



# 14th International Congress on Infectious Diseases (ICID)

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

Organized by the International Society  
for Infectious Diseases



SATELLITE SYMPOSIA

With the



4th Regional Conference of the International Society of Travel Medicine



II 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)



## Satellite Symposia Program

### **Tuesday, March 9, 2010**

Prevention of Meningococcal Disease in Travelers . . . . .2

*Sponsored by Novartis Vaccines*

### **Wednesday, March 10, 2010**

TA Decade of Experience With PCV7: . . . . .5

Helping to Prevent Pneumococcal Disease Then and Now

*Sponsored by Pfizer*

### **Thursday, March 11, 2010**

The Global Impact of HPV Infection and Related Diseases: . . . . .6

Consequences and Strategies for Prevention

*Supported by an educational grant from Merck & Co., Inc.*

*Sponsored by SciMed*





## Satellite Symposium

Ballroom 2: Flagler/Monroe  
Terrace Level ~ Hyatt Regency Miami

Tuesday, March 9, 2010  
12:30–14:15

Satellite Symposium

### 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*



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### SYMPOSIUM SUMMARY

#### PREVENTION OF MENINGOCOCCAL DISEASE IN TRAVELERS

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 CRM<sub>197</sub> carrier protein, Menveo<sup>®</sup>, has been developed for the prevention of meningococcal disease in adolescents and adults 11–55 years of age.

# Save-the-Date

## 2011

### ISID-NTD

.....  
Neglected Tropical  
Diseases Meeting

## JULY 8–10, 2011 Boston, Massachusetts • USA

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.

#### 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

#### Partial List of NTDs:

- Schistosomiasis
- Lymphatic Filariasis
- African Trypanosomiasis
- Chagas Disease
- Soil Transmitted Helminthiasis
- Trachoma
- Onchocerciasis
- Leishmaniasis



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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*



## Satellite Symposium

South Hall ~ Lobby Level  
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Thursday, March 11, 2010  
12:30–14:15

Satellite Symposium

### 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 <b>Mark A. Kane</b> Mercer Island, WA (USA)
12:50 PM – 1:10 PM	Beyond Cervical Cancer: The Burden of Noncervical Cancers and Other HPV-Related Diseases <b>Maura L. Gillison</b> Columbus, OH (USA)
1:10 PM – 1:30 PM	Global Control of HPV Infection with Vaccines: What Needs to Happen Now <b>Mark A. Kane</b> Mercer Island, WA (USA)
1:30 PM – 1:50 PM	Clinical Implications of HPV Infection and Related Diseases in Males <b>Joel M. Palefsky</b> 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.

### CREDIT DESIGNATION

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.