphia, USA

10th International Conference on
Agriculture & Horticulture
Oct 02-04, 2017 London, UK

7th International Conference on
Aquaculture & Fisheries
Oct 19-21, 2017 Madrid, Spain

19th International Conference on
Food Processing & Technology
Oct 23-25, 2017 Paris, France

2nd International Conference on
Food Microbiology
Nov 09-11, 2017 Madrid, Spain

World Aqua Congress
Oct 23-24, 2017 Dubai, UAE

5th International Food Safety, Quality & Policy Conference
Nov 27-28, 2017 Dubai, UAE

ALTERNATIVE HEALTHCARE

23rd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

BIOCHEMISTRY

10th International Conference and Exhibition on
Metabolomics & Systems Biology
Oct 16-17, 2017 Baltimore, USA

3rd International Conference on
Genetic and Protein Engineering
Nov 08-09, 2017 Las Vegas, USA

9th International Conference and Expo on
Proteomics
Oct 23-25, 2017 Paris, France

9th International Conference on
Bioinformatics
Oct 23-24, 2017 Paris, France

3rd International Conference on
Lipid Science & Technology
Dec 11-12, 2017 Madrid, Spain

3rd International Conference on
Transcriptomics
Oct 30- Nov 01, 2017 Thailand, Bangkok

CARDIOLOGY

21st International Conference on
Clinical & Experimental Cardiology
Nov 06-07, 2017 Las Vegas, USA

20th European Cardiology Conference
Oct 16-18, 2017 Budapest, Hungery

22nd World Cardiology Conference
Dec 11-12, 2017 Madrid, Spain

16th World Cardiology Congress
December 08-10, 2017 Dubai, UAE

3rd Global Summit on
Heart Diseases
Nov 02-04, 2017 Thailand, Bangkok

CHEMICAL ENGINEERING

7th International Congress and Expo on
Biofuels & Bioenergy
Oct 02-04, 2017 Toronto, Canada

3rd International Conference on
Chemical Engineering
Oct 02-04, 2017 Chicago, USA

7th International Conference and Exhibition on
Biopolymers and Bioplastics
Oct 19-21, 2017 San Francisco, USA

7th World Congress on
Petrochemistry and Chemical Engineering
Nov13-15, 2017 Atlanta, USA

2nd World Biodiesel Congress & Expo
Dec 04-05, 2017 Atlanta, USA

6th International Congress and Expo on
Biofuels, Bioenergy & Bioeconomy
Dec 04-06, 2017 Sao Paulo, Brazil

International Conference on
Renewable Energy and Resources
Oct 05-07, 2017 Kuala Lumpur, Malaysia

CHEMISTRY

4th International Conference on
Past and Present Research Systems of Green Chemistry
Oct 16-18, 2017 Atlanta, USA

7th International Conference on
Medicinal Chemistry & Computer Aided Drug Designing
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on
Nuclear Chemistry
Nov 06-07, 2017 Las Vegas, USA

2nd International Conference and Exhibition on
Polymer Chemistry
Nov 06-08, 2017 Las Vegas, USA

2nd International Conference on
Pharmaceutical Chemistry
Oct 02-04, 2017 Barcelona, Spain

5th International Conference and Expo on
Separation Techniques
Oct 23-25, 2017 Paris, France

10th Annual Chemistry Congress
Oct 18-19, 2017 Osaka, Japan

6th Global Congress on
Mass Spectrometry
Oct 18-19, 2017 Osaka, Japan

7th Global Mass Spectrometry Congress
Dec 14-16, 2017 Dubai, UAE

DENTISTRY

24th Euro Congress on
Dental & Oral Health
Oct 19-20, 2017 Budapest, Hungery

International Conference on
Dentistry & Dental Marketing
Oct 05-06, 2017 Las Vegas, USA

29th Annual World Congress on
Dental Medicine & Dentistry
Oct 16-18, 2017 NewYork, USA

37th Global Summit on
Dental Surgeons & Dental Materials
Nov 02-04, 2017 San Antonio, USA

38th Annual Congress on
World Dentistry
Nov 06-08, 2017 San Antonio, USA

26th American Dental Congress
Dec 04-06, 2017 Atlanta, USA

39th World Dental Congress Summit
Dec 04-06, 2017 Sao Paulo, Brazil

37th Asia Pacific Dental and Oral Care Congress
Nov 20-22, 2017 Australia, Melbourne

9th Clinical Dermatology Congress
Oct 16-18, 2017 NewYork, USA

2nd International Conference on
Psoriasis and Skin Specialists Meeting
Sep 20- 21, 2017 Philadelphia, USA

13th International Conference and Exhibition on
Cosmetic Dermatology and Hair care
Oct 26-27, 2017 Paris, France

23rd Asia Pacific Dermatology Conference
Oct 26-28, 2017 Osaka, Japan

DIABETES AND ENDOCRINOLOGY

International Conference on
Diabetes, Metabolism & Obesity
Nov15-17, 2017 Las Vegas, USA

International Conference on
Diabetes and Endocrinology
Dec 06-08, 2017 Atlanta, USA

21th International Conference on
Diabetes
Oct 05-06, 2017 London, UK

2nd International Conference on
Herbal and Alternative Remedies for Diabetes and Endocrine Disorders
Nov 02-04, 2017 Thailand, Bangkok

25th Global Diabetes and Medicare Expo
Dec 11-12, 2017 Dubai, UAE

ENVIRONMENTAL SCIENCES

3rd Annual Congress on
Pollution and Global Warming
Oct 16-18, 2017 Atlanta, USA

4th International Conference on
GreenEnergy & Expo
Nov 06-08, 2017 Las Vegas, USA

5th International Conference on
Recycling: Reduce, Reuse and Recycle
Nov 06-08, 2017 Las Vegas, USA

2nd International Conference on
Pollution Control and Sustainable Environment
Oct 10-11, 2017 London, UK

4th World Conference on
Climate Change
Oct 19-21, 2017 Madrid, Spain

2nd World Congress on
Climate Change and Global Warming
Oct 16-17, 2017 Dubai, UAE

EEE & ENGINEERING

5th International Conference and Exhibition on
Mechanical & Aerospace Engineering
Oct 02-04, 2017 Las Vegas, USA

Meet Inspiring Speakers and Experts at our 3000+ Global Events Every year on Medical, Pharma, Engineering, Science, Technology, Business and 40 Varient fields

4th World Congress and Exhibition on
Construction and Steel Structure
Oct 16-18, 2017 Atlanta, USA

7th International Conference on
Nuclear Engineering
Oct 16-18, 2017 Atlanta, USA

International Conference on
Applied Energy
Oct 23-24, 2017 Orlando USA

6th International Conference on
Biostatistics & Bioinformatics
Nov13-14, 2017 Atlanta, USA

4th International conference and Expo on
Computer Graphics & Animation
Sep 25-26, 2017 Berlin, Germany

2nd Global Summit on
Fluid Dynamics & Aerodynamics
Oct 19-20, 2017 Madrid, Spain

International Conference on
Mechatronics, Automation and Intelligent Materials
Oct 23-25, 2017 Paris, France

3rd World Congress on
Robotics and Artificial Intelligence
Oct 23-24, 2017 Osaka, Japan

GASTROENTEROLOGY

2nd International Conference on
Hepatology & Gastroenterology
Nov 13-14, 2017 Las Vegas, USA

2nd International Conference on
Digestive Diseases
Oct 16-17, 2017 London, UK

10th International Conference on
Gastroenterology
Oct 30- Nov 01, 2017 Bangkok, Thailand

GENETICS & MOLECULAR BIOLOGY

13th World Biotechnology Congress
Oct 19-20, 2017 NewYork, USA

2nd World Biotechnology Congress
Dec 04-05, 2017 Sao Paulo, Brazil

9th Annual Conference on
Stem Cell and Regenerative Medicine
Sep 25-26, 2017 Berlin, Germany

17th EuroBiotechnology Congress
Sep 25-27, 2017 Berlin, Germany

7th International Conference on
Tissue Engineering and Regenerative Medicine
Oct 02-04, 2017 Barcelona, Spain

10th International Convention on
Stem Cell and Biobanking
Oct 23-24, 2017 Osaka, Japan

GEOLOGY & EARTH SCIENCE

3rd World Congress on
GIS and Remote Sensing
Sept 20-21, 2017 Charlotte, USA

2nd International Convention on
Geophysics and Geo technics
Nov 08-09, 2017 Las Vegas, USA

2nd International Convention on
Geosciences and Remote Sensing
Nov 08-09, 2017 Las Vegas, USA

Annual Congress on
Soil Sciences
Dec 04-05, 2017 Madrid, Spain

5th International Conference on
Oceanography and Marine Biology
Oct 16-17, 2017 Seoul, South Korea

HEALTHCARE MANAGEMENT

13th International Conference on
Health & Medical Sociology
Sep 25-26, 2017 Atlanta, USA

6th International Conference on
Epidemiology & Public Health
Oct 23-25, 2017 Paris, France

2nd International Conference on
Health & Hospital Management
Nov 06-07, 2017 Vienna, Austria

International Conference on
Medical Education
Nov 06-08, 2017 Vienna, Austria

12th World Congress on
Healthcare and Medical Tourism
Oct 16-17, 2017 Dubai, UAE

IMMUNOLOGY

3rd Antibodies and Bio Therapeutics Congress
Nov 08-09, 2017 Las Vegas, USA

5th International conference on
HIV/AIDS, STDS & STIS
Nov 13-14, 2017 Las Vegas, USA

9th World Congress and Expo on
Immunology
Nov 02-03, 2017 Atlanta, USA

3rd International Conference on
Immunity, Inflammation and Immunotherapies
Nov 02-03, 2017 Atlanta, USA

2nd International Conference on
Autoimmunity
Nov 09-10, 2017 Madrid, Spain

World Immunology Congress
Dec 14-15, 2017 Dubai, UAE

INFECTIOUS DISEASES

13th World Congress on
Infection Prevention and Control
Oct 26-27, 2017 Milano, Italy

3rd Annual Congress on
Rare Diseases and Orphan Drugs
Oct 30-Nov 01, 2017 San Antonio, USA

3rd International conference on
Flu & Emerging Infectious Diseases
Nov 06-07, 2017 Las Vegas, USA

7th Asia Pacific STD and Infectious Diseases Congress
Oct 23-25, 2017 Osaka, Japan

MATERIALS SCIENCE

3rd International Conference on
Polymer Science and Engineering
Oct 02-04, 2017 Chicago, USA

2nd International Conference on
Applied Crystallography
Oct 16-18, 2017 Chicago, USA

13th International Conference and Exhibition on
Materials Science and Engineering
Nov13-15, 2017 Las Vegas, USA

14th International Conference on
Functional Energy Materials
Dec 06-07, 2017 Atlanta, USA

12th Annual Congress on
Materials Science and Nanotechnology
Sep 25-26, 2017 Dubai, UAE

International Conference on
Advanced Materials and Nanotechnology
Oct 26-28, 2017 Osaka, Japan

MICROBIOLOGY

2nd International conference on
Human Papillomavirus
Nov13-14, 2017 Las Vegas, USA

Global Veterinary Microbiology Summit & Expo
Oct 02-04, 2017 Las Vegas, USA

11th World Summit on
Medical Microbiology
Oct 02-04, 2017 Las Vegas, USA

World Summit on
Nosocomial and Healthcare Associated Infections
Oct 02-04, 2017 Las Vegas, USA

6th Annual Conference on
Microbiology
Oct 16-17, 2017 Baltimore, USA

11th World Congress on
Virology
Oct 16-17, 2017 Baltimore, USA

World Yeast Congress
Dec 06-07, 2017 Sao Paulo, Brazil

6th Clinical Microbiology Conference
Oct 26-27, 2017 Paris, France

4th World Congress and Expo on
Applied Microbiology
Nov 09-11, 2017 Madrid, Spain

2nd International Conference and Summit on
Industrial and Pharmaceutical Microbiology
Oct 23-25, 2017 Osaka, Japan

10th International Congress on
Clinical Virology
Dec 04-05, 2017 Dubai, UAE

Annual Congress on
Microbes and Infection
Dec 04-05, 2017 Dubai, UAE

NANOTECHNOLOGY

22th International Conference and Expo on
Nanoscience and Molecular Nanotechnology
Nov 13-14, 2017 Vienna, Austria

19th International Conference on
Nanotek and Expo
Nov13-15, 2017 Atlanta, USA

17th Nanotechnology products and Summit
Nov13-15, 2017 Atlanta, USA

15th World Medical Nanotechnology Congress & Expo
Oct 18-19, 2017 Osaka, Japan

3rd Biomedical Engineering and Expo
Nov 07-08, 2017 Barcelona, Spain

NEPHROLOGY

16th European Nephrology Conference
Oct 02-04, 2017 Barcelona, Spain

17th World Nephrology Conference
Oct 18-19, 2017 Dubai, UAE

NEUROSCIENCE

3rd International Conference on
Spinal Surgery
Oct 16-17, 2017 Chicago, USA

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16th International Conference on
Neuro Cognitive Disorders
Oct 10-11, 2017 London, UK

9th International Conference on
Alzheimer's Disease & Dementia
Oct 16-18, 2017 Madrid, Spain

6th International Conference on
Brain Disorders and Therapeutics
Nov 06-08, 2017 Madrid, Spain

18th Global Neurologists Annual Meeting on
Neurology and Neuro Surgery
Nov 16-17, 2017 Vienna, Austria

15th International Conference on
Neuroscience
Oct 16-17, 2017 Osaka, Japan

13th Global Neurologists Annual Meeting on
Neurology and Neuro Surgery
Nov 27-28, 2017 Dubai, UAE

NURSING

3rd International Conference on
Reproductive Health
Oct 05-06, 2017 Chicago, USA

11th Global Healthcare and Fitness Summit
Oct 16-18, 2017 San Francisco, USA

46th Global Nursing and Healthcare Conference
Dec 06-07, 2017 Sao Paulo, Brazil

40th International Conference on
Nursing & Healthcare
Oct 16-18, 2017 NewYork, USA

4th International Conference on
Gynecology & Obstetrics
Oct 02-04, 2017 Barcelona, Spain

13th International Conference on
Midwifery and Women's Health
Oct 02-04, 2017 London, UK

41st Euro Nursing & Medicare Summit
Oct 26-28, 2017 Paris, France

27th Surgical Nursing & Nurse Education Conference
Oct 16-17, 2017 Dubai, UAE

Asia-Pacific Nursing and Medicare Summit
Oct 05-07, 2017 Kuala Lumpur, Malaysia

World Congress on
Nursing Pharmacology and Nursing Education
Nov 20-21, 2017 Melbourne, Australia

NUTRITION & OBESITY

16th International conference and Exhibition on
Obesity & Weight Management
Nov16-17, 2017 Atlanta, USA

17th World Fitness Expo
Nov 16-17, 2017 Atlanta, USA

13th Euro Obesity and Endocrinology Congress
Sep 21-23, 2017 Madrid, Spain

6th International Conference and Exhibition on
Probiotics, Functional and Baby Foods
Oct 02-03, 2017 London, UK

15th Global Obesity Meeting
Oct 23-24, 2017 Dubai, UAE

18th Global Dieticians & Nutritionists Annual Meeting
Oct 02-03, 2017 Kuala Lumpur, Malaysia

16th Obesity Medicine Conference
Oct 30- Nov 01, 2017 Thailand, Bangkok

ONCOLOGY & CANCER

25th World Congress on
Cancer Therapy
Oct 18-20, 2017 Baltimore, USA

10th Annual World Congress on
Biomarkers & Clinical Research
Oct 18-20, 2017 Chicago, USA

5th International Conference on
Medical Imaging and Radiology
Oct 19-20, 2017 NewYork, USA

15th World Oncologists Annual Conference
Oct 19-20, 2017 NewYork, USA

World Medical and Clinical Oncology Congress
Nov13-15 , 2017 Las Vegas, USA

5th World Congress on
Breast Cancer
Oct 16-18, 2017 San Francisco, USA

9th International Conference on
Hematology and Hematological Oncology
Nov 08-09, 2017, Las Vegas, USA

11th International Conference on
Hematologic Oncology
Oct 05-06, 2017 London, UK

25th World Cancer Conference
Oct 19-21, 2017 Madrid, Spain

International Conference on
Epigenetics
Nov 06-07, 2017 Madrid, Spain

9th International Conference on
Biomarkers
Oct 16-17, 2017 Osaka, Japan

14th Asia Pacific Oncologists Annual Meeting
Oct 26-28, 2017 Osaka, Japan

World Cancer Convention
Nov 27-28, 2017 Dubai, UAE

International Conference on
Cancer Diagnostics
Nov 27-28, 2017 Dubai, UAE

International Conference on
Epigenetic Research
Oct 26-28, 2017 Osaka, Japan

OPHTHALMOLOGY

20th World Ophthalmology Summit
Dec 04-05, 2017 Sao Paulo, Brazil

18th European Ophthalmology Congress
Dec 07-09, 2017 Madrid, Spain

2nd World Ophthalmology Conference
Oct 23-25, 2017 Osaka, Japan

17th Global Ophthalmology and Glaucoma Conference
Nov 27-28, 2017 Dubai ,UAE

PALLIATIVE CARE

8th International Conference on
Geriatric Medicine & Gerontological Nursing
Oct 30-Nov 01, 2017 San Antonio, USA

PATHOLOGY

7th International Conference on
Predictive, Preventive and Personalized Medicine & Molecular Diagnostics
Oct 5-6, 2017 Chicago, USA

6th Experts Meeting on
Medical Case Reports
Oct 16-18, 2017 San Francisco, USA

2nd International conference on
Digital Pathology
Nov 02-03, 2017 San Antonio, USA

PEDIATRICS

2nd World Congress Pediatric Oncology & Pediatric Medicine
Oct 05-06, 2017 Las Vegas, USA

2nd Annual Congress on
Infancy, Child Nutrition & Development (ICND)
Oct 19-21, 2017 Atlanta,USA

5th Annual Conference on
Translational Medicine
Nov15-16, 2017 Las Vegas, USA

20th International Conference on
Neonatology and Perinatology
Dec 04-06, 2017 Madrid, Spain

PHARMACEUTICAL SCIENCES

10th International Conference and Exhibition on
Biologics and Biosimilars
Oct 16-17, 2017 Baltimore, USA

11th World Drug Delivery Summit
Oct 16-18, 2017 NewYork, USA

5th International Conference on
Clinical Pharmacy
Oct 23-24, 2017 Orlando, USA

International Conference on
Biotech Pharmaceuticals
Oct 23-25, 2017 Paris, France

European Biopharma Congress
Nov 16-17, 2017 Vienna, Austria

3rd Global Summits on
Herbal & Traditional Medicine
Oct 18-20, 2017 Osaka, Japan

12th Annual Pharma Middle East Congress
Sep 25-27, 2017 Dubai, UAE

9th Annual Congress on
Drug Formulation & Drug Design
Oct 19-21, 2017 Seoul, South Korea

10th International Conference on
Neuropharmacology and Neuropharmaceuticals
Oct 23-24, 2017 Dubai, UAE

3rd World Congress on
Medicinal Plants and Natural Products Research
Oct 02-04, 2017 Kuala Lumpur, Malaysia

6th Global Congress on
Mass Spectrometry
Oct 18-19, 2017 Osaka, Japan

17th International Conference on
Nanomedicine and Nanotechnology in Health Care
Nov 23-24, 2017 Melbourne, Australia

10th International Conferences on
Immunopharmacology and Immunotoxicology
Nov 20-21, 2017 Melbourne, Australia

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PHYSICAL THERAPY & REHABILITATION

6th International Conference on
Physiotherapy
Nov 27-28, 2017 Dubai, UAE

PHYSICS

3rd International Conference on
Theoretical and Condensed Matter Physics
Oct 19-21, 2017 NewYork, USA

2nd International Conference on
Astrophysics and Particle Physics
Oct 30-Nov1, 2017 San Antonio, USA

8th International Conference and Exhibition on
Lasers, Optics & Photonics
Nov 02-04, 2017 San Antonio, USA

2nd International Conference on
Atomic and Nuclear Physics
Nov 8-9, 2017 Las Vegas, USA

2nd International Conference on
Quantum Physics and Quantum Technology
Sep 25-26, 2017 Berlin, Germany

International Conference on
High Energy Physics
Dec 11-12, 2017 Madrid, Spain

PSYCHIATRY

2nd Experts Meeting on
Forensic Psychology and Criminology
Oct 02-03, 2017 London, UK

24th International Conference on
Psychiatry & Psychosomatic Medicine
Oct 02-04, 2017 London, UK

25th World Summit on
Psychology, Psychiatry & Psychotherapy
Oct 19-20, 2017 San Francisco, USA

5th International Conference on
Counseling Psychology
Oct 16-17, 2017 Osaka, Japan

International Conference on
Psychiatry and Mental Health
Nov 20-21, 2017 Melbourne, Australia

10th World Psychiatrists Meet
Dec 07-08, 2017 Dubai, UAE

SURGERY

2nd International Conference on
Ear, Nose and Throat Disorders
Oct 16-18, 2017 Madrid, Spain

4th International Conference and Exhibition on
Rhinology and Otology
Oct 18-20, 2017 Dubai, UAE

TOXICOLOGY

3rd Annual Genomics and Toxicogenomics Conference
Sep 27-28, 2017 Chicago, USA

12th International Conference on
Environmental Toxicology and Ecological Risk Assessment
Oct 19-20, 2017 Atlanta,USA

11th International Congress on
Toxicology and Risk Management
Oct 10-12, 2017 London, UK

International Conference on
Occupational Toxicology and Industrial Health
Oct 16-17, 2017 Dubai, UAE

VACCINES

19th World Congress on
Vaccines, Therapeutics for Infectious and Emerging Diseases
Oct 02-03, 2017 Chicago, USA

27th Asia Pacific Vaccines & Vaccination Conference
Oct 05-07, 2017 Kuala Lumpur, Malaysia

29th Global Vaccines & Vaccination Summit And Expo
Nov 30-Dec 1, 2017 Dubai, UAE

VETERINARY

8th International Conference on
Animal Health and Veterinary Medicine
Oct 02-04, 2017 Toronto, Canada

9th Global Veterinary Summit
Nov15-16, 2017 Las Vegas, USA





International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Keynote Forum

Day 1

Guy Hugues Fontaine, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-004



Guy Hugues Fontaine

HDR Hôpital de la Salpêtrière, France

Value and limits of modern imaging techniques in the evaluation of fibrosis leading to Atrial Fibrillation

A group from Paris has attempted to demonstrate a link between fat in the epicardium of atrial tissue to the production of fibrosis as a possible mechanism of atrial fibrillation (AF). In their discussion and conclusion the authors admit that the mechanism of AF is not completely understood. After an excellent review of the CMR techniques available for the identification of fat, fibrosis and water in the heart, they note a lack of spatial resolution of modern imaging techniques that result in their performing ex vivo CMR on two hearts. This However, the modern digital microscope has an optimal resolution which could enable a more precise interpretation of the pathophysiology of AF. The knowledge accumulated from my study of the histology of ARVD of the right ventricle from 73 patients clearly shows the topographic structure of fat, fibrosis and possible superimposed myocarditis. The atrial structure of the so-called "normal heart" is similar to that observed on the free wall of the right ventricle in ARVD. In addition to epicardial fat, there is fibrosis of two forms, interstitial fibrosis which can be the result of the genetic disorder of the disease or, replacement fibrosis which may be the result of myocarditis generally starting from the epicardium (epicardial-myocarditis as it is known by clinicians). A superimposed myocarditis may have a spectrum of presentation from the fulminant form leading to acute heart failure and death in a few days associated with invasion of both ventricles and atria by lymphocytes to that of a completely healed hyaline fibrosis. There may be intermediate aspects of myocarditis with a variable number of clusters of lymphocytes inside strands of fibrosis called the chronic-active form. Also, there may be a genetic factor now considered to be of increasing importance in the understanding of ventricular cardiomyopathies. In the background of atrial fibrillation these cardiomyopathies can be present but quiescent without arrhythmias in the general population. There can be additional complexity if we consider that myocarditis alone can cause fibrosis and adipocytes. Therefore, myocarditis can produce an arrhythmogenic substrate. In addition, the acute form can be a trigger of arrhythmias associated with an increase of CRP .The same gene that is responsible for the problem in atrial development can also explain the increased susceptibility of these hearts to be affected by myocarditis in a single or in multiple episodes by entero and adeno viruses. Therefore, the prevention or treatment of lone atrial fibrillation may be due to two targets: protection against and/or suppression of viruses and prevention of fibrosis. In the future, the ideal approach to prevention of atrial fibrillation will be the modification of the human genome using the genetic approaches such as the CRISPRcas9. Finally, the results obtained in the treatment of atrial fibrillation may be expanded to the treatment of the whole heart since the atrium and ventricle are two parts of the same embryologic structure as has been recently confirmed by the finding of "atrial dysplasia" A simple new tool to evaluate patients at risk of atrial fibrillation and to follow the effect of treatment should be the use of the new 16 lead high definition ECG recorder.

Biography

Guy Hugues Fontaine has made 15 original contributions at the inception of cardiac pacemakers in the mid-60s. He has identified ARVD as a side work during the beginning of antiarrhythmic surgery in the late 70s. He has published more than 860 scientific papers including 197 book chapters. He was the reviewer of 17 journals both in clinical and basic Science. He has also served for 5 years as a Member of the Editorial Board of Circulation. He has been invited to give 11 master's lectures of 90 minutes each during three weeks in the top universities of China (2014).

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Carol Apt, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-004



Carol Apt

South Carolina State University, USA

The stratification system of the United States: Correlations between social class and health

The United States is stratified based on class and there is both upward and downward mobility. An individual's social class is determined by three factors: education, occupation, and income. It is often assumed that there are three social classes in the United States: upper, middle, and lower, but this method of categorization is simplistic and does not give an accurate picture of America in the 21st century. This presentation will explain the stratification system as it currently exists in the United States, and will describe key characteristics of individuals living within each stratum. Specifically, the presentation will focus on the health issues faced by Americans who live in the lower social classes, with emphasis on poverty, obesity, and life expectancy.

Biography

Carol Apt has received her PhD in Sociology from Northeastern University in Boston, Massachusetts, her Master's Degree in Sociology from Boston University in Boston, Massachusetts, and her Bachelor's Degree in Sociology from Indiana University in Indianapolis, Indiana. She also has a certificate of French Studies from Ecole Lemania in Lausanne, Switzerland. She is a Professor of Sociology and the Coordinator of the Sociology Program at South Carolina State University in Orangeburg, South Carolina, where she has been for 20 years. She teaches courses in Human Sexuality, Medical Sociology, Social problems, and the Sociology of Genocide. In 2011, she was honored as the South Carolina State University Professor of the Year. She is a Member of several Editorial Boards and is a Consulting Member of the South Carolina Medical Association Bioethics Committee. In addition to her experience as an author and newspaper and magazine columnist, she is the host of a live, call-in talk radio show entitled, "Talk to Me," which addresses issues of sexuality and relationships. It is broadcast on 90.3 FM, WSSB, an NPR affiliate.

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Notes:

Stef Stienstra, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-004



Stef Stienstra

Armed forces of Netherlands, Netherlands

The threat of zoonotic diseases and Ebola virus disease specifically

Public health systems are not always prepared for outbreaks of infectious diseases. Although in the past several public health institutes, like the French 'Institute Pasteur' and the Dutch 'Tropeninstitute, were prominent surveyors of infectious diseases, the investments in worldwide public health have decreased. Now more attention is given to curative healthcare compared to preventive healthcare. The recent Ebola virus disease outbreak in west Africa initiated a new wave of interest to invest in Worldwide Public Health to prevent outbreaks of highly contagious diseases. Zoonotic diseases are threatening as the population does not have natural nor artificial (from vaccination) immune response to new diseases like in the Ebola virus disease outbreak in 2014. The new strain of the Ebola virus in west Africa was slightly less lethal, compared to other Ebola virus strains, but the threat of spreading was far bigger as it had a longer incubation time. Most public health systems are not trained well enough to mitigate highly infectious and deadly disease outbreaks. NGO's helping to fight the outbreak are often better trained in curative treatments and have less experience with biological (bioweapon) threats for which the military are trained for. The UNMEER mission was unique in this. It was a setting in which military and civilian actors cooperate in fighting a biological threat. Protection is essential for health workers. Smart systems should be developed to prevent further spreading of the disease, but it is not only the biosafety, which should be considered, but also the biosecurity, as misuse of extremely dangerous strains of microorganisms cannot be excluded. Several zoonotic infectious diseases, like anthrax, smallpox and hemorrhagic fevers are listed as potential bioweapons. Therefor both biosafety and biosecurity should be implemented in all measures to fight outbreaks of highly infectious diseases

Biography

Stef Stienstra works internationally for several Medical and Biotech companies as Scientific Advisory Board Member and is also an Active Reserve-Officer of the Royal Dutch Navy in his rank as Commander (OF4). For the Dutch Armed Forces. He is CBRNE specialist with focus on Microbiological and Chemical threats and Medical- and Environmental functional specialist within the 1st CMI (Civil Military Interaction) Battalion of the Dutch Armed Forces. For Expertise France he is now managing an EU CBRN CoE public health project in west Africa. In his civilian position, he is at this moment developing with MT-Derm in Berlin (Germany), a novel interdermal vaccination technology as well as a new therapy for cutaneous leishmaniasis for which he has won a Canadian 'Grand Challenge' grant. With Hemanua in Dublin (Ireland), he has developed an innovative blood separation unit, which is also suitable to produce convalescent plasma for Ebola virus disese therapy. He has finished both his studies in Medicine and in Biochemistry in The Netherlands with a Doctorate and has extensive practical experience in cell biology, immuno-haematology, infectous diseases, biodefense and transfusion medicine. His natural business acumen and negotiation competence helps to initiate new successful businesses, often generated from unexpected combinations of technologies.

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Notes:

Christine I Wooddell, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-004



Christine I Wooddell

Arrowhead Pharmaceuticals, USA

Integrated hepatitis B virus DNA is a source of HBsAg

Statement of the Problem: Worldwide, 250-400 million people are chronically infected with hepatitis B virus (HBV), leading to 800,000 deaths per year from liver cirrhosis, liver failure and hepatocellular carcinoma. Highly expressed viral proteins, thought to be transcribed from viral covalently closed circular DNA (cccDNA), play a role in chronicity. Nucleos (t) ide viral replication inhibitors (NUCs) do not reduce viral proteins. RNA interference (RNAi) therapeutic ARC-520 was developed to reduce all viral proteins and pre-genomic RNA. In human clinical trials, Heparc-2001 with ARC-520, HBV S antigen (HBsAg) was strongly reduced in treatment where naïve patients were positive for HBV e antigen (HBeAg) but was significantly less reduced in patients that were HBeAg negative or had received long-term therapy with NUCs.

Methodology & Theoretical Orientation: The molecular basis for this unexpected differential response was investigated by multiple approaches in chimpanzees chronically infected with HBV and treated with monthly dosing of ARC-520 in the presence of NUCs. Liver HBV mRNA was quantified and sequenced using RT-qPCR, mRNA-seq and Iso-seq. Liver HBV DNA was also quantified and sequenced.

Findings: HBsAg was expressed not only in the episomal cccDNA mini chromosome, but also in transcription of HBV DNA integrated into the host genome, which was a significant source in HBeAg negative chimpanzees. Many of these integrant-derived transcripts lacked target sites for the siRNAs in ARC-520, explaining the reduced response in HBeAg negative chimpanzees and by extension in HBeAg negative patients. Treatment of the HBeAg negative chimpanzees with siRNA hypothesized to target mRNA produced by integrated HBV resulted in deep HBsAg reductions similar to those in the HBeAg positive chimpanzees.

Conclusion & Significance: These results uncover an under-recognized source of HBsAg that may play a key role in maintaining chronicity, a finding expected to alter clinical trial design and endpoint expectations for new HBV therapies. Treatment of chronically HBV-infected chimpanzees with ARC-520

Biography

Christine I Wooddell received her Graduate training in Cell and Molecular Biology with an emphasis on transcription and gene regulation. She then worked on development of gene therapy at Mirus Bio, first on the development of therapeutic gene expression vectors and then on delivery of gene therapy for Duchenne muscular dystrophy. Mirus Bio was acquired by Hoffmann-La Roche and then by Arrowhead Pharmaceuticals. She is now the Director of Liver Targeting at Arrowhead where she leads the preclinical research group to develop liver-targeted therapeutics using animal models. Since 2011 her research has focused on the development of RNA interference therapeutics to treat chronic hepatitis B virus infection and liver disease associated with alpha-1 antitrypsin deficiency (AATD). ARC-520 and ARC-521 were developed to treat HBV infection and ARC-AAT to treat AATD liver disease. These three drugs have been advanced to Phase 2 clinical trials.

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Paul Kadetz, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-004



Paul Kadetz

Drew University, London

Culture and resistance: Antibiotic resistance in rural China and sociocultural translations of biomedicine

There is an assumption among biomedical practitioners that biomedicine is always understood and practiced in the same way in every culture and that, somehow, biomedicine is free from sociocultural influences. This mixed-methods pilot research employing structured interviews and observation in clinical settings and retail pharmacies- in rural Anhui, China, funded by the Medical Research Council and Newton Fund (UK) and the National Science Foundation of China identifies how sociocultural translations of biomedicine and local classifications of disease and pharmacotherapies can be imperative, but heretofore unrecognized, factors in antibiotic resistance. In addition to the overuse of antibiotics in livestock, that has entered the general food chain in China, our pilot study has identified misdiagnosis, overuse of antibiotics in treatment, and abundant purchase of antibiotics without prescriptions from retail pharmacies, as potential factors in antibiotic resistance in China. We observed little differentiation between bacterial and viral infections in clinical diagnosis and treatment; with both being commonly categorized as inflammation or infection by physicians, retail pharmacy workers and patients. Similarly, treatment was often for medicine that eliminates infection and for literally resist life medicine. Though physicians may intellectually understand the differential diagnoses between viruses and bacteria, in practice patients are often treated with intravenous antibiotics regardless of the actual etiology. This focus on treating most infections with antibiotics is mirrored in the self-treatment of retail pharmacy customers (almost all of whom were observed purchasing antibiotics without a prescription) and in the recommendations of retail pharmacy workers. These initial findings from the pilot study will guide the main research over the next two years, in which, among other areas, we will further investigate the role of political economy and the pricing and availability of antibiotics in their markedly frequent use.

Biography

Paul Kadetz holds the Robert Fisher Oxnam Chair of Science and Society at Drew University. He is also a Senior Research Fellow at The University of Liverpool in China and an Associate and Lecturer of the China Centre for Health and Humanity, University College London. Paul is a Medical Anthropologist and a Clinician. In addition to his current research examining sociocultural factors contributing to antimicrobial resistance in rural China, he has conducted and published research concerning: Post-disaster recovery, global health policy, the anthropology of safety, the impact of foreign aid on local healthcare systems and healthcare challenges in China, The Philippines, Cuba, Guatemala, Madagascar and Morocco. His co-edited volume, The Handbook of Welfare in China, was recently published by Edward Elgar.

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Notes:





International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Scientific Tracks & Abstracts

Day 1

Sessions

Infection Treatment and Prevention Control | Pediatric Infections Prevention and Control | Resistance and Emerging Infectious Organisms | Infection Novel Therapies | Control of Zika/Malaria/Dengue Viral Infections | Hepatitis C | Surgical Infections Control | Control of HIV/AIDS from STDs & STIs | Antimicrobial Resistance | Microbial Pathogenesis

Session Chair
Paul Kadetz
Drew University, London

Session Co-chair
Saungi McCalla
White Plains Hospital, USA

Session Introduction

Title: **Automated hand hygiene compliance system associated with improved monitoring of hand hygiene**
Saungi McCalla, White Plains Hospital, USA

Title: **Zein-loaded artemether nanoparticles for treatment of severe malaria**
Yaa Boateng-Marfo, National University of Singapore, Singapore

Title: ***Staphylococcus pseudintermedius* adenosine synthase inhibits the innate immune response and promotes bacterial survival in canine blood**
Mohamed Abouelkhair, University of Sadat City, Egypt

Title: **Rapid changes in antibiotic sensitivity and resistance among pathogenic bacteria isolated from clinical samples in two hospitals in Dhaka City, Bangladesh**
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Special Session

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Title: **Improving breathing with a novel use of xylitol**
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Title: **Seroepidemiology of HIV-1 and HTLV I\II in Afghanistan**
Abbas Ali, Ankara University, Turkey

Saungi McCalla, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Automated hand hygiene compliance system associated with improved monitoring of hand hygiene

Saungi McCalla
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Statement of the problem: Healthcare-associated infections (HAIs) are a substantial concern in US hospitals. Approximately one in 25 patients in the US has at least one HAI during a hospital stay and an estimated 80,000 people die annually in the US from an HAI. Consistent hand hygiene is key to reducing healthcare-associated infections (HAIs) and assessing compliance with hand hygiene protocols is vital for hospital infection control staff. The conventional approach is to employ a team of observers who can record hand hygiene opportunities (HHOs) and the number of times caregivers comply with protocol. However, relying on human observation has limitations. The purpose of this study is to determine if implementation of the automated HHCS is associated with improved hand hygiene compliance and a significant reduction in MDROs, CLABSIs, and CAUTIs in the hospital's ICU and ICU stepdown unit compared to the use of human observers.

Methodology: Using a retrospective cohort design, researchers investigated whether implementation of the HHCS resulted in improved hand hygiene compliance and a reduction in common HAI rates. Pearson Chi-square tests were used to assess changes in compliance, and incidence rate ratios were used to test for significant differences in infection rates.

Results: During the study period, the HHCS collected many more hand hygiene events compared to human observers (632,404 vs 480) and ensured that the hospital met its compliance goals (95%+). While decreases in MDRO, CLABSI, and CAUTI infection rates were observed, they represented non-significant differences.

Discussion & Conclusions: Human hand hygiene observers may not report accurate measures of compliance. The HHCS is a promising new tool for fine-grained assessment of hand hygiene compliance. Further study is needed to examine the association between the HHCS and HAI rate reduction.

Biography

Saungi McCalla is Registered Nurse for over 24 years and has been working in Infection Prevention and Control for 16 years. She is board certified in Infection Control. She is currently the Director of Infection Prevention and Control at Community Hospital in Westchester County, New York. She is passionate about her role in infection prevention and the impact it has on staff, patients and visitors, and work hard to be an advocate and to lead by example. She considers herself a change agent and will collaborate with all key players to implement evidenced-based in initiatives that will yield positive outcomes. She has also authored articles including a white paper on topics related to infection prevention and patient safety. In addition, she has been accepted as a Fellow of the Association for Professionals in Infection Control and Epidemiology (APIC). She was the proud recipient of the 2014 APIC Chapter Leadership Award presented at APIC National.

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Notes:

Yaa Boateng et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Zein-loaded artemether nanoparticles for treatment of severe malaria

Yaa Boateng[1], **Ng Wai Kiong**[1], **Dong Yuancai**[1] and **Lin Haishu**[2]
[1]A STAR, Singapore
[2]National University of Singapore, Singapore

Half of the world's population is at risk of malaria infection. Severe malaria is life threatening and causes one death per minute each day. WHO recommends parenteral administration of artesunate, artemether and quinine till patients can tolerate oral dosage forms. Intravenous artemether formulations have shown potentially better therapeutic efficacy but it's use is limited by poor water-solubility and short plasma half-life. Nanoparticles are becoming indispensable in many industries including the pharmaceutical industry for the advantages they offer including extended release and targeted delivery. Synthetic polymers and surfactants usually used as carriers and stabilizers, respectively. However, these agents can elicit immune reactions and produce toxic metabolites, resulting in increased toxicity to the host. Proteins such as zein on the other hand have low toxicity, low immunogenicity, and biodegradable. Considering that: zein is water insoluble and suitable for extended release formulations, longer contact is required between malaria parasite and drug to minimize development of resistance and the intravenous nanoparticles has been successfully applied for clinical use, zein-loaded artemether nanoparticles are been developed and characterized in this work. Artemether and zein were dissolved in ethanol-water mixture, aqueous sodium caseinate solution was added at once. Ethanol was then removed and the nanosuspension was frozen and freeze dried. Particles with size 120-200 nm were obtained with 80% ethanol content been optimum for smaller particles. Higher sodium caseinate –zein ratio, lower zein artemether ratio and evaporation time of 3 h favored the formation of smaller particles. Encapsulation efficiency of 52% was obtained.

Biography

Yaa Boateng is a PhD candidate at National University of Singapore, Singapore. Her research interest is in formulation design via nanotechnology. She has been working of developing nanoformulations for severe malaria treatment for her PhD thesis. Prior to her PhD candidature, she worked as a community pharmacist and a production pharmacist.

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Notes:

Mohamed A Abouelkhair et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Staphylococcus pseudintermedius adenosine synthase inhibits the innate immune response and promotes bacterial survival in canine blood

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Staphylococcus pseudintermedius is an important opportunistic bacterial pathogen that is the most common cause of canine pyoderma. It is frequently associated with urinary tract, wound and surgical site infections and occasionally causes zoonotic infections in human beings. The development of a staphylococcal vaccine is challenging and prior infection with *S. pseudintermedius* is not associated with protective immunity. Identification of a novel virulence factor inhibiting phagocytosis and evasion of innate immunity could play an important role in the prevention or treatment of *S. pseudintermedius* infection. Here, through bioinformatics-based analysis of *S. pseudintermedius* genome sequences, we identified a putative adenosine synthase gene (*SpdsA*) encoding a 5′-nucleotidase. *S.pseudintermedius SpdsA* protein shares approximately 73.46 % similarity with that of *Staphylococcus aureus* and 46.44% similarity with that of S. suis type2. Like the orthologous protein in S. aureus it catalyzes the dephosphorylation of adenosine mono- and triphosphates and consequently produces the immune signaling molecule adenosine. Attenuation of this enzyme with selected amino acid substations result in diminished hydrolytic activity on adenosine mono-and triphosphates and low adenosine production. Adenosine perturbation enable escape of *S. pseudintermedius* from phagocytic clearance in dog blood. In contrast, the addition of SpdsA inhibitor or A2A receptor antagonist to phagocytic cells result in diminished ability of *S. pseudintermedius* to escape from phagocytic killing. Taken together, these results indicate that *SpdsA* may play an important role in promoting *S. pseudintermedius* survival and in inhibiting neutrophil activity by adenosine synthesis.

Biography

Mohamed A Abouelkhair has completed his Master's degree from University of Sadat City, Egypt. He is an Assistant Lecturer in Bacteriology, Mycology and Immunology department, University of Sadat city, Egypt. Currently, he is a Graduate PhD student in Comparative and Experimental Medicine Graduate program, college of veterinary medicine, University of Tennessee, USA.

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Notes:

Ruhul H Kuddus et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Rapid changes in antibiotic sensitivity and resistance among pathogenic bacteria isolated from clinical samples in two hospitals in Dhaka City, Bangladesh

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[2]Utah Valley University, USA

Background: It is established that improper use of antibiotics leads to rapid development of bacterial antibiotic resistance. How the conditions affect the change of antibiotic sensitivity over time is less investigated. We investigated changes in antibiotic sensitivity of pathogenic bacteria in a megacity where improper antibiotic use is common.

Materials & Methods: Data on the percent of clinical isolates sensitive or resistant to 28 commonly used antibiotics was obtained from two large hospitals. Changes in drug sensitivity of the isolates at time point A and at about three years later (i.e. time point B) were compared using a one-sided test for equality of proportions. For large samples, tests using Z-score and normal distribution were conducted; for small samples, Fisher's exact test was performed.

Results: The antibiotic sensitivity of 194 different pairs of isolate-clusters were compared. Of them 66.5% of the cluster-pairs showed no change. The time point B isolate-clusters showed a significantly lower sensitivity in 21.1% of the cases, and a significantly higher sensitivity in 12.4% of the cases, when compared to the corresponding time point A clusters. The decreased sensitivity was observed in 20.0% of the Gram-negative and 24.1% of the Gram-positive bacterial isolate clusters; and the increased sensitivity was observed in 10.0% of Gram-negative and 18.5% of Gram-positive bacterial clusters.

Conclusions: Bacterial antibiotic resistance and sensitivity may change significantly over a period of three years. Continuous vigilance on bacterial antibiotic sensitivity may keep effective and affordable antibiotics clinically relevant.

Biography

Ruhul H Kuddus is a professor of Biology at Utah Valley University. He teaches Clinical Microbiology, Molecular Biology and Immunology. He has a diverse research interest. Data presented here was collected at Dhaka Bangladesh in 2011-12, when he served there as a Fulbright Scholar and a Visiting Professor at University of Dhaka, Dhaka, Bangladesh.

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Notes:





International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Special Session

Day 1

Stef Stienstra, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005



Stef Stienstra

Armed forces of the Netherlands, Netherlands

Zoonotic diseases threat needs sharing of information and new diagnostic systems in less developed countries

Sharing public health threat information is a necessity for governments to prevent outbreaks of infectious diseases. Zoonotic diseases are the most dangerous for outbreaks running out of control, as the population does not have natural nor artificial (from vaccination) immune response to new emerging diseases. The recent Ebola virus disease outbreak in west Africa was such an example. New diagnostic methods, which can be performed in developing countries lacking critical infrastructure should be developed to have an early response on (potential) outbreaks. It must be high tech with high reliability, which can be used in rural areas without proper infrastructure. The mitigation of highly infectious and deadly disease pandemics should be recognized at the source. Sophisticated diagnostic equipment and good calibration, maintenance and interpretation of the results is essential. To identify pathogens at molecular level, new technologies are under development. In developing countries military and civilian actors cooperate fruitfully in fighting potential biological threats. In this civil-military cooperation it is not only the biosafety, which should be considered, but also the biosecurity, as misuse of extremely dangerous strains of microorganisms cannot be excluded. Several zoonotic infectious diseases, like anthrax, small pox and the haemorrhagic fevers like Ebola virus disease are listed as potential bioweapons. With this extra threat in mind, both biosafety and biosecurity should be implemented in all mobile or fixed clinical laboratories. An information/computer network with a cloud in which essential information can be traced, helps in early detection of outbreaks of 'new', mostly zoonotic, infectious diseases. The same technology helps in the forensic aspects in case of a bioterror attack.

Biography

Stef Stienstra works internationally for several Medical and Biotech companies as Scientific Advisory Board Member and is also an Active Reserve-Officer of the Royal Dutch Navy in his rank as Commander (OF4). For the Dutch Armed Forces. He is CBRNe specialist with focus on Microbiological and Chemical threats and Medical- and Environmental functional specialist within the 1st CMI (Civil Military Interaction) Battalion of the Dutch Armed Forces. For Expertise France he is now managing an EU CBRN CoE public health project in west Africa. In his civilian position, he is at this moment developing with MT-Derm in Berlin (Germany), a novel interdermal vaccination technology as well as a new therapy for cutaneous leishmaniasis for which he has won a Canadian 'Grand Challenge' grant. With Hemanua in Dublin (Ireland), he has developed an innovative blood separation unit, which is also suitable to produce convalescent plasma for Ebola virus disese therapy. He has finished both his studies in Medicine and in Biochemistry in The Netherlands with a Doctorate and has extensive practical experience in cell biology, immuno-haematology, infectous diseaases, biodefense and transfusion medicine. His natural business acumen and negotiation competence helps to initiate new successful businesses, often generated from unexpected combinations of technologies.

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INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Spread of *M. Chimaera* in cardiac surgery operating room in Quebec: WGS and RT-PCR for outbreak investigation and management

Hafid Soualhine[1], **Christine Martineau**[2] and **Kym Antonation**[3]

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[2]Laboratoire de sante publique du Quebec, Canada

[3]National Microbiology Laboratory, Public Health Agency of Canada, Canada

Mycobacterium chimaera outbreaks affecting patients subjected to open-chest heart surgery have been reported worldwide and associated with a high case fatality rate, reinforcing the need for strongly coordinated surveillance and outbreak control. The ECDC, Health Canada, the U.S. Centers for Disease Control and Prevention (CDC) and others issued warnings regarding the potential risk of infection with M. chimaera for patients underwent open-heart surgery since 2012. The public health reference laboratory in Quebec undertook a laboratory active surveillance screening of all sterile site samples collected from patients presenting with *M. chimaera* -positive results between 2010 and 2016. The surveillance of environmental and clinical cases was extended to the nine busiest cardiac surgery centers in Quebec. In this study, we attempted to determine the source of M. chimaera infection by establishing a molecular link between patients (n=7) and environmental strains (n=32). We developed a genome-wide strain genotyping approach and investigated the relatedness of M. chimaera isolates from patients and heat-cooler units (HCUs) from different geographical locations in Quebec. Four clinical isolates were associated to the European outbreak. We also implemented a new rapid molecular test based on quantitative real-time PCR targeting the ITS regions. This allowed us to detect rapidly the presence of M. chimaera in water samples and compare results with culture, follow up the bacterial burden in 26 contaminated HCUs. In conclusion, four patients infected with M. chimaera during cardiac surgery were related to one site in Montreal and were associated to the worldwide outbreak. Moreover RT-PCR allowed us to monitor and follow up the contamination in HCU in operating rooms.

Biography

Dr Soualhine has extensive experience in reference diagnosis of TB and mycobacteria, He did post-doctoral fellowss in France on genome sequencing, in Quebec on genomic and proteomic of drug resistance and at UBC on development of new recombinant BCG vaccine. His research career has been devoted to antimicrobial resistance in M. tuberculosis. He is interested in mycobacterial pathogenicity, molecular methods for rapid characterization and genotyping with special interest in Crohn's disease and cystic fibrosis.

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Notes:

Ibrahim Zeid, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Using lean six sigma approach to reduce central line associated bloodstream infections in Hammoud hospital university medical center

Ibrahim Zeid
MPH, MBBSS, Lebanon

Statement of the Problem: CLABSIs are considered important problem among ICU patients as they are significantly associated with increased mortality and morbidity, increased hospitalization, and higher cost. During the calendar 2014, the CLABSI rates for medical surgical ICU patients were 3.25 per 1000 catheter days. Our goal was ZERO CLABSIs. The purpose of this study is to use the Lean Six Sigma process to reduce CLABSIs in adult ICU. Methodology & Theoretical Orientation: A multidisciplinary team of nurses, infection control officer, quality manager, residents and nurse educator utilized the Lean Six Sigma process improvement plan model to study the root causes and solutions to prevent CLABSIs, plan process improvements and to develop a plan for maintaining improvement over time. A retrospective chart review of all 2014 CLABSIs was conducted to identify infecting organisms, type of catheter, insertion site location and number days between insertion and infection. Registered nurses were interviewed to assess their understanding level of CLABSI prevention policy and asked for ideas about the causes of CLABSIS and what they could do to prevent these infections. Observations were made to evaluate compliance with central line insertion and maintenance Bundle. Findings: Lack of compliance with CL insertion policy by Hospital Residents was identified. Prior to the project, the CLABSI rate for adult medical ICU was 3.25 per 1000 catheter days. After launching the project, we achieved 0 rates. Compliance rate with central line insertion bundle was increased from 71% to 89%. Compliance rate with central line maintenance bundle was increased from insertion from 79% to 97%.

Lesson learned:

1. Lean Six sigma allowed in depth examination of potential causes and solution to prevent CLABSIs.
2. To improve patient safety by eliminating life-threatening errors.

Biography

Responsible for planning, administration, and monitoring of consistent readiness of all quality management, regulatory requirements, and quality-improvement processes. As a member of the senior management team, initiates and oversees the development of a comprehensive quality/performance improvement program. In collaboration with hospital leadership, staff, medical staff leadership, and the Board of Trustees, directs and coordinates quality/performance improvement and hospital initiatives.

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Shirley Gutkowski, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Improving breathing with a novel use of xylitol

Shirley Gutkowski
Primal Air LLC, USA

Epigenetic changes in the shape of the face have modified the airway leading to changes in breathing, like mouth breathing. Mouth breathing in children has consequences leading to decreased nasal volume and dental malocclusions. Allergy profiles have also increased over the last century topping 15 million Americans, today improving the odds for mouth breathing and its consequences. Allergy symptoms often include a sinus component that may be relieved, reduced, or eliminated using a saline nasal spray complimented by xylitol. The mechanism of action, recommended usage, and safety profile of this novel functional ingredient are discussed.

Biography

Shirley Gutkowski has practiced Clinical Dental Hygienist from 1986 to 2003, when she focused her energy on product research, writing and speaking. She is the 2008 Alumna of the Year Marquette University School of Health Science in Dental Hygiene, a recipient of the Leadership Award from the World Congress of Minimally Invasive Dentistry, and 2006 – 2007 president of the Wisconsin Dental Hygienists' Association. Her podcast Cross Link Presentations highlights notables such as Patrick McGowan (author of The Oxygen Advantage and premier Buteyko instructor), Dr. Kevin Boyd (Darwinian Dentist), Gill Rapley (author of Baby Led Weaning), Dr. Allison Hazelbaker, Dr. Mike Nelson (metabolic flexibility) and others. As the science continues to point to correlations between oral and systemic health, the function of the nasal airway is also under scrutiny. She has published extensively on these topics. She is a featured speaker on the upcoming The Functional Oral Health Summit.

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Notes:

Abbas Ali Husseini, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Seroepidemiology of HIV-1 and HTLV I\II in Afghanistan

Abbas Ali Husseini
Ankara University, Turkey

Background: Infections caused by HBV, HCV and HDV are global public health problem. Few studies on these diseases have been done among risk groups and less attention has been made to assess the general population. For a better evaluation of HBV, HCV and HDV epidemiologic situation we assessed the Anti-HBc, Anti-HBs, HBsAg, Anti-HCV and Anti-HDV in adults. The results of our study reflect the susceptible population, acquired immunity rate via natural infection and exposure and infection rate among population.

Methodology: Totally 492 samples selected randomly from Nangarhar, Herat, Mazar-e Sharif, Kandahar and Kabul with age group of 25-70 years old. Among the participants 269 [54.67%] were female and 223 [45.32%] were male. Anti-HBc, Anti-HBs, HBsAg, Anti-HCV and Anti-HDV were detected by chemiluminescent microparticle immunoassay (CMIA). HBV and HCV viral load was determined also.

Results: The HBV exposure rate and infection rate were 149 [30.28%] and 31 [6.3%] respectively. We have not found Anti-HDV positive in our HBsAg positive samples. Among the studied individuals 136 [27.64%] samples presented titers of Anti-HBs≥10.0 mIU/mL and 59,95% of population was susceptible against HBV. Only 8 [1.62%] persons were positive for Anti-HCV, four [50%] of them had a history of exposure to hepatitis B as well. Kandahar shows the lowest rate of prevalence in all markers. Exposure rate in nangarhar and acquired immunity rate in Mazar-e-sharif were the highest compare to other regions. Herat includes the most infected population among all other regions. The acquired immunity due to natural infection rate shows a significant increase with age (P=0.001053) but susceptible rate shows a negative correlation with age (P=0.012701). The viral load of HBV DNA, ranged from 6.1×101 to 1.2× 109 IU/mL and high level viral load rate was 25.8%. There was also a positive correlation between HBsAg and HBV DNA level (P-value=0.00167). In the cases of Anti-HCV positive, viral load was detected in the range from 9.5×100 to 6.7×104 IU/mL and all of them were considered as a low viral load.

Conclusion: Most of the population, especially the younger generation, is sensitive and the risk of exposure is high in the population. Public awareness and increased health education are recommended to prevent hepatitis.

Biography

Abbas Ali Husseını has completed his PhD at Ankara University. His research interests lie in the area of infectious disease. He has researched on epidemiology and molecular profile of HIV, HTLV, HBV, HCV and HDV. He has experience of designing different NA isolation kits and HBV, HCV, HIV and CMV quantitative real time PCR Kits.

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International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Keynote Forum

Day 2

L M Junie, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-004



L M Junie

Iuliu Hatieganu University of Medicine and Pharmacy, Romania

The resistance to antibiotics of *Staphylococcus aureus* strains isolated from hospitalized patients in Universities Hospitals from Cluj Napoca, Romania

Background: *Staphylococcus aureus* infections remain a serious medical problem and prompt initiation of appropriate antimicrobial chemotherapy is important to improve the prognosis of these infections.

Methods: All cultures were incubated into the BacT/alert (Biomérieux) blood culture system. Species identification was achieved by standard procedures and by the automated system Vitek 2 (Biomérieux). The susceptibility to antibiotics was performed using the disk diffusion method (Kirby-Bauer) according to the CLSI criteria and by Vitek 2 System, for a total of 1268 strains (855 in Greece and 248 in Romania).

Results: From 6494 blood cultures sets, positive cultures were 855 (13,2) and 51 of them (5,9%) yielded *Staphylococcus aureus.* 34.3% of *S. aureus* isolated strains were MRSA in Romania. 47.1% of the *S. aureus* tested strains were resistant to clindamycin in Ro. All the *S. aureus* strains tested to glycopeptides antibiotics and the second line antistaphylococcal antibiotics: linezolid, quinupristin/dalfopristin was found sensitive. 16.7% of all strains were resistant to gentamicin in Ro. Moderately increased percentages of resistance were found by testing the strains to ciprofloxacin in Ro (20.3%). Low levels of resistance were observed by testing the strains to trimethoprim/sulfamethoxazole (3.9%) in Ro. All the *S. aureus* strains tested were sensitive to all antibiotics in 2016.

Conclusion: The majorities of the isolated strains were MSSA and exhibited higher % susceptibility, in contrast to those that isolated in 2016. Therefore, the policy that was adapted to avoid the spread of resistant strains was effective and recommended the need to introduce the control program in Romania.

Biography

L M Junie is a Professor, Head Microbiology Department in Iuliu Hatieganu University of Medicine and Pharmacy, Cluj Napoca, Romania. She is a Coordinator of Resident Doctor's in the Laboratory Medicine specialty and Leadership PhD Doctor's thesis in Medicine field. She is a Board Member of European professional Societies ESCMID (ESGCP Study Groups), Society of Chemotherapy, Scientia Parasitologica Pro Vita and is a Reviewer of international reviews, Member of International organizations, Director/Coordinator in research projects. She has more than 63 papers published in full in international journals and is an Editorial Board Member of national reviews. She is an Organizer/President, Keynote, Invited Speaker and Chair of International and National Congresses.

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International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Workshop

Day 2

Guy Hugues Fontaine, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005



Guy Hugues Fontaine

Université Pierre et Marie Curie, France

Superimposed myocarditis can lead ARVD patients to acute progression to CHF

ARVD is one of the cause of sudden death in the young and the athlete leading to the crucial problem of indication of ICD implantation. However, the occurrence of an acute phenomenon of superimposed myocarditis may be in some cases a major problem leading to acute devastating CHF. Here, we report such a case in whom the clinical course was illustrated by release of troponin and progressive decrease in LVEF and finally heart transplant confirming the diagnosis of ARVD but also showing a typical involvement of both ventricles by histological signs of myocarditis. A male teenager with negative family history presented one episode of palpitation after a game of soccer. Four months later, he had a documented episode of VT with LBBB. Echo showed major dilatation of right atrium associated with RV dilatation, LV size and function were normal. SAECG was positive and contrast angiographies were typical of ARVD. VT was not inducible at EPS but a TdP-like pattern followed by LBBB VT was observed after Isoproterenol injection. CMR confirmed RV dilatation and thinness of the free wall, also diffuse RV hypersignal. Some days later the patient had chest pain, increase in troponin level and T waves changes in inferior leads. Viral test was positive for para-Influenzas III. Two months later Frequent PVCs. Three months later non-sustained episodes of VT. Same positive viral testing. FEVG was 57%. Abrupt change in disease progression was observed three months later. Severe VT occurred during exercise necessitating DC Shock. Major Increase in Troponin level reached 120 ng/ml. ICD was implanted. After nine months multiple episodes of VT: LBBB + superior axis was associated with sign of RV failure. Major dilatation of RV and decrease in LVEF 45% occurred as well as signs of hepatic dysfunction. Few months later, CHF was associated with LVEF 25%. Clots in the LV were observed with probable coronary emboli. Successful heart transplantation was performed. Pathology showed in RV evidence of typical ARVD with clusters of lymphocytes. The same pattern was observed in the LV with multiple foci of lymphocytes, associated with areas of myocardial necrosis. This case illustrates the recent work of Lopez-Ayala (HR 2016) confirming the suggested association of ARVD with myocarditis which can be based on the same genetic factor not available in our old case (Dr F Roland, Medical Thesis, University of Toulouse 2002).

Biography

G H Fontaine has made 15 original contributions at the inception of cardiac pacemakers in the mid-60s. He has identified ARVD as a side work during the beginning of antiarrhythmic surgery in the late 70s. He has published more than 860 scientific papers including 197 book chapters. He was the Reviewer of 17 journals both in clinical and basic Science. He has also served for 5 years as a Member of the Editorial Board of Circulation. He has been invited to give 11 Master's lectures of 90 minutes each during three weeks in the top universities of China (2014).

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International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Scientific Tracks & Abstracts

Day 2

Session Introduction

Title: **Application of online tools & resources on foodborne outbreaks for microbiology instruction**
Narveen Jandu, Gannon University, USA

Title: **Prevalence of parasitic infection among school going children in south India**
Pavithra Saikumar, University of Pacific, USA

Title: **Molecular epidemiology of HBV, HCV and HDV in general population of Afghanistan**
Abbas Ali, Ankara University, Turkey

Title: **Lower limb deep tissue infections in type 2 diabetes patients at superspeciality tertiary care reference center in Mumbai**
Dhruv K. Mamtora, S L Raheja Hospital, India

Title: **Implementation science a missing ingredient in healthcare surface disinfection**
Barley Chironda, Toronto East General hospital, Canada

Title: **Invasive streptococcal Pyogenes infection**
Al dubisi Fatimah, University of Toronto, Canada

Narveen Jandu, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Application of online tools and resources on foodborne outbreaks for microbiology instruction

Narveen Jandu
Gannon University, USA

In recent years, there have been several newsworthy outbreaks of infectious disease agents, such as Zika, Ebola and the 2015 Escherichia coli O26 outbreak associated with Chipotle restaurants in the United States. During these outbreaks, numerous resources can provide the public, faculty and students with timely, accurate, and credible information. The outbreaks associated with these microbiological infectious disease agents can and should be incorporated into ongoing microbiology courses. One way to do this is to utilize the excellent resources available from the Centers for Disease Control and Prevention (CDC). The CDC website provides a wealth of resources and information on numerous current, ongoing and past outbreaks. Understandably, the CDC website can be overwhelming for new users, such as students. Students, however, can be gradually introduced to some of these resources through planned assessments that will allow students to learn both microbiology content and how to utilize online resources. Two specific online resources were selected for students to develop their understanding of foodborne outbreaks. These resources include the FOOD (Foodborne Outbreak Online Database) Tool and the Multistate Foodborne Outbreaks webpage, which are both available through the CDC website. Both resources allow users to retrieve up-to-date information on ongoing outbreaks, which allows the content in a microbiology course to be relatable to current news events. As well, students can utilize these resources to learn how to access public data, use spreadsheets, generate charts, and perform quantitative data analysis and interpretation. For teaching purposes, these resources are valuable for professors to generate figures and graphics for lectures. The utilization of real-time online data on ongoing outbreaks on infectious disease agents provides a more relatable and application based approach to understanding how infectious disease agents cause foodborne and other outbreaks.

Biography

Dr. Narveen Jandu is currently working as an assistant professor in the Gannon University, Pennsylvania, USA.

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International Conference on

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September 25-26, 2017 Chicago, USA

Prevalence of parasitic infection among school going children in south India

Pavithra Saikumar, Chitralekha S and **Lakshmi K**
University of Pacific, USA

Intestinal parasitic infection is one of the major health problems in many developing countries, including India. Intestinal protozoans and helminths are widely prevalent and cause significant medical and public health problems. The study described in this poster was conducted to determine the prevalence of intestinal parasitic infections in the age group of 8-12 years and correlate their growth parameters to parasitic infections. 500 students participated in the study, detailed history and physical examination was done and stool samples were collected. In our study, out of 500 samples, 280 were positive for intestinal helminths. Among 280 positive samples, 180 (64.3%) were boys and 100 (35.2%) were girls. Furthermore, out of 280 positive samples, 110 (39.2%) were positive for *Ascaris lumbricoides*, 80 (28.5%) for *Ancylostoma duodenal*, 40 (14.2%) for *Strongyloides stercoralis*, 27 (9.6%) for *Hymenolepis nana* and 23 (8.2%) for *Enterobius vermicularis*. In our study, 40.3% of infested children were underweight and 29.6% of infested children were short stature. The results from our study indicate that parasitic infections are more common in male children and these infections had a drastic effect on growth of these children. Appropriate diagnosis, effective health education, prompt treatment, regular deworming and better sanitary measures will reduce the parasitic infections and improve the health status of children.

Biography

Pavithra Saikumar is a Visiting Scholar in Genetics and Stem Cell Laboratory at University of Pacific, San Francisco, where she is currently researching the effect of folic acid in ameliorating hypoxia induced stem cell changes, and its correlation to non-syndromic craniofacial cleft lip and palate. She has obtained her Medical degree from India, at the culmination of which she was awarded the "Best Outgoing Student" for her academic excellence and research interests. She has worked in Department of Internal Medicine, where she treated patients and organized medical camps in rural and underserved areas. She plans to continue her research and provide healthcare as a physician in the US.

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Notes:

Abbas Ali Husseini et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Molecular epidemiology of HBV, HCV and HDV in general population of Afghanistan

Abbas Ali Husseini[1], **Khwaja Mir Islam Saeed**[1], **Esra Yurtçu**[2] and **Mithat Bozdayi**[1]
[1]Institute of Hepatology, Ankara University, Turkey
[2]Head of Grant and Service Contract Management Unit (GCMU), Ministry of Public Health, Afghanistan

Background: Infections caused by HBV, HCV and HDV are global public health problem particularly in low-income countries such as Afghanistan (1). Although limited studies on these diseases provide important information about seroepidemiology of viral hepatitis in this country but molecular epidemiology of these viruses has also remain completely vague in Afghanistan. This study give a clue about HBV, HCV and HDV genotypes, sub genotypes and subtypes circulating among general population of Afghanistan and also HBV vaccine scape and Anti-viral resistance mutation prevalence as well.

Methodology: Totally 234 HBsAg, 44 anti-HCV and 5 Anti-Delta positive Samples sera belong to age group 25-70 years old of permanent residues of five region of Afghanistan were included in this study.After quantify viral load by real time PCR, HBV, HCV and HDV genotyping were performed by amplifying and direct sequencing of a segment of the HBV Pre S1, HCV NS5B, and HDV Delta antigen regions, from 61 HBV, 29 HCV and 1 HDV samples containing sufficient amounts of genetic material. In addition, to HBV serotyping, HBV vaccine escape and anti-viral resistance mutations analysis a segment of related S gene (coding for aa100-167) and HBV polymerase region (coding for aa 160–257) of 20 patient were amplified and sequenced respectively.

Results: All HBV isolate were dispersed throughout the genotype D branch, 60 samples subgenotype D1 and one sample in subgenotype D4 and ayw2 was the only subtype found in Afghan patients with HBsAg positive. throughout the vaccine escape and antiviral resistance mutation analysis, one mutation in P120S and Q215P positions in the respective S gene and in the HBV polymerase region, respectively, were detected. The Anti-HDV prevalence among HBsAg positive patient in our study was 2.5% and the single sample of HDV we were able to amplified and sequenced partially was stayed in Branch genotype I in phylogenetic analysis. Nucleotide sequence analysis of HCV isolates has shown subtype HCV-1b in 22 (75.86%), HCV-3a in 6 (20.69%) and HCV-3b in 1 (3.44%) patients.

Conclusion: Finally, it can be said that there is little genotypic variation in Afghan patients. HBV genotype D1, subtype ayw 2, HDV RNA type 1, and HCV RNA genotype 1b are likely to be dominant in Afghan patients. We recommend further study in this subject.

Biography

Abbas Ali HUSSEINI completed his Ph.D at Ankara University. His research interests lie in the area of infectious disease. He has researched on epidemiology and molecular profile of HIV, HTLV, HBV, HCV and HDV. Abbas has experience of designing different NA isolation kits and HBV, HCV, HIV and CMV quantitative real time PCR Kits.

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Notes:

Dhruv K Mamtora et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Lower limb deep tissue infections in Type-2 diabetes patients at superspeciality tertiary care reference center in Mumbai

Dhruv K Mamtora, Arun Bal, Sanjith Saseedharan, Pallavi Bhalekar and **Surekha Katakdhond**
SLRH, India

Diabetes is a slowly progressing disease of modern India. India has the highest number of diabetes patients amongst WHO member countries. Around 15% of patients with diabetes develop lower limb ulcers. Diabetes is the commonest cause of non-traumatic amputations due to chronic polymicrobial infections of foot and lower limb. Hence a study was conducted to further elucidate the details about lower limb infections. Around 1294 isolates were studied from 758 patients in year 2016. Four hundred and sixty seven cultures showed no growth. Four hundred and twenty cultures showed single isolate, 247 cultures grew two isolates, 91 cultures grew three or more organisms. Colonization pattern was as follows: Candida species were 30, coagulase negative Staphylococcus (CoNS) were 28, Aspergillus species seven and two Mycobacterium which were seen only on smear examination. Most common were bacterial infections, followed by fungal infections. The bacteria most commonly isolated were Staphylocccus species (267), *Pseudomonas aeruginosa* (212), *Klebsiella species* (196), *E. coli* (160), proteus/providential/morganella group (151) followed by *Streptococcus species* (138) comprising of 88 enterococci and 38 streptocci. Multidrug resistant organisms were MRSA (62), carbapenem resistance in *Pseudomonas aeruginosa* (33.5%), *Klebsiella pneumoniae* (34.5%), *E. coli* (15.29), proteus group (6.76%) and *Vancomycin* resistant *Staphylococcus aureus* (VRSA) 1 isolate. One *Enterococcus* raffinosus was isolated which was resistant to vancomycin. Certain relatively rare organisms viz. *Burkholderia species* (3), *Alkaligenes group* (1), *Sphingomonas spp*. (4) and *Cryptococcus laurentii* (3) and *Raoultella ornitholytica (*2). In context of emergence of carbapenem resistant gram negative isolates, delayed wound healing, immunocompromised status of Type II diabetes patients; the only option left for the diabetic foot surgeons will be amputation, if the emergence of antimicrobial resistance is not addressed appropriately. Timely treatment is of utmost importance as time is tissue.

Biography

Dhruv Mamtora has completed his MBBS in 2010 from Lokmanya Tilak Municipal Medical College, Mumbai, India. He also did his MD in Medical Microbiology from Government Medical College, Miraj, Maharashtra, India in the year 2013. He is the Head of Microbiology and Infection Control Department at S L Raheja Hospital, a 150 bedded multispecialty hospital and center of excellence for diabetes and oncology. He has published papers in journals and has been serving as reviewer for Pubmed indexed journal. He is also Media Subject Expert on infection control, microbiology, antimicrobials and outbreaks.

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Barley Chironda, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Implementation science a missing ingredient in healthcare surface disinfection

Barley Chironda
Toronto East General hospital, Canada

Despite numerous interventions in surface disinfection, healthcare facilities continue to have surfaces that are not adequately cleaned/disinfected. The author, in this presentation will go through the latest literature, adressing some of the reasons as to why this is the case. The talk will also provide insights into how, after considering all the key criteria of selcting surface disinfenctants the missing link seems to be the implementation science. Key comparisons will be drawn from other areas of infection control such as hand hygiene, surgical checklists, etc. where the failure of having proper implementation has led to poor clinical outcomes. The talk will focus on implementation science and product rollout in key areas such as electronic health records and learning management system. Therefore it will be showcasing the efficacy of implementation science in the realm of surface disinfenctants. This presentation will put some light on the microbiological adavancements in surface disinfection and how these still yield to proper implementation.

Biography

Barley Chironda is working as a Nurse and is the Social Media Manager of IPAC Canada. He is also the past President of IPAC-GTA. He is also the National Healthcare Sales Director and Infection Control Specialist with Clorox Canada. He is certified in Infection Prevention and Control (CIC™) and has worked extensively in Infection Control. He has been an integral force behind the successful decline in *Clostridium difficile* infections by implementing innovative technology and quality improvement behavioural change. He has also volunteered as the Infection Control Specialist with the Cdiff Foundation.

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Al dubisi Fatimah, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Invasive *Streptococcus pyogenes* infection

Al dubisi Fatimah
University of Toronto, Canada

Whenever *Streptococcus pyogenes* infection comes into attention, most people would simply think of strept pharyngitis, what they used to call for a long time a "strep throat". In few other occasions, this might indicate a localized skin infection that has been traditionally treated with a few-day course of antibiotics. Unfortunately, this is not always the case. Invasive streptococcal infection has been increasingly reported in the recent years. The spectrum of the disease ranges from soft tissue infection to severe sepsis, toxic shock syndrome and even death. Not uncommon, post streptococcal sequelae have been irreversible and led to permanent disabilities even when the best antibiotics have been used. The strain characteristics and the genetic profiles of the isolates, the so called "super antigens" are responsible for the different clinical presentations and most importantly the seriousness of the disease. We here present a case of an 11 year old healthy girl who developed severe streptococcal sepsis that was complicated with toxic shock syndrome, multi-organ dysfunction and purpura fulminans. Over the course of her illness, she developed cardiac asystole and sever vascular compromise that have unfortunately led to the amputation of two limbs. And yet she had to undergo a long-term rehabilitation program that could last for years.

Biography

Al dubisi Fatimah has completed her Pediatric Infectious Board Certificate in Saudi Arabia 2014, She used to work as a Staff in the Division of Infectious Diseases and later as a Director of Infection Control Division in the Minsitry of Health, Saudi Arabia 2014-15. Currently she is doing an extensive work on infectious diseases at the Hospital of Sick Childen, University of Toronto since 2016 with extra focus on tuberculosis. She has couple of case reports and a published study about *Clostridium difficile*. She is currently working on some reasearch projects in the tuberculosis and antibiotic stewardship

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Day 2

Zbigniew Pawlowski, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-005

Taeniasis/neurocysticercosis control: Medical aspects

Zbigniew Pawlowski
Poznan University of Medical Sciences, Poland

Neurocysticercosis due to a larval stage of *Taenia solium* is a serious public health problem across low and middle-income countries of Latin America, Sub-Saharan Africa and Asia. It is a considerable problem in Europe and the United States, caused by immigration of *T. solium* carriers from endemic countries. Neurocysticercosis has a various clinical presentation, which ranges from asymptomatic infections to fatal cases. The most common symptoms are a late-onset epilepsy or partial seizures. The control of neurocysticercosis considers two aspects of *T. solium* transmission; it may be an indirect meat-born zoonotic control measure preventing human taeniosis by limitation of cysticercosis in pigs and a direct control measure by eradication of human tapeworm carriers, being the sole faecal-borne source of cysticercosis for humans and pigs. The control measures can be realized by the organized local or regional eradication programs as well as the routine daily medical and veterinary services. There is much progress in the veterinary control measures in endemic areas. However, the medical control of neurocysticercosis is still inadequately realized in spite of the improvements in diagnosis (fecal antigen tests), new taenicides (niclosamide, praziquantel) and better understood epidemiology (focality of transmission) of human *T. solium* taeniosis/cysticercosis. Several rules are proposed to be accepted in the medical control measures: Leaving untreated any detected case of *T. solium* taeniosis, spreading neurocysticercosis, is a medical error, due to difficulties in T. ,solium diagnosis the specific anthelminthic treatment has to be considered also in a suspected case of taeniosis (eg., there is a potential carrier of a *T. solium* tapeworm in every fourth case of neurocysticercosis), any Taenia tapeworm infection (*T. solium, T. saginata, T. asiatica*) deserves a specific treatment in order that T. solium is not missed, modern or traditional taenicides has to be easily available where needed, possibly free of charge, instruction has to be elaborated how to avoid the neurologic adverse reactions to praziquantel and preserve the stability and efficacy of niclosamide, a professional training in the control of taeniosis/neurocysticercosis has to be intensified in endemic areas, especially among mental health, public health and primary health care services as well as among veterinarians preventive screening of the *T. solium* tapeworm infected immigrants or visitors to endemic countries as well as local street meat vendors and specific treatment of those with a positive fecal antigen test, have to be considered.

Biography

Zbigniew Pawlowski is a Professor Emeritus of the Medical University in Poznan, Poland. He was a Chief of the Clinic of Parasitic and Tropical Medicine in Poznan (1970-1979 and 1987-1996) and an Organizer of the Intestinal Parasitic Infection Unit at World Health Organization in Geneva (1979-1986). He was active in several international parasitic and tropical medicine institutions (long term WHO expert, honorary member of several professional societies incl. American Society of Tropical Medicine and Hygiene). He has a DTMH diploma of the Liverpool School of Tropical Medicine (1964) and was for years involved in the Association of the Directors of the European Schools of Tropical Medicine. For almost three decades, he collaborated scientifically with the Centre for Disease Control in Atlanta, US. In 1999, he was awarded Doctor Honoris Causa by Warsaw Medical University.

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September 25-26, 2017 Chicago, USA

Carbapenemase production in hospital isolates of multidrug-resistant *Klebsiella pneumoniae* in Sudan

Abdelhakam Hassan Ibrahim Ali and **Al-Fadhil Al-Obeid Omer**
Neelain University, Sudan

Background: Antibiotic non susceptible Bacteria have been increased and disseminated all over the world. So this resistant strain with treatment difficulty may threat the Patients lives. However the last line of treatment for such infection is antibiotic from Carbapenem family (1). One of the most virulence bacteria with pandrug resistant is *Klebsiella pneumoniae* which associated with high associated with morbidity and mortality (2). In this study, the phenotypic and genotypic features of carbapenem-resistant *K. pneumoniae* strains isolated in some Sudanese hospitals were studded.

Methodology: Strains of *K. pneumoniae* resistant to at least one carbapenem (imipenem or meropenem) were collected from May, 2015 to January, 2017. Isolates were obtained from clinical samples of patients treated inside the hospitals. Carbapenem resistance was confirmed using modified Hodge test (MHT) as phenotypic test and real-time PCR for genotypic detection.

Findings: A total 96 strains of *K. pneumoniae* of different non duplicated isolates were obtained from following samples; urine (47), wound swab (22), sputum (16), stool (3), CSF (1), HVS (4), seminal fluid (1), peritoneal (1) and blood. All these isolates were found to be resistant to carbapenem by disc sensitivity test and modified Hodge test (MHT) revealed 63 (65.6%) isolates were carbapenemase producers. Seventy-two percent (70/96) isolates were positive for carbapenemase genes; 59.4% (57/96) were positive for *bla*KPC genes, 57.3% (55/96) were positive for *bla*NDM genes, 37.5% (36/96) were positive for *bla*VIM genes and 35.4% (34/96) were positive for *bla*OXA-48 genes. Nineteen isolates possessed four genes (*bla*KPC, *bla*NDM, *bla*VIM and *bla*OXA-48) , fourteen isolates possessed three genes{(*bla*NDM, *bla*VIM and *bla*OXA-48=6), (*bla*KPC, *bla*NDM, and *bla*OXA-48=3), (*bla*KPC, *bla*NDM and *bla*VIM =3), (*bla*KPC, *bla*VIM and *bla*OXA-48=2)}, 27 isolates possessed two genes{(*bla*KPC and *bla*NDM =21), (*bla*KPC, *bla*OXA-48=2), (*bla*NDM and *bla*VIM=3), (*bla*NDM and *bla*OXA-48=1)}, 10 isolates possessed only one gene (*bla*KPC=8, *bla*OXA-48=1 and *bla*VIM =1) and the remaining 26 isolates were free from these genes.

Conclusion & Recommendation: In Sudan, the most common type of carbapenemase gene multidrug-resistant *K. pneumoniae* is KPC. Co-production of KPC, VIM, NDM and OXA-48 genes are found in *K. pneumoniae*. To our knowledge, this study was done for the first time in Sudan. Therefore, it is necessary to determine carbapenem resistance in *K. pneumoniae* isolates and take essential infection control precautions to avoid spread of this resistance.

Biography

Abdelhakam Hassan is a Technologist and is working as a Lecturer of Medical Microbiology (bacteriology, mycology, virology and molecular biology) who rapidly learnt all the aspects related to his study. He has more than four years' experiences in the field of drug resistance. He has done his MSc complementary research in the extended spectrum β-lactamase in *K. pneumoniae* (ESBL).

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September 25-26, 2017 Chicago, USA

Evaluation of the Lumipulse® G TP-N Assay in an All-Comers Population at Oklahoma State Department of Health

Daniel M Edwards[1], Brittany S Porter[1], Jessica T Verel[1], Laura J Jones[1], Ryan Gailey[2], CJ Traynham[3] Zivjena Vucetic[3]

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There are currently two approaches to the serological diagnosis of syphilis: the traditional and reverse sequence algorithms. In the present study, the Oklahoma State Department of Health (DOH) used an all-comers population (n=1000) to compare their current syphilis testing scheme using RPR (traditional algorithm) with the reverse sequence algorithm using the Lumipulse G TP-N assay. The labor efficiencies of the Lumipulse G TP-N assay were also compared to RPR. The traditional algorithm used RPR for the initial test, with positive results confirmed using SERODIA® TP·PA. The reverse sequence algorithm used Lumipulse G TP-N for the initial test, with positive results confirmed using RPR. If discordant results were observed, the specimens were tested with a second confirmatory treponemal test (SERODIA TP·PA). In addition, total hands-on time, defined as the amount of physical labor time performed by a technician and required to run each assay was recorded via a digital timing device. The positive and negative percent agreements (PPA, NPA) of the traditional algorithm to the reverse algorithm were 97.5% and 99.1%, respectively. Sub-analysis comparing RPR and Lumipulse demonstrated PPA and NPA of 86.7% and 99.0%. Further, additional analysis of RPR to SERODIA TP·PA yielded a PPA of 81.6% and a NPA of 16.0%. Finally, a comparison of Lumipulse to SERODIA TP·PA yielded a PPA of 98.0% and a NPA of 83.3%. The workflow efficiencies of the Lumipulse G TP-N assay and RPR were evaluated. The Lumipulse assay required 22 minutes of hands-on time vs. 65 minutes of hands-on time for RPR when processing 100 samples. The present study revealed that 1) the two syphilis testing algorithms (i.e. traditional, reverse) provide comparable results when testing an all-comers patient population from the Oklahoma DOH, and 2) the Lumipulse G TP-N assay improved syphilis testing workflow efficiency.

Biography

Christopher Traynham, Ph.D. is the US Scientific Affairs Manager at Fujirebio Diagnostics Inc. (FDI) located in Malvern, PA. Dr. Traynham obtained his Ph.D. from the Integrated Biomedical Sciences Graduate Program at The Ohio State University in 2011. He continued his training as a Cardiovascular Physiology Post-doctoral fellow at Temple University in the Center for Translational Medicine from 2011-2016; after which time, he transitioned into his current role at FDI. Fujirebio is a global leader in the in vitro diagnostic field. As a Scientific Affairs Manager, Dr. Traynham serves as a liaison between Fujirebio and its various academic and industry partners. He also assists in study design and execution for evaluations devised to support Fujirebio assays. In the present study, Dr. Traynham helped analyze data and prepare the abstract/poster (see above).

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Notes:

Abbas Ali Husseini, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Seroepidemiology of HIV-1 and HTLV I\II in Afghanistan

Abbas Ali Husseini
Ankara University, Turkey

Background: Two distinct families of human retroviruses, the HIV-1 and HTLV I\II, cause significant infections worldwide. Currently, the HIV prevalence in Afghanistan is apparently highest among injects drug users (IDUs) with prevalence between 0.3-13.3 percent. It has been estimated that the conditions that cause high prevalence of HIV within high risk groups are increasing and spreading among the general population. There is no data about prevalence of HTLV I\II viruses in Afghanistan. This study aims to evaluate the prevalence of these two different families of human retroviruses in general population of Afghanistan.

Methodology: In collaboration with the Afghanistan National Public Health Institute 500 samples selected randomly from Nangarhar, Herat, Mazar-e Sharif, Kandahar and Kabul with age group of 25-70 years old. Among the participants 263 (52.6%) were female while 237 (47.4%) were male. Respectively, 489 and 466 samples screened for HIV and HTLV seropositivity by Elisa assay on the Abbott Architect automated platform.

Results: Among screened samples 7 cases (1.43%) were positive for HIV with 6:1 male to female ratio and 3 cases (0.64%) for HTLV respectively. One sample with HIV and HTLV coinfection also was found. The seropositivity of HIV in Herat was significantly high comparing to other cities (Z= 1.7472, p-value 0.04006). Prevalence of HTLV in Herat was determined as 2% that was high comparing to other regions.

Conclusion: Prevalence of HIV and HTLV I/II in Herat are high and need more study to assess risk factors. More attention should be paid to health education and awareness programs. As well screening for HTLV may need for blood donors. Since HTLV- I\II shares a similar transmission route with HIV, recommend investigating the rate of co-infection of HTLV and HIV among IDUs in Afghanistan.

Biography

Abbas Ali Husseını has completed his PhD at Ankara University. His research interests lie in the area of infectious disease. He has researched on epidemiology and molecular profile of HIV, HTLV, HBV, HCV and HDV. He has experience of designing different NA isolation kits and HBV, HCV, HIV and CMV quantitative real time PCR Kits.

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Ju-Hoon Lee, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Pan-genome analysis and phylogenetical grouping of food-borne pathogens, *Bacillus cereus* isolated from South Korea

Ju-Hoon Lee
Kyung Hee University, Republic of Korea

Pan genome analysis is useful technique to compare whole genome sequences. It offers core proteins and strain specific proteins to users. Recently, it used to compare complete genomes of *Bacillus cereus* strains isolated from food samples causing food-borne outbreaks in South Korea. With the support of Ministry of Drug and Food Safety, South Korea, the Food-borne Pathogen Omics Research Center (FORC) was established for omics research and database construction of food-borne outbreak-associated pathogens detected in South Korea to perform this study. From the FORC database, nine strains of *B. cereus* were obtained and used for comparative analysis with all *B. cereus* genomes of Genbank. Interestingly, their average nucleotide identity (ANI) tree analysis showed that food-segregated *B. cereus* strains are located in the same branches as clinical isolates B4264 and ATCC 14579 (Group 2), but other *B. cereus* 8% branch of ANI value (Group 1). This result was revealed by pan-genome analysis using two Group 1 strains and four of Group 2. There are specific gene clusters in Group 1 (BCE-2148 to BCE-2159 of *B. Cereus* ATCC 10987) and specific peptide synthetase of Group 2 (FORC 24 _ 2275 to FOR 24 - 2276 of *B. cereus* FORC - 024), and each specific gene would be a biomarker for detecting subgroup.

Biography

Ju-Hoon Lee has completed his PhD from University of Minnesota, USA and Postdoctoral studies from Cargill Genomics Institute, University of Minnesota, USA. He has been Professor of Kyung Hee University in Korea since 2012. He has published more than 50 papers in reputed journals and has been serving as an Editorial Boad Member of *Journal of Microbiology and Biotechnology* and *Food Science and Biotechnology*.

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Luis Guzmán et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Antibacterial and antibiofilm activity of salts derived from N-cinnamyl imidazole with different chain lengths against *Streptococcus mutans*

Luis Guzmán, O Forero-Doria, R I Castro and **E Gutiérrez**
University of Talca, Chile

In recent years, scientific knowledge about the multiple properties of ionic liquids (IL), such as their toxicity, recyclability, low vapor pressure, high chemical and thermal stability, among others, thus increasing and applying these in various experimental investigations and industrial uses. In this investigation, two specific properties of IL derived from N-cinnamyl imidazolium were explored; antibacterial activity and antibiofilm activity. The process of synthesis of IL derived from cinnamic acids was based at a molecular level on a core of an imidazole group, which was initially synthesized with the formation of different amides between the cinnamic acid and carbonyldiimidazole until the corresponding N-cinnamyl imidazolium was obtained. Subsequently, the quaternization reaction of the different N-cinnamyl imidazoles was carried out with alkyl halides (methyl, hexyl, octyl and decyl); the corresponding IL and their precursors were characterized by different spectroscopic and spectrophotometric techniques. The purpose of this investigation was to empirically evidence the bactericidal and/or bacteriostatic activity of this group of IL by means of agar diffusion techniques, minimum inhibitory concentration (MIC) determination, as well as antibiofilm activity according to microtitration techniques and optical density. The antibacterial and antibiofilm activity were evaluated in a bacterial strain of *Streptococcus mutans* ATCC 700610 / UA 159, in order to promote the use of IL as a possible and efficient antimicrobial, capable of neutralizing the virulent effects of a potentially pathogenic bacteria that act in the oral cavity, promoting the cariogenesis or giving more complicated cases of bacteremia or endocarditis in human beings.

Biography

Luis Guzman has worked in the area of natural products, especially in the Research and Development of Bioactive Products. He is a Professor at the Faculty of Health at the University of Talca, Chile and External Consultant of Fraunhofer Chile Research in the area of Nanomedicine.

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September 25-26, 2017 Chicago, USA

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Deborah Hilton, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

The risk of Zika virus transmission for Australian tourists visiting south America

Deborah Hilton
Deborah Hilton Statistics Online, Australia

Introduction: The Zika virus (ZIKV) is a mosquito-borne flavivirus (Aedes) first identified in Uganda [1947] with the first human infection identified in Nigeria. The current epidemic in South America is the third of its type after Yap Island, Micronesia and French Polynesia [2013]. One of my family members travelled to South America in 2016 with three others backpacking for four months. This abstract reviews the literature to identify the risk of Zika virus infection in these young Australians.

Methods: Lewnard and colleagues estimate International Zika virus spread from the 2016 Olympics in Brazil to be 6 to 80 persons acquiring infection. The ratio of asymptomatic to symptomatic persons is 4:1. An individual traveller's probability of acquiring infection in Rio de Janeiro ranged from 1 in 6200 to 1 in 56300. These young Australians were given preventative measure advice; active ingredient - picaridin insect repellent, to wear long sleeved clothing and to use insect netting. Given these backpackers were often outside, their exposure to mosquitoes maybe greater.

Results: On return none experienced symptoms that I am aware of. One insect repellent bottle was ½ utilised. Viewing of photographs on facebook showed they wore both short and long sleeved clothing. Travel clinic GP follow up for one traveller did not include any specific questionnaires or testing for Zika virus.

Conclusion/Recommendation: Media hype causes disproportionate anxiety. Actual risk is relatively low according to the scientific literature.

Biography

Deborah Hilton has the qualifications of a B Phty, and a MPH. Her dissertation was an analysis of the Australian Diabetes Screening Study, and this was published in the Medical Journal of Australia. Her research gate profile is listing 14 research items [publications], which have been read over 1500 times and there has been approximately 250 citations. Her website is at; Deborah Hilton Statistics Online http://sites.google.com/site/deborahhilton/. Her CV lists 11 peer reviewed publications, 1 manuscript acknowledgement, I grant successfully applied for, 22 poster presentations, 1 book acknowledgement, 7 paper conference presentations, and various other adhoc work including 18 short articles written.

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Notes:

Steve Czerwinski et al., J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Use of a persistent, water-based sanitizer with anti-viral properties reduces nosocomial infection in long term care facility

Steve Czerwinski and **Jesse Cozean**
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Statement of the Problem: Nosocomial infections are a significant risk factor for morbidity, mortality, and hospital re-admittance for residents of long-term care facilities (LTCFs). The alcohol-based sanitizers used in many facilities are rapidly germicidal, but have no persistent (ie, residual) effect, so there is no protection against immediate recontamination of the hands. Alcohol sanitizers were found to be less effective against the Norovirus than either soap and water or simply a water rinse alone. In a CDC study of 91 LTCFs, facilities relying on alcohol sanitizers were six times more likely to experience a Norovirus outbreak. This study evaluates whether replacing an alcohol sanitizer with a water-based antiseptic with persistent and anti-viral efficacy reduces nosocomial infection in LTCFs.

Methodology: In a 280-bed LTCF (Meadowbrook Care Center, Long Island, NY), 25 sanitizer dispensers in staff-only locations were switched from an alcohol sanitizer (Purell®, 70% ethyl alcohol) to a water-based, persistent sanitizer (Zylast® Antiseptic Lotion, 0.2% BZT). These locations included near time cards, staff lounges, and any place a current alcohol-based sanitizer was located. No changes were made to the soap used in the facility or any staff policies and procedures regarding hand hygiene. The facility continued to monitor nosocomial infections monthly for a total of 27 months (18 control, 9 experimental).

Findings: Overall nosocomial infection was significantly reduced by 17% (p=0.03). Significant reductions were also seen in URT infections (46% reduction, p=0.05), EENT (37%, p=0.02), and other infections (58%, p=0.04). A trend towards reduced illness was noted with GI infections (31% reduction, p=0.19). A slight improvement was seen with skin infections (10%), no change was seen with urinary tract infections, and an increase in lower respiratory infections (often associated with ventilator usage) was noted.

Conclusion: A persistent, water-based sanitizer with anti-viral efficacy was demonstrated to significantly reduce the risk of nosocomial infection in long-term care facilities. This is consistent with reports that products with persistent efficacy have lowered infection rates in hospitals and schools over hand hygiene products with solely immediate effect.

Biography

Steven Czerwinski has spent 25 years as a Chemist in the US Army's Medical Service Corps and retired at the rank of Major. As a US Army Chemist, he served as a Clinical Chemist at several major US Army Medical Centers, as well as an Environmental Organic Chemist and Biomedical Researcher at Aberdeen Proving Ground in Maryland. He has studied Physics (BA) at Knox College, Galesburg, Illinois; Chemistry (MS) at DePaul University, Chicago; and Pharmacology (PhD) at University of Maryland, Baltimore. After his military career, he has spent over ten years as a college Professor by teaching chemistry, earth science, and, most recently, pharmacology and pathophysiology for Morgan State University (Baltimore) in the Baccalaureate Nursing Program. He is currently the Acting Chair of the Medical Advisory Board for Innovative BioDefense, Inc.

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Notes:

Jesse Cozean, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Novel, water-based hand sanitizer reduces skin irritation over alcohol sanitizer for healthcare workers in hospital setting

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Statement of the Problem: Proper hand hygiene practices are widely recognized as the best way to prevent the transmission of pathogens in medical facilities and reduce nosocomial infection. However, the repeated use of hand hygiene products can dry and irritate the skin, making compliance with hand hygiene protocols difficult for healthcare workers (HCWs). A report by the CDC shows that up to 85% of HCWs report dryness or irritation with use of their current hand hygiene products, and skin irritation is a major reason that compliance with protocols in hospitals is only 40-50%. This study evaluates whether replacing an alcohol-based sanitizer in hospitals with a persistent, water-based antiseptic can reduce hand dryness and irritation among HCWs.

Methodology: In a 79-bed hospital (San Gorgonio Memorial, Banning, CA), the current alcohol-based sanitizer (Purell®, 70% ethyl alcohol) was replaced by a water-based, persistent sanitizer (Zylast® Antiseptic Lotion, 0.2% BZT). Dispensers were replaced in patient rooms, hallways, and common areas. HCWs were given a survey about their hand health while using the alcohol-based sanitizer and a year after switching to the new product. Nine questions were asked, using a validated Visual-Analogue Scale of 1-10.

Findings: A total of 348 surveys were completed and returned. Significant improvements were reported after changing to the water-based product in skin moisture level (18%, $p<0.0005$), skin appearance (18%, $p=0.002$), skin integrity (15%, $p=0.016$), skin feel (14%, $p=0.007$), odor (21%, $p=0.0007$), and overall hand feel (13%, $p=0.013$). The HCWs who reported that skin irritation was negatively affecting their compliance with hand hygiene protocols dropped from 52% to 45% (a 13% reduction). Those who identified skin irritation as the biggest concern with their current hand sanitizer fell from 24% with the alcohol-based sanitizer to 9% with the water-based product, while skin dryness as the biggest concern fell from 66% to 24% of respondents. Those with cracks in their hands from dryness decreased from 21% to 11%. The hospital reported an improvement in hand hygiene compliance with the new product from 69% to 73%.

Conclusion: Changing from an alcohol-based sanitizer to a persistent, water-based product resulted in significant improvement in the hand and skin condition of healthcare workers in a hospital setting, lowering the number of HCWs who reported skin irritation interfering with compliance.

Biography

Jesse Cozean is a Medical Researcher who serves as the Vice President of Research and Development for Innovative BioDefense. In that role, the research team he Headed developed a unique hand hygiene technology that won the USAID Fighting Ebola Grand Challenge as a breakthrough technology in the field. He has designed and overseen multiple clinical trials on hand hygiene products in hospitals, long term care facilities, and schools. He holds several patents, has authored multiple peer-reviewed articles in the hand hygiene field, and is the co-author of *The Interstitial Cystitis Solution* (2016). He holds a Bachelor's of Science (cum laude) degree in Physics from Westmont College and a Master's in Business Administration from WGU.

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Asmaa Belgharbi, J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Characterization of the impact of the renutrition milk on the clinical profile and intestinal microbiota of the malnourished children

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Infantile malnutrition is a scourge that causes the death of 3.1 million children every year worldwide aged less than five years. Recently, several studies have focused on the effect of intestinal flora in weight regulation. In this context, we set two principal objectives for our work, out of which, one is to characterize the clinical profile and the composition of intestinal flora of the children who are malnourished and the healthy ones, residents of the town of Mascara (Algeria). The second objective was to specify the impact of the administration of the rénutrition milk on the intestinal composition of the microbiota of the malnourished children. So a group of 40 children of the two sexes aged between 2 and 36 months is selected for this study. A clinical examination, near the podiatrists of the hospital Meslem Tayeb of the town of Mascara and a microbiological analysis of fecal matter were carried out. This research made it possible to note that the malnourished children included in this study suffered from a serious malnutrition, characterized by a delay in growth and a remarkable weight insufficiency and that their intestinal flora is quantitatively and qualitatively different from that of the healthy ones on the one hand, while on the other hand; the administration of rénutrition milk does not have any significant influence on the composition of the intestinal flora of these malnourished children.

Biography

Asmaa Belgharbi is an Algerian Teacher and has completed her Graduation studies in Biology from the Mascara University and Post-graduation studies in Microbiology from the same University. She is a Teacher of Predictive Microbiology in Mascara University, Faculty of Sciences, and is also responsible for the formation of nurses in Paramedical School of Mascara. She was a major of her promotion (2006/2013). She has participated in the formation of more than 100 Master student's thesis and has also participated in different National Congress of Microbiology.

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International Conference on

INFECTION CONTROL AND CLINICAL MICROBIOLOGY

September 25-26, 2017 Chicago, USA

Accepted Abstract

J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Towards infection prevention and control program at BASR hospital

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Introduction: The Bethlehem Arab society for rehabilitation hospital is a small non-governmental hospital containing around 100 beds of medical, general surgical, orthopedic and rehabilitation words in addition to 6 beds general intensive care unit. The hospital until September 2015 had no infection control program. The program aimed to decrease health care associated infection and to minimize as much as possible spread of infection in the hospital, in addition to control abuse of antibiotics. At that time, whole country lack of any appropriate infection prevention program within it.

Methods: Infection control began with infectious disease specialist Dr. Ali Sabateen and coordinator Nurse Wafa Hamdan, established first step on October 2015, form building and creating a system whether for cleaning and hiring aid nurse to educate and training all category of staff, from specialist, resident, nurse, physiotherapy, kitchen team, till visitors and patient. Creating policies, procedures and practice to minimize risk of pathogen transmission. Inserting new equipment's, substances and tools. Remain current with all relevant guidelines, regulations and statuses monitoring, implementing, follow-up documenting, and evaluating day by day.

Results: Isolation system and the mechanism of implementation, policies and standards as hand hygiene, medical waste gathering and transporting etc., Start using disposable drape, water prove gowns and patient gown inside operation room. It also includes HAI bundles insertion as VAP mainly inside critical units. New hiring system according to infection control depending on lab test as hep, HIV, PPD, exams and vaccination and antibiotics steward ship controlling by daily monitoring the consumption.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Hydatid cyst epidemiology in Khuzestan, Iran: A 15-years evaluation

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Background: Hydatid cyst disease is a well-known parasitic disease globally. It develops in humans after ingestion of *Echinococcus granulosus* eggs. To better prevent and control hydatid cyst disease, it is crucial to identify the epidemiologic aspects of this parasitic infection.

Objectives: The current study aimed to evaluate the epidemiology and features of this disease in a livestock-raising area in Khuzestan, southwest of Iran.

Materials & Methods: The present study was a descriptive-analytical study conducted on 360 patients from different areas of Khuzestan Province, southwest of Iran, with a diagnosis of hydatid cyst disease, during a period of 15 years between 2000 and 2015. Data were gathered by reviewing the patient's records. Demographic data, laboratory findings, clinical features, the need for surgical debridement, and the outcome were collected. Data were summarized and analyzed using descriptive and analytical statistical methods, respectively.

Results: Findings showed that 158 males (43.9%) and 202 females (56.1%) were recorded. The mean age of the patients was 37.36±15.2 years. Results of the study showed that most patients were in the over-50-years-old age group [103 (28.6%)], and the less-than-10-years-old age group had the lowest number [19 (5.3%)]. Most of the cysts were detected in the liver [234 (65%)]. There was no statistically significant association between sex, residing area, and animal contact and the number of the cysts (p=0.12, 0.36, and 0.95, respectively); however, a significant association was found between sex and the body organ involved (p=0.007), so that liver involvement was mostly detected in females (79.9%), while involvement of the lung was mostly found in males (66.4%). No statistically significant association was found between age and the number of the cysts or the body organ involvement (p=0.35 and 0.61, respectively).

Conclusions: Our study showed that hydatid cyst disease could be surprisingly common in apparently low-risk populations, such as those living in urban areas or without direct contact with dogs and farm animals. So, identification of the populations most at risk and educating the community about the most common modes of acquisition could be helpful for the control and prevention of this disease.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Vaccines in kidney transplantation: Update

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Statement of the Problem: The effect and severity of vaccinatable pathologies is greater in transplanted patients. Moreover, it is known that for immunodepressed patients, the response to primary vaccination is less than that of the booster dose. The purpose of this study is to update recommendations on vaccination for kidney transplant recipients.

Findings: All possible efforts must be made to update the transplant candidate patient's vaccination calendar, as well as that of the patient's family members and the health personnel in attendance. Most of chronic renal disease patients (non-transplanted) have an adequate immune system to safely permit both inactivated as well as live virus vaccinations. Immunization with inactivated vaccinations should end during post-transplant if it was not completed pre-transplant. For best results, it should re-start 4-6 months later. Live virus vaccinations should be counter-indicated for patients during the month prior to transplant, and during the post-transplant period. One month after the guideline period has terminated, a post-vaccination serological control will be carried out to evaluate the booster dose.

Conclusions: With a view to achieving the greatest immune response, the transplant candidate patient must be included as soon as possible in an individualized vaccination program.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Characterization of clinical isolates of *Mycobacterium tuberculosis* from HIV positive individuals in Colombia, 2012

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One-third of the increase in tuberculosis cases is attributed to the spread of HIV. In 2012, 1,397 HIV-associated tuberculosis cases were reported in Colombia, i.e., 11.8% of the total cases. Molecular epidemiology tools help to understand the transmission of tuberculosis. The objective was to characterize clinical isolates of *Mycobacterium tuberculosis* derived from HIV-infected individuals, received at the Laboratorio Nacional de Referencia in the Instituto Nacional de Salud. This was a descriptive observational study. We analyzed 63 isolates of *M. tuberculosis* from HIV-infected individuals. Identification, drug susceptibility and genotyping assays were performed. The results show that the new cases which were evaluated, three (5.0%) were resistant to isoniazid combined with streptomycin; two (3.3%) to rifampicin, and one (1.6%) to isoniazid. Previously treated cases were sensitive. No multidrug resistance was evident. Among the predominant genotypes, 20 isolates were (31.7%) LAM9, eight (12.7%), H1 and seven (11.1%), T1. Nineteen isolates corresponded to orphan patterns. One single grouping was observed among tested isolates. We found no statistically significant difference between the proportions of the anti-tuberculosis drug resistance and genotypes. We found resistant isolates to the most powerful drugs, rifampicin and isoniazid, among new cases, showing the transmission of resistant strains. Genetic families of *M. tuberculosis* LAM9, T1 and H1 corresponded to those described in the general population. We detected no active transmission among studied isolates. More comprehensive studies are needed to assess the real situation of HIV associated tuberculosis in the country regarding sensitivity and transmission.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Apple cider vinegar (ACV®) displays antimicrobial activity directly against *Escherichia coli*, *Staphylococcus aureus* and *Candida albican* proteins and *in vitro* monocytes exposed to microbes by inhibiting inflammatory cytokine secretion

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Introduction: Extraintestinal pathogenic Escherichia coli (E-coli) are the most frequent cause of blood borne, urinary tract and hospital acquired infections. Candida albicans and S. aureus infections can also pose a huge threat especially following transplantation and to immunocompromised patients. Globally, there is a growing need for novel anti-microbial agents to target microbes and multi drug resistance from bacterial, fungal associated infections.

Aim: The aim of this study was to investigate the potential anti-microbial effects of ACV®. We used microbial strains: E-coli strain 6571, C. albicans strain 90828 and S. aureus purchased from ATCC. We tested the effect of commercial ACV® directly on microbial cultures over a 24-hour period, measuring inhibition zones. We also looked at whether ACV® could have an anti-inflammatory effect in vitro. This was tested using human blood derived monocytes which were incubated with microbes and AVC®. Collected supernatants were analyzed for pro-inflammatory cytokine secretion by ELISA.

Results: ACV® could significantly inhibit E-coli growth demonstrated by the results of direct co-culture with each of the microbial inoculum and ACV® in varying concentrations. The zone of inhibition with the addition of ACV® to each of the microbes varied dose dependently ACV® concentration. For C. albicans and S. aureus, concentrated ACV® had the strongest effect, whereas on E-coli cultures, the most potent effect was visible at lower dilutions including 1/50 dilution of the neat solution ($p<0.05$). When monocytes were cultured with both microbes they secreted inflammatory cytokines (TNFα, IL-6) ACV® was effective in significantly inhibiting inflammatory cytokine secretion in human peripheral blood monocytes cultured with E-coli, S. aureus and C. albicans. We also showed that ACV® can damage the microorganism protein moieties after 24-hours.

Conclusion & significance: ACV® displayed potent anti-microbial and anti-inflammatory activity against E-coli and C. albicans. We propose that ACV® could be potentially therapeutic.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Antibiotic abuse in food animal industry promotes altered microbiome and dysbiosis to fuel infectious complications in humans

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Microbiome in the gastrointestinal tract (GI) acts as a protector of health from disease. Microbiota helps absorption of nutrients and guards against invasive pathogens to dwell in GI. Pathogens cause dysregulated immune and inflammatory response. While, antibiotics are required to fight pathogens and infectious diseases, overuse and abuse as well as unintentional consumption of food contaminated with antibiotics affect GI to alter the composition of microbiome. Further, antibiotics shift equilibrium from health into disease status as seen in infections with *Clostridium spp* and *Campylobacter spp*. Infectious protozoan (e.g. Toxoplasmosis, Coccidiosis) and microbial (e.g. *Campylobacteriosis*, *Helicobacteriosis, Salmonellosis*) diseases are transmitted from animals and cause GI inflammation and diarrhea in man. The common preventive practice for infectious diseases in farm animals is continued use (abuse) of antibiotics which enter blood circulation and contaminate eggs, milk, and meat products. Antibiotics are entered food chain and consumed by humans with possible allergic, antibiotic resistance, and other enigmatic side effects. Antibiotic resistant microbial becomes foodborne, waterborne or airborne contaminant. It is estimated that over 24.6 million pounds of antimicrobials are used for prevention and growth promotion in swine, cattle and chickens compared to 3.0 million pounds used in human therapies. New restrictive implementations in food animal industry inspection are required to prevent abuse of antibiotics as growth promoters. This presentation will aim to alarm medical community of unintentional consumption of antibiotic residues in contaminated food products with possible side effects. Association between overuse and abuse of antibiotics in food animal industry will be discussed with outbreak of major infectious foodborne diseases and altered gut microbiota and dysbiosis with serious complications. In addition, different preventive measures will be discussed including possible applications of new agents as surrogates to substitute antibiotics in food animals.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Core genome MLST on carbapenemase-producing *Escherichia coli* from Oman: Evidence of polyclonal dissemination of NDM and OXA-48

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Carbapenemase-producing *Enterobacteriaceae* (CPE) currently comprise a major threat to modern antimicrobial treatment, since such strains are resistant to almost all drug classes. As a step to control the spread of CPE in Oman, we aimed to determine population structure of carbapenemase-producing *E. coli*. Whole genome sequencing (WGS) was performed for thirty-five *E. coli* isolates. A total of 14 (40%) isolates were NDM-type producers and 8 (23%) isolates were OXA-48 type producers. In the OXA-48 group 5 isolates carried *blaOXA-48* gene and 3 harbored *blaOXA-181*. Genes of the *bla*CTX-M-15 type were detected in 25 (71%) *E. coli* isolates. The *bla*CTX-M-15 type ESBL gene was co-produced with NDM in 12 isolates and with OXA-48 type in 6 isolates. Of all isolates that tested negative for carbapenemases (n=13), 62% produced CTX-M-15-type ESBL. Classical MLST revealed 21 STs belonging to 10 different clonal complex (CC) and three unrecognized STs, seven of which comprised two or more strains, representing (54%) of the population. Of these ST38 was the most prevalent with 4 isolates (11.4%). eBURST recognized CC10 for 7 isolates in three unique STs, (ST167, ST617, ST1702) with ST167 as predicted founder. When CC10 was examined with core genome (cgMLST) two different clusters with at least 780 allelic differences were found. Isolates within each clusters differed at most by 190 alleles. Two isolates were ST101 and produced NDM plus CTX-M-15. The two isolates differed in only five alleles, suggesting they comprise a small outbreak. Overall cgMLST data suggested that the dissemination is polyclonal, at the subclone level.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Reduction in hospital onset *Clostridium difficile* infection following application of UV-C disinfection technology

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According to CDC estimates, up to 14,000 people die annually in the US due to complications from *Clostridium difficile* infection. In Acute Care Hospitals in California in particular, *Clostridium difficile* has seen an overall 9% increase in 8 years of national reporting. UV-C surface disinfection technology has shown promise in multiple practical settings and is indicated in various forms to destroy *Clostridium difficile* spores in a manner of minutes on hard surfaces, with some product claiming a >4.0 log reduction in 5 minutes. In light of this emerging reserach, UV-C disinfection technology was implemented in a 338 bed Level 2 Trauma Center, focusing on the disinfection of all patient rooms at discharge where the patient was placed in isolation practutions at any period during their hospitaliztion. Each room treatment required the placement of the mobile, 254 nm wavelength UV-C unit within line of sight of the treatment area, and multiple exposures per room were required to expose the majority of all hard, vertical surfaces. Over the study period of 8 months, the hospital onset incidence rate of *Clostridium difficile* (defined as those patients testing positive after hospital day 3), decreased from 20.422/10,000 patient days to 3.752/10,000 patient days, with a p-value of 0.001. No other significant process changes occurred during this period, minimizing the potential for bias. Future research should be conducted to assess the log reduction potential for UV-C technology for *Clostridium difficile* spores under addiitonal enviromental conditions which may inhibit the practical functioning of this technology.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Magnitude and determinants of physical activity in Ethiopia: Evidence from 2015 Ethiopia NCD national survey

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Background: Physical activity can significantly reduce NCDs burden with low-cost and high impact interventions. But global reports show that physical inactivity has remained a major pandemic problem with deteriorating patterns and, worse yet, given very little attention mainly in the developing nations. Globally, 20 percent of adult men and 27 percent of adult women did not meet the normal- recommendations of physical activity for health (WHO 2014).

Methods: Community-based cross-sectional study using WHO NCD stepwise approach was conducted in the 9 regions and two city administrations; from April to June 2015 (n=9801, response rate 95.5%). The target population was all men and women age 15-69 years. A mix of sampling approach namely stratified, three-stage cluster sampling, simple random sampling and Kish method were employed to select the study settings and participants.

Result: Descriptive statistics was used to estimate the magnitude and intensity of physical activity, while logistic regression models were used to assess the factors associated with it. Among the study participants, in general 94.2% of them did physical activity as per WHO recommendations (95% of male, and 91% of female). Based on multivariate analysis, rural residence was 2.5 (AOR=2.46, (95% CI: 2.12, 2.86)) times more likely to do physical activity as compared to their urban counterparts. The youngest age group 15-29 were 3.5 (AOR=3.46, (95% CI: 2.74, 4.36)) times more likely to be physically active than the oldest age group 60-69 years old. Participants who had college and above education were 28 percent (AOR=0.72, (95% CI: 0.55, 0.96)) less likely to do physical activity than those with no formal education.

Conclusion: It showed that, individuals in rural areas were more exposed to physical activity; while individuals who had college and above education and older age group (60-69 years) were less likely to do physical activity.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Soil antibiotic resistome-risk for human health

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The soil antibiotic resistome bacteria play an important role in development and spread of antibiotic resistance in humans. There is little known about the natural bacterial resistome in soil. The purpose of this study was to detect the antibiotic resistance soil bacteria in different ecosystems: Natural ecosystem (primeval forest), agroecosystems and urboecosystems. Were isolated 384 dominanting bacteria, among them 67 antibiotic resistant bacteria. All isolates were multi-drug resistant, of which greater than 68% were resistant to 9 antibiotics (vancomycin, lincomycin, ampicillin, cefepime, streptomycin, gentamicin, oleandomycin, ofloxacin, ciprofloxacin). A study of soil samples from the primeval forests showed that the microbial community characterized by a low content of antibiotic-resistant microorganisms. Among 78 isolated bacteria only two of them Bacillus cereus, and Pantoea agglomerans demonstrated high level of resistance to antibiotics. A total 106 strains were isolated from the soil of medicinal plants: Mentha piperita, Inula helenium, Thymus serpillum, Rosa odorata and Calendula officinalis, 13 of them were antibiotic-resistant. High level of antibiotic resistance was detected for *Enterococcus faecalis, Bacillus cereus, Serratia marcescens, Yersinia enterocolitica, Pantoea agglomerans* and *Serratia odorifera biogroup* 1. *Seven bacteria: Enterococcus faecalis, Serratia marcescens, Yersinia enterocolitica, Enterobacter cloacae, Yersinia pestis, Hafnia alvei and Bacillus cereus* isolated from soil with cultivated winter wheat have displayed the high resistance to most of tested antibiotics. The greatest number of antibiotic-resistant bacteria have been isolated from soil of urboecosystems. Among the 118 tested bacteria, 30 were antibiotic resistant. Multi-resistance were such pathogens as: *Enterococcus faecium, Acinetobacter baumannii, Pseudomonas aeruginosa and Escherichia coli.*

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Antimicrobial susceptibility and resistance pattern of bacteriological isolates from various clinical samples: Our experiences from South Odisha, India

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Statement of the problem: Antimicrobial resistance to bacterial infection is a global health problem with increasing incidence and implications mainly in developing nations. AMR was the focus of World Health Day in 2011 when a 6-point AMR policy package was issued. The Chennai declaration is a document prepared by various stakeholders and experts in India to tackle challenges of antimicrobial resistance. Various studies have reported the increased economic burden due to AMR and the studies that were identified during the search have been included in reviews.

Research Methodology: The clinical samples processed in advanced automated system (Vitek-2 Bact alert 3D) with microbial susceptibility (ID) and antibiotic susceptibility (AST) done as per standard protocols.

Findings/Discussion: Automated systems provide rapid, accurate ID/AST and help in giving an actual phenotypic profile of resistance mechanism for each bacterial isolate tested. Urine was the most commonly processed sample with Escherichia coli and Enterococcus fecalis being the commonest bacterial isolates. Also resistance to beta lactam group of drugs was the commonest form of antimicrobial resistance (AMR) seen along with resistance to other groups of drugs being also common in various clinical isolates tested.

Conclusion & significance: In developing countries lack of antibiotic policy and guidelines for antibiotic usage will increase AMR. As the first WHO report on AMR surveillance shows, there is a need for an improved and coordinated global effort, including wider sharing of surveillance data, for public health actions, particularly for antibiotic resistance as outlined in the 2001 global strategy for containment of AMR.

Recommendations: Empirical and logical antibiotic usage in infective cases. Over the counter sale of antibiotics without prescription to be banned as in many developing countries. Culture sensitivity to be made a screening procedure prior to initiation of antibiotics in warranted cases.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Direct evidence of viral infection and mitochondrial alterations in the brain of fetuses at high risk for schizophrenia

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Introduction: There is increasing evidences that favor the prenatal beginning of schizophrenia. These evidences point toward intra-uterine environmental factors that act specifically during the second pregnancy trimester producing a direct damage of the brain of the fetus. The current available technology doesn't allow observing what is happening at cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia?

Methods: In 1977 we began a direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to finding differences at cellular level in relation to controls. Results. In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations.

Conclusion: The importance of these findings can have practical applications in the prevention of the illness keeping in mind its direct relation to the aetiology and physiopathology of schizophrenia. A study of amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied foetuses, it would intend to these women in risk of having a schizophrenia descendant, previous information of the results, the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Biocontrol of emerging foodborne bacterial pathogens by bacteriophages

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Despite the improvement in consumer awareness, food hygiene and detection methods, foodborne diseases mediated by pathogenic bacteria or bacterial toxins still represent a significant threat to public health worldwide. Globally, the WHO has estimated that; approximately 1.5 billion episodes of diarrhea and more than 3 million deaths occurred in children under 5 years of age anually. A significant proportion of these results were caused from consumption of food, mainly food of animal origin contaminated with microbial pathogens and toxins. Approximately, 60% of the human pathogens are zoonotic and 75% of them are emerging zoonotic. Emerging foodborne pathogens are defined as those causing illnesses that have only recently appeared or been recognised in a population or that are well recognised but are rapidly increasing in incidence or geographic range. Emerging foodborne bacteria are reported as *Salmonella (non typhoidal), Campylobacter jejuni, Escherichia coli* O157:H7, *Listeria monocytogenes, Staphylococcus aureus* (MRSA), *Vibrio vulnificus, Yersinia enterocolitica, Arcobacter* spp. *and Mycobacterium paratuberculosis.* Bacteriophages, the viruses which kill bacteria, are the most numerous organisms on Earth and can exist in all kind of environment where their host live. Emergence of antibiotic resistant bacteria leads scientists to consider bacteriophages as an effective, safe and appropriate biocontrol agent and an alternative option for antibiotics and chemicals. Among two types of phages (lytic and lysogenic), lytic phages that can only multiply in bacteria and kill the cell by lysis are generally preferred towards a food safety perspective.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Salmonella outbreak investigation

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Background: Enteric (typhoid and paratyphoid) fever is less a common cause of morbidity and mortality among the indigenous population of kingdom of Saudi Arabia. Cases tend to occur more commonly in foreign laborers, who recently arrived from their home countries, and some of these cases have shown resistance to conventional enteric fever therapy. We observe 16 cases of Salmonella in King Abdullah Hospital Bisha out of 26 reported. We undertook this case investigation to assess the magnitude of the problem in Bisha region of southern Saudi Arabia. King Abdullah Hospital is the main recipient of 7 hospitals and 800 primary health care centers.

Method: All cases of Food poisoning were investigated in KAH Bisha. The study periods extended for 6 months. Cases investigated for culture (blood, stool, urine or bone marrow), or a rise in widal agglutination titer of more than two-fold. The case records of these patients were analyzed regarding history, physical examination, investigations, treatment and outcome.

Results: All women with all age groups were seen, 64% age 40 to 55, 22% from ages 15 to 39, 15% from ages 9-14 years seen. Significant different clinical presentation seen, with different incubation periods, having said we observe the same source of infection. The disease was of acute illness but no mortality was found. Leucopenia was found in 20% of cases. Thrombocytopenia was found in 10% whissle anemia found in 10% of cases, 40% shows electrolyte imbalance. liver function test was normal in 80% of cases.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Phosphylated oximes increase organophosphate toxicity

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Oximes are small chemical compounds utilized as treatments for organophosphate toxicity. Organophosphorous nerve agents prevent the enzyme acetylcholinesterase from performing its function- breaking down the neurotransmitter, acetylcholine. Nerve agents inhibit acetylcholinesterase by phosphylation. Oximes dephosphylate acetylcholinesterase, restoring normal function. When this takes place, the end result is a potentially fatal by-product known as a phosphylated oxime. Phosphylated oximes may be dangerous because they can inhibit acetylcholinesterase more potently than organophosphates; resulting in toxicity rather than a cure. The objective of this study was to evaluate inhibitory capacity and the toxicity of phosphylated oximes to mammalian cells. The series of experiments conducted involved varying amounts of different oximes (K027, 2-Pralidoxime, etc.) and organophosphates (asinphos, dicrotophos, etc.) on NIH-3T3 cells, and SH-SY5Y cells. These experiments included: In-cell westerns, colorimetric assays, flux analysis, mass spectrometry, and a novel on-cell western blot. These experiments will examine the contributions of oximes, organphosphates, and the combination of both chemicals on acetylcholinesterase function and off- target toxicity. The results of this study suggest that the combination of nerve agents and oximes increases toxicity within neuronal cells by allowing the ability to permeabilize the cell membrane and disrupt normal functioning. All experiments conducted are indicative that the treatment method of oximes is deadly, more so than nerve agents alone. From these results, it can be determined that oximes are not a safe and effective treatment method for organophosphate toxicity. The findings in this study have the potential to change how organophosphate intoxication is treated.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Anemia associated with asymptomatic malaria among pregnant women in rural surroundings of Arbaminch town, South Ethiopia

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Statement of the Problem: Anemia during pregnancy is a well-known medical condition most of the time under-recognized as it is overshadowed by the normal physiological condition during pregnancy. Maternal anemia consequently increases the incidence of maternal mortality and is associated with increased fetal and infant mortality, prematurity and low birth weight. The purpose of this study was to determine the prevalence and predictors of anemia among pregnant women residing in the rural surroundings of Arbaminch Town, south Ethiopia.

Methodology & Theoretical Orientation: A cross- sectional community based study was conducted between April and June 2013. A structured questionnaire was used to collect socio- economic and socio-demographic characteristics of the pregnant women. Hematocrit level was determined to classify the pregnant women as anemic and non-anemic. Diagnosis of asymptomatic malaria parasitemia was done by Giemsa stained blood smear microscopy.

Findings: A total of 341 pregnant women, median age of 25 years (Inter-quartile range: 23-29), participated in the present study. Prevalence of anemia was 34.6% (118/341) with a mean hematocrit level of 35.2% (95% CI: 34.6%–35.8%) with SD of ±5.5%. The prevalence of asymptomatic malaria parasitemia was 9.1% (31/341). The odds of being anemic were 15.72 times [AOR: 15.72, 95% CI (3.97, 62.22), P-value ≤0.001] more likely to occur in parasitemic individuals relative to the non parasitemic pregnant women.

Conclusion & Significance: The significant association between asymptomatic malaria and anemia among pregnant women warrant the antenatal care with a package of screening for malaria and anemia followed by prompt management to curb the inevitable consequences on mother and her fetus.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Effect of brothel leaders on condom use promotion for young female sex workers residing brothels in Abuja, Nigeria

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Background: Brothel leaders support and the enabling of a conducive environment for HIV prevention programs to promote consistent condom use within sex work establishments are key community and institutional factors that promote a safe working environment for young brothel based FSWs. Their vulnerability to sexually transmitted infections including HIV/AIDs and the social factors within their high-risk environment are important aspects to be addressed if positive strides will be taken towards curbing the HIV epidemic. This study assesses the effectiveness and condom use outcomes of a cluster randomized pilot trial using brothel leaders and peer education to improve consistent condom use by FSWs residing in brothels.

Methods: Twelve brothels in Abuja, Nigeria were randomized into either an experimental (n=5) or a control (n=5) condition. The feasibility of the intervention and consistent condom use outcomes by FSWs with different partner types as well as condom negotiation self-efficacy were measured. Condom use outcomes were assessed using multi-level logistic regression and linear regression mixed model's analysis was carried out for condom negotiation self-efficacy outcomes.

Results: A total of 243 FSWs were recruited for the study (control n=66 and experiment n=177) and at follow-up, 107 participants (44%) were available. The intervention demonstrated feasibility and positive outcomes for consistent condom use with different FSW partner types was obtained. The interaction effect between condition and time increased significantly for consistent condom use with boyfriends (p=0.022) while for casual partners and clients, the increase was insignificant (p=0.454 and 0.681 respectively). Adherence to the intervention by the FSWs was moderate with the attrition rate at 55.6%.

Conclusions: The intervention showed effectiveness and demonstrated promise in enhancing condom use with non-paying partners of BB FSWs i.e. their boyfriends and steady partners on a larger scale. Future HIV Prevention interventions in Nigeria should incorporate gatekeepers of FSWs as key change agents in the mix of strategies adopted for HIV prevention programs and adapt this approach to the various contexts prevalent within sex work settings.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Antibiotic-impregnated central venous catheters for the prevention of catheter-related bloodstream infection in children: A meta-analysis

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Background: Use of central venous catheters (CVCs) ensure stable access in critically ill patients but is associated with increased infection rates. CVCs with antimicrobials has been recommended for infection reduction in adults. A review of antibiotic-impregnated CVCs' usefulness in children is needed.

Objectives: The objective of this study is to determine the effectiveness of antibiotic-impregnated CVCs in reducing infection in children.

Search Methods: Extensive search of MEDLINE, Cochrane Database of Systematic Reviews and Cochrane Register of Controlled Trials, Clinicaltrials.gov, Google scholar was done for trials published until June 2016. Reference lists from retrieved journals were checked for relevant articles.

Selection Criteria: RCTs evaluating antibiotic-impregnated compared with standard CVCs for reducing infection in children.

Data collection & Analysis: Two authors assessed trial quality and extracted data. Statistical analysis was done using Review Manager with fixed or random effects model.

Outcomes: Bloodstream infection, hypersensitivity, thrombosis, mortality, site infection, length of ICU and hospital stay. Dichotomous data were presented as risk ratios (RR), continuous data as mean differences with 95% confidence intervals (CIs).

Results: Two low quality trials (n=1773) were analyzed showing nonsignificant reduction of bloodstream infection in the antibiotic-impregnated group compared to standard catheters (RR 0.49; 95% CI 0.23-1.02, I2=0%) with no increased risk of thrombosis (RR 1.04 95% CI 0.84-1.28, I2=0%). No statistical difference was seen in the duration of ICU and hospital stay.

Conclusions: The use of antibiotic-impregnated CVCs cannot be recommended now. Decision of its use will depend on the clinical judgment after consideration of the costs and benefits. More RCTs are needed to reinforce the evidence.

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J Immunol Tech Infect Dis 2017, 6:3
DOI: 10.4172/2329-9541-C1-006

Application of chimeric antigen receptors approach as a tool to treat infectious diseases and chronic pain

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CD6 (NTR) has extracellular SRCR domains that play an important role in recognizing the antigen T cells proliferation and expansion. However, SNP induced glycosylation of SRCR domains perturbed T cells proliferation, so CAR modified CD6 receptor will be an ideal choice having immunoglobulin ScFvs chain as ectodomain along with integration of different C-terminal subunits (CD3-ζ, CD28 and 4-1BB). CARs offer a wider range of functional properties than conventional T cell receptors (TCR). Whilst the transduction may exploit a variety of methods, stable gene transfer is essential for persistent CAR expression in T cells. For engineering of CARs, we will transduce 2B4 hybridoma cells by using retroviral transduction technique with same CD6-specific CAR encoding different CD3-ζ, CD28 and 4-1BB endodomains from different T cell products. Effector protein such as SLP-76 having SH2 domain binding site for phosphorylated tyrosine is also involved in mounting immune response. To evaluate the interaction between SLP-76 peptide and CAR-T cells (CD6) having CD3-ζ, CD28 and 4-1BB cytoplasmic domains, approach (Coprecipitation Analysis and confirmation by western blotting) will be used. Surface plasmon resonance method will be employed to measures the interaction between ligand/antigen specific tumor cells and antigen binding domain (ScFv) of newly CAR modified CD6-T cells to see whether it induces efficient and persistence T-cells proliferation: And autocrine functional productions of interleukins (IL-2 measure by cellular assays). Our aims and objective is also to study: How costimulation affects T-cell fate in CD6 dependent CAR-mediated activity in T-cell? we will infuse two or more T-cells products with identical CARs specificity by developing specific CAR costimulatory moiety having different costimulatory components using different T-cells subsets. Ultimately, we will evaluate costimulatory activity in vivo expansion of different CD6-specific CAR-T cells. To summarize, CAR based modulation of NTRs has a broader implication in clinical perspective for potential immune based therapeutics.

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