14th International Congress on Infectious Diseases (ICID)

MIAMI, FLORIDA • USA • MARCH 9-12, 2010

Organized by the International Society for Infectious Diseases

With the

4th Regional Conference of the International Society of Travel Medicine

Il Congreso Latinoamericano de Medicina del Viajero

In collaboration with the

Infectious Diseases Society of America (IDSA)
Pan American Association for Infectious Diseases (API)
Latin American Society of Pediatric Infectious Disease (SLIPE)
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*Sponsored by Novartis Vaccines*

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*Sponsored by Pfizer*

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Consequences and Strategies for Prevention
*Sponsored by an educational grant from Merck & Co., Inc.*
*Sponsored by SciMed*
Satellite Symposium

Ballroom 2: Flagler/Monroe Tuesday, March 9, 2010 Satellite Symposium
Terrace Level ~ Hyatt Regency Miami 12:30–14:15

PREVENTION OF MENINGOCOCCAL DISEASE IN TRAVELERS

Co-Chairs: Robert Steffen, Zurich (Switzerland)
Brian Cooper, Cambridge, MA (USA)

Chairs’ welcome and introduction
Robert Steffen, Zurich (Switzerland)
Brian Cooper, Cambridge, MA (USA)

The changing picture of meningococcal disease epidemiology
Marco Safadi
São Paulo (Brazil)

Lessons learned from conjugated polysaccharide vaccines and future developments
Jamie Findlow
Manchester (United Kingdom)

Travelers: How do we decide who to vaccinate?
Robert Steffen
Zurich (Switzerland)

Protection against invasive meningococcal disease with Menveo®
Brian Cooper
Cambridge, MA (USA)

Panel Discussion

Chairs’ closing remarks

Sponsored by Novartis Vaccines
Invasive meningococcal disease remains a major public health problem: the case-fatality rate for Neisseria meningitidis is 7–14% in developed countries, and survivors often suffer debilitating sequelae, such as hearing loss, severe scarring, and amputation. Five N. meningitidis serogroups (A, B, C, W-135, and Y) cause most of the cases of meningococcal disease, and immune protection from invasive meningococcal disease is serogroup specific. The unpredictability of serogroup distributions (both geographically and temporally) suggest that effective control requires the use of vaccines that are broadly immunogenic against multiple serogroups. In the United States, the Advisory Committee on Immunization Practices (ACIP) recommends that individuals 2–55 years of age, who are traveling to endemic areas of Africa during the dry season, or to areas with recent outbreaks, receive a quadrivalent meningococcal conjugate vaccine. Additionally, the Public Health Agency of Canada (PHAC) now advises that travelers to high-risk meningococcal destinations who are >10–55 years of age should be immunized primarily with a quadrivalent conjugate vaccine, and that those previously immunized with a polysaccharide vaccine should be considered for revaccination with a conjugate vaccine. The Public Health Agency of Canada further recommends that children 2–10 years of age traveling to high-risk destinations should receive meningococcal C conjugate vaccine in addition to quadrivalent meningococcal conjugate vaccine. In countries where a quadrivalent vaccine is recommended, the polysaccharide vaccine that is available does not reduce carriage reliably, and therefore may not efficiently prevent carriage of meningococcal strains back to the home country. A quadrivalent meningococcal ACWY conjugate vaccine with CRM197 carrier protein, Menveo®, has been developed for the prevention of meningococcal disease in adolescents and adults 11–55 years of age.
Over 1 billion of the world’s poorest people suffer from one or more NTDs that profoundly affect their lives. These diseases are termed “neglected” because, in spite of the great suffering they cause, only limited resources have been available to prevent and treat them even though some of the most common NTDs can be treated effectively at very low cost.

Awareness about the problem of NTDs has grown over recent years. Governments, foundations and nonprofit organizations are increasingly taking notice and taking action. ISID aims to bring this community of providers and investigators together by organizing the first ISID-NTD meeting to encourage cross-discipline sharing of information related to combating NTDs as well as provide an opportunity to raise public awareness of the importance of NTDs around the world.

Partial List of NTDs:
- Schistosomiasis
- Lymphatic Filariasis
- African Trypanosomiasis
- Chagas Disease
- Soil Transmitted Helminthiasis
- Trachoma
- Onchocerciasis
- Leishmaniasis

Planned Topics Include:
- Documenting the global NTD burden
- Development of diagnostics and drugs for NTDs
- Current NTD treatment and control programs: Successes and challenges
- Program integration: Sharing of infrastructure and operations
- Achieving sustained control and elimination of NTDs
- Improving access to clean water and sanitation to prevent NTDs
- The role of human and animal health integration in the control of NTDs

ISID-NTD Program Committee
Alan Fenwick, Imperial College
Christy Hanson, USAID
Peter Hotez, Sabin Vaccine Institute
Adrian Hopkins, Task Force for Global Health
Julie Jacobson, Bill and Melinda Gates Foundation
Daniel Lew, Geneva University Hospital and International Society for Infectious Diseases
Adel Mahmoud, Princeton University
David Molyneux, Liverpool School of Tropical Medicine
Mary Moran, George Institute
Mirta Roses Periago, Pan American Health Organization
Lorenzo Savioli, World Health Organization
Eric Summers, International Society for Infectious Diseases

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Satellite Symposium

South Hall ~ Lobby Level
Hyatt Regency Miami

Wednesday, March 10, 2010
12:30–14:15

Satellite Symposium

A DECADE OF EXPERIENCE WITH PCV7: HELPING TO PREVENT
PNEUMOCOCCAL DISEASE THEN AND NOW

Chair: Gail L. Rodgers

Introduction and Opening Remarks
Gail L. Rodgers
Collegeville, PA (USA)

Pneumococcal Disease: Global Epidemiology and
Antibiotic Resistance
Keith P. Klugman
Atlanta, GA (USA)

Pneumococcal Disease Prevention: Efficacy and Effectiveness
of PCV7 Worldwide
Sarah S. Long
Philadelphia, PA (USA)

Assessing Challenges in Pneumococcal Disease Prevention
Gail L. Rodgers
Collegeville, PA (USA)

Question and Answer Session
Faculty Panel

Sponsored by PFIZER
THE GLOBAL IMPACT OF HPV INFECTION AND RELATED DISEASES: CONSEQUENCES AND STRATEGIES FOR PREVENTION

Chair: Mark A. Kane, USA

12:30 PM – 12:45 PM  Registration and Lunch

12:45 PM – 12:50 PM  Welcome and Introductions
Mark A. Kane
Mercer Island, WA (USA)

12:50 PM – 1:10 PM  Beyond Cervical Cancer: The Burden of Noncervical Cancers and Other HPV-Related Diseases
Maura L. Gillison
Columbus, OH (USA)

1:10 PM – 1:30 PM  Global Control of HPV Infection with Vaccines: What Needs to Happen Now
Mark A. Kane
Mercer Island, WA (USA)

1:30 PM – 1:50 PM  Clinical Implications of HPV Infection and Related Diseases in Males
Joel M. Palefsky
San Francisco, CA (USA)

1:50 PM – 2:15 PM  Panel Discussion

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SYMPOSIUM SUMMARY
THE GLOBAL IMPACT OF HPV INFECTION AND RELATED DISEASES: CONSEQUENCES AND STRATEGIES FOR PREVENTION

It has been well-established that human papillomavirus (HPV) infection causes virtually all cervical cancers and the vast majority of genital warts. HPV infection also causes a substantial portion of other anogenital cancers as well as head and neck cancers in both men and women. Advances in our understanding of the role of HPV infection in cervical cancer have led to the development of 2 HPV vaccines; both have proven safe and effective for girls and young women in the prevention of precancerous and cancerous lesions of the uterine cervix. One is effective for the prevention of the majority of genital warts in males and females. However, significant barriers exist to the global implementation of HPV prevention strategies that could inhibit worldwide use of vaccination. This symposium will review the global burden of HPV infection, the current and future role of HPV prevention, and worldwide variations in the adoption of prevention strategies.

EDUCATIONAL OBJECTIVES
After completing this activity, the participant should be better able to:
• Identify global barriers to HPV prevention and create and apply strategies to decrease the burden of HPV-related diseases;
• Assess the health burden of HPV infection and its role in noncervical cancers and other HPV-related diseases
• Summarize the natural history and clinical manifestations of HPV infection in males.

ACCREDITATION STATEMENT
SciMed is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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SciMed designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.