EuroSciCon

DAY 1

Keynote Forum

7th Euroscicon Conference on

CLINICAL PATHOLOGY AND EPIDEMIOLOGY

February 27-28, 2019 | Prague, Czech Republic

Gilbert Glady, J Infec Dis Treat 2019, Volume: 5
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Gilbert Glady
European Bio Immune(G)ene Medicine Association, France

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BIO IMMUNE (G)ENE MEDICINE-BI(G) MED-CAN NEUTRALIZE BACTERIAL AGENTS BY BEATING THEM AT THEIR OWN GAME

In recent years, many discoveries have profoundly changed our knowledge on the relationships between bacteria and our cells, whether they are immuno-competent cells or other somatic cells that are subject to bacterial attack. We now better know how our cells detect bacterial aggressors using receptors of restricted specificity belonging to innate immunity and able to identify specific molecular patterns located on bacterial membranes, being Gram-positive or negative germs or mycobacteria. Once this identification has been carried out, a whole arsenal of inflammatory reactions is triggered in order to destroy as quickly as possible bacterial germs in their aggression phase. Faced with these defensive strategies deployed by the innate immune system, bacteria do not remain inactive and in turn implement a set of molecular reactions, including the mighty system of injectisomes, to elude the immune responses aiming at their neutralization or even their final destruction. What if, for a therapeutic purpose, we could counteract the strategies implemented by bacteria to beat them at their own game? This is what the Bio Immune(G)ene Medicine-in short BI(G)MED- is attempting to do quite successfully by using ultra-low doses of molecules and relying on the general principle of Hormesis. A short description of the method and some clinical examples will help to better understand the merits of this sub-lingual nanotherapy, which is moreover devoid of any undesirable side effects.

Biography

Gilbert Glady has graduate from Med School in 1977 and has completed his MD at the age of 27 years from Strasbourg University of medicine and postdoctoral studies from Besancon and Paris-Nord universities of medicine and was then an Intern in Onco-Hematology in the university clinic for several years. After a specialization in homeopathy and naturopathy in Paris, he returned to the Alsace region to work as a Private Practitioner. Through his work and encounters, he developed interest and expertise in Immunology and Immunogenetics that leaded him to nanomedicine and nanobiotechnology. He thus became in 2010, the Creator of the BI(G)MED method (Bio Immune (G)ene Medicine) and Director of EBMA, the European association responsible for communication and trainings in the field of BI(G) MED. He has participated in numerous international congresses in immuno-allergology, infectiology and oncology with posters and oral presentations and is the Author of several publications on nanobiotherapy in different journals.

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RISK PERCEPTION AND ENVIRONMENTAL RISK MANAGEMENT IN PROTECTION OF PUBLIC HEALTH

The qualified expert assessment of potential environmental and health risks connected to planned industrial, transport and other construction activities becomes an indispensable part of their audit. Whereas the initial phase of risk assessment, the identification of potential human exposure is of pure scientific character, the actual risk assessment increasingly assumes the arbitrary aspects (e.g. safety coefficients), risk communication, its control and management by way of psychological aspects; the collective decision making then becomes a hotly debated political issue. When evaluating perception of environmental risks, psychosocial and psychosomatic factors may be of fundamental importance. This is the case in particular where our knowledge of the true health consequences of exposure to a given factor is incomplete or its action is within the range of values where we do not anticipate the measurable biological effect. This applies not only in the case of the indoor environment related complains but also e.g. to that of non-ionizing electromagnetic radiation and electro-ionic microclimate. A serious consequence found in the syndrome of mass hysteria is the fact that due to differently motivated disinformation, part of the population can suffer from some psychosomatic symptoms. Those imply objective suffering and deteriorating quality of life for those affected. The prevention of such conditions can either be systematic: early educational or popularisation campaigns, specific health education orientated to the development of industrial, transportation, or other types of constructions, and integration of the local civic activities in the program. The purpose of this should not be a cheap belittling of the risk but a reasonable explaining of its acceptable rate, and also the likely advantage to benefit from the realization of the structures. Any later efforts to inform the public about the true state of affairs are normally accepted with distrust and disbelief.

Biography

Vladimir Bencko has graduated from the Medical Faculty of Charles University in Prague in 1961. He was appointed with the Institute of Hygiene (presently the National Institute of Public Health) from 1967-1972. He was an Assistant Professor at the Chair of General and Environmental Hygiene, Medical Faculty of Hygiene, Charles University from 1973-1986. Since 1972, he was temporary Advisor of WHO. During 1990-1992, he was an Advisor to the Federal Committee for Environment of CSFR. Since 1993, he is temporary Consultant of the NATO Committee on Challenges to Modern Society later transformed into the present NATO Science for Peace and Security. Since 2001 up to 2008, he is a Representative of the Czech Republic in the Standing Committee of the European Medical Research Councils. He is a Founding Member of the Central and Eastern European Chapter of International Society of Environmental Epidemiology and in years 1999-2001 President elect of the Chapter.

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DAY 2

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FIELD EPIDEMIOLOGY TRAINING OF EPIDEMIOLOGISTS IN THE CZECH REPUBLIC IN FRAME OF THE ECDC TRAINING ACTIVITIES

Czech Republic has a long history of capacity building in public health and epidemiology included. Since its accession to European Union in 2004, the Czech Republic participates in training activities delivered by European Centre for Disease Prevention and Control (ECDC). This training of epidemiologists is primarily organized by the Public health Training Section of the Public Health Capacity and Communication Unit. European Program for Interventional Epidemiology Training–EPIET is its major activity. Together with EPIET, the European program for public health microbiology training-EUPHEM is organized. EPIET originated in 1995 in response to the need for epidemiologists at European level with field epidemiology and international expertise. Being a grant project in 2007, it became a sustainable programme of ECDC. The program continues a capacity building to respond to new and re-emerging threats of communicable diseases. EPIET is two-year learning by doing fellowship program for European Union Member States (http://www.epiet.org). ECDC has developed, in cooperation with epidemiologists of the EU member states, a set of core competencies and skills requirements for epidemiologists. EPIET programme reflects these competences in the field of surveillance, surveys, outbreak investigations, field studies, scientific communication and education. Many of these competencies coincide with the professional competencies gained by epidemiologists in the Czech Republic in Postgraduate education. From 1995 to 2017, 546 fellows graduated from the EPIET-EUPHEM programme. Sixty six fellows from Eastern and Central European countries participated between 2004 and 2017. Czech Republic contributed with six fellows, five epidemiologists and one microbiologist. Further more than 90 professionals from CR attended ECDC sort courses. Number of graduated fellows and participants in courses as well as facilitators and teachers build a considerable critical capacity to address health threats within the country and in cross border reactions.

Biography

Vladimir Prikazsky (CSc) has graduated from Medical Faculty of Hygiene of the Charles University in Prague in 1981. He has completed his Postgraduate studies in Medical Microbiology in 1987 and the PhD in 1991 from Comenius University in Bratislava. He worked in NIPH in Bratislava dealing with Epidemiology of Resistance to Antibiotics. In National Institute of Public Health in Prague, he was charged with epidemiology of tuberculosis and general epidemiology. He worked in ECDC focusing on education and training of epidemiologists in Europe and in Mediterranean region from 2007 to 2018. Currently, he is a Deputy Director for scientific affairs in NIPH in Prague. He has published more than 40 papers in various journals and co-authored a textbook of epidemiology in Slovakia.

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THE ROLE OF A SINGLE DOSE OF PNEUMO-23 VACCINE IN PREVENTING RECURRENT RESPIRATORY TRACT INFECTION IN PATIENTS OF TERTIARY PUBLIC INFECTIOUS DISEASES/ IMMUNODEFICIENCIES AMBULATORY

Background: Pneumococcal infection (PI) is one of the most important causes of recurrent respiratory infections. The 23-valent pneumococcal polysaccharide vaccine (PPV23) has been demonstrated cost-effective in reducing the burden of PI. We report the clinical and serological response of patients diagnosed with recurrent respiratory tract infections, after immunization with a single dose of the PPV23.

Methods: Fourteen subjects from the infectious diseases and immunodeficiencies ambulatory of a public tertiary hospital, São Paulo state, Brazil, who were up to 10 years of age, had received pneumococcal conjugated vaccine 10 (PCV-10), and were unable to develop an adequate response (G1); and >10 years of age that had not received PCV-10 (G2). For G1, blood samples were collected immediately prior to vaccination, and about 30-60 d post vaccination for the whole group. A specific IgG concentration ≥1.3 g/mL, at least in 60% of serotypes was considered a protective response. Clinical and serological response to PPV23 was assessed at approximately 1, 3, 6 months and 1 year after immunization.

Results: Concerning gender, 24 (60%) were male and 16 (40%) were female (p>0.05). For G1, the mean age was 6.90±0.41 (95% CI=5.98-7.83) and 35.60±4.9 (25.09-46.11) for G2. Fourteen of these patients had received PCV10 and after immunization with the PPV23, 15 (100%) obtained a serological adequate response. For G2, 25 (62.5%) were vaccinated and 9 (36.0%) developed a serological adequate response. Positive clinical response was obtained in 24 (60.0%) patients; 8 (20.0%) had a partial clinical response and 8 (20%) were unable to develop an adequate response. Twenty patients (50%) were diagnosed with common variable immunodeficiencies (CVID), or secondary panhypogammaglobulinemia, and of these, one (2.5%) developed a normal response to PPV23.

Conclusion: Polysaccharide vaccine was effective in protecting immunized patients against respiratory infections, although in patients with CVID, an inadequate antibody response was found.

Biography

Luiz Euribel Prestes Carneiro has completed his PhD in Immunology at University of Sao Paulo, Brazil. Currently, he is a Professor in the Emergency Department and Coordinator of the Master in Health Sciences (Medicine II) at Oeste Paulista University, and in the Infectious Diseases Department at the State Maternity of Presidente Prudente. He has 25 articles published in PubMed, belongs to the Editorial Board of two Brazilian journals, five international scientific journals and acts as Reviewer for 28 international scientific journals. He has experience in the area of Immunology and Infectious Diseases, with emphasis on Human Immunodeficiency Virus, Viral Hepatitis, Visceral leishmaniasis and Primary Immunodeficiencies.

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