

13th ICID in Kuala Lumpur: June 19–22, 2008

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ISID NEWS

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Our meeting is shaping up to be the finest blend of science, epidemiology, clinical medicine and microbiology available. New strategies to manage challenging public health and clinical infectious diseases issues will be coupled with biological insights into mechanisms of disease and health. Some especially unique Symposia will include the following:

- Responding to Emergency Respiratory Viral Outbreaks
- Biodiversity
- International Perspectives on Palliative Care for Patients with AIDS
- AIDS in Asia: The New Tsunami
- Extremely Resistant Tuberculosis
- The Global Epidemic of Hepatitis C
- Emerging Rickettsiosis in Asia
- And Many Others

Three Plenary Speakers have already been selected and are among the top leaders in their fields:

Bruce Beutler, M.D., Professor in the Department of Immunology at the Scripps Research Institute in La Jolla, is among the top scientists in the field of sepsis, innate immunity and cell signaling.

Julie Louise Gerberding, M.D., M.P.H., is the articulate director of The Centers for Disease Control and Prevention in Atlanta and Associate Professor of Medicine at Emory University.

William Nauseef, M.D., is arguably the leading white cell biologist in the world. He is Professor of Medicine at the University of Iowa, Iowa City.

With an anticipated 3,500–4,000 delegates attending from over 100 countries, the 13th International Congress on Infectious Diseases will provide wonderful opportunities for the exchange of ideas, diversity of opinions, debate and consensus on major goals.

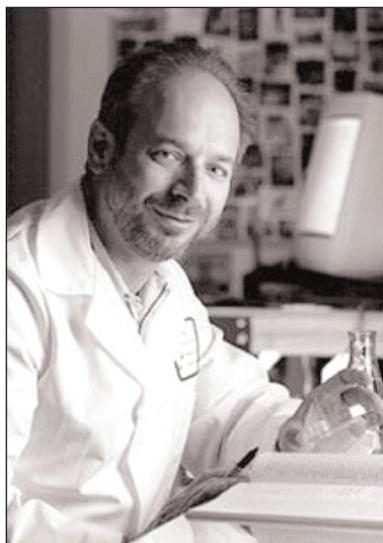
Kuala Lumpur in 2008 will be the exotic venue for a remarkable meeting sponsored by the International Society for Infectious Diseases. The legislative capital of Malaysia, Kuala Lumpur was founded in 1857 and blends its original culture, British colonial buildings, the midnight lamps of Petaling Street Nightmarket and the Petronas Towers. All hotels will be within walking distance of the extremely modern Convention Center.

Plan to join global opinion makers at the exciting venue of Kuala Lumpur in 2008.

Richard P. Wenzel, M.D., M.Sc.
President, ISID



PLENARY SPEAKERS for the 13th ICID



Bruce Beutler, M.D. ~ Plenary Lecture Title: "Toll-Like Receptors"

Dr. Bruce Beutler received his M.D. degree at the University of Chicago and further medical training at the University of Texas, Southwestern Medical Center in Dallas. He worked as a postdoctoral fellow and an Assistant Professor at the Rockefeller University. During that period, working independently of other groups associated with pharma, he isolated tumor necrosis factor (TNF) by following an unconventional inflammatory activity associated with that cytokine. He inferred—and was the first to prove—that TNF is endowed with inflammatory activity, mediating many of the effects of endotoxin (LPS).

Returning to Dallas in 1986 as an investigator at the Howard Hughes Medical Institute in Dallas, he went on to design the first effective recombinant inhibitors of TNF. These IgG:receptor chimeras are now used widely for the treatment of human inflammatory diseases such as rheumatoid arthritis.

Deeply curious as to how the mammalian host “knows” when it has an infection, Beutler then used a classical genetic approach to determine why mice of certain strains (C3H/HeJ and C57BL/10ScCr) are unresponsive to LPS. Through positional cloning, he showed in 1998 that these mice have mutations affecting the Toll-like receptor 4 (TLR4) locus, at that time known only for its similarity to the *Drosophila* Toll protein. Beutler was thus the first to understand and to demonstrate that the mammalian TLRs act as receptors for signature molecules that herald infection. His discovery was a fundamental breakthrough in the science of innate immunity, since it told precisely how self and non-self are discriminated during the first minutes following infection.

Moving to The Scripps Research Institute in La Jolla in 2000, Beutler went on to analyze TLR signaling and innate immunity in general through the use of random germline mutagenesis in mammals. Now a Professor and Chairman of the Department of Genetics at TSRI, he continues to use genetics to decipher fundamental questions about immunity. His work has been recognized by the Robert Koch Prize (2004), the William Coley Prize (2006), the Gran Prix Charles Leopold Mayer (2006), and other honors.

Julie Louise Gerberding, M.D., M.P.H.

Dr. Gerberding, M.D., M.P.H. became the Director of the Centers for Disease Control and Prevention (CDC) and the Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) on July 3, 2002.

Before becoming CDC Director and ATSDR Administrator, Dr. Gerberding was Acting Deputy Director of the National Center for Infectious Diseases (NCID), where she played a major role in leading CDC's response to the anthrax bioterrorism events of 2001. She joined CDC in 1998 as Director of the Division of Healthcare Quality Promotion, NCID, where she developed CDC's patient safety initiatives and other programs to prevent infections, antimicrobial resistance, and medical errors in healthcare settings. Prior to coming to CDC, Dr. Gerberding was a University of California at San Francisco (UCSF) faculty member and directed the Prevention Epicenter, a multidisciplinary research, training, and clinical service program that focused on preventing infections in patients and their healthcare providers. Dr. Gerberding is an Associate Clinical Professor of Medicine (Infectious Diseases) at Emory University and an Associate Professor of Medicine (Infectious Diseases) at UCSF.

She earned a B.A. magna cum laude in chemistry and biology and an M.D. at Case Western Reserve University in Cleveland, Ohio. Dr. Gerberding then completed her internship and residency in internal medicine at UCSF, where she also served as Chief Medical Resident before completing her fellowship in Clinical Pharmacology and Infectious Diseases at UCSF. She earned an M.P.H. degree at the University of California, Berkeley in 1990.

William Nauseef, M.D.

After graduating from Hamilton College, Dr. Nauseef obtained his M.D. from SUNY Upstate in Syracuse, New York. He did his medical residency at the University of Wisconsin and infectious disease fellowship at Yale University before joining the faculty in the Department of Medicine at the University of Iowa and the Iowa City Veterans Administration Medical Center.

Dr. Nauseef is currently a Professor of Medicine and Microbiology, with additional faculty appointments in interdisciplinary programs in Immunology and Molecular & Cell Biology, and Director of the Inflammation Program at the University of Iowa.

Dr. Nauseef is board-certified in both Internal Medicine and Infectious Diseases, and his research expertise is in the molecular and cell biology of human neutrophils, with special interest in myeloperoxidase and the NADPH oxidase, and he has published extensively in those areas. He serves on the editorial boards of the *Journal of Biological Chemistry*, *Journal of Infectious Disease*, and the *Journal of Leukocyte Biology* and is President Elect (2006) of the Society of Leukocyte Biology. His research has been funded by grants from the National Institutes of Health, the Veterans' Administration, and the March of Dimes.



Symposia for the 13th ICID

Updated February 9, 2007 ~ This program is subject to change.

- International Perspectives on Palliative Care for People with HIV/AIDS
- The Challenge of Multiple Resistant Gram negative Bacteria
- Treatment of Acute Otitis Media (AOM) in Children—Never Simple
- Antifungal Resistance: Challenges and Solutions
- Orientia Tsutsugamushi: A Neglected Pathogen
- Emerging Rickettsioses in Asia
- Biodiversity
- AIDS in Asia: The New Tsunami
- Antiretrovirals for Prevention of HIV
- Clostridium difficile
- Community-Acquired MRSA
- Viral Hepatitis
- Responding to Emerging Respiratory Virus Outbreaks
- Recently Emerging Viruses
- Extensively Drug Resistant TB: New Name or New Problem

COOPERATING ORGANIZATIONS for the 13th ICID



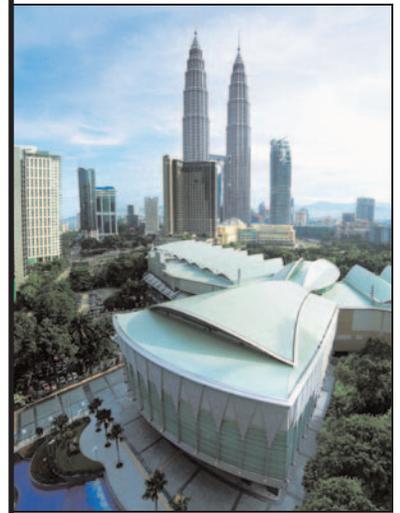
The ISID would like to recognize and acknowledge the support received from the following organizations:

Ministry of Health, Malaysia

Official Host for the 13th International Congress on Infectious Diseases



Official Carrier 13th International Congress on Infectious Diseases



Kuala Lumpur Convention Centre



<http://intl.elsevierhealth.com/journals/ijid>

IJID — Electronic Announcement

In order to best use the resources of the ISID, and retain the excellent publishing services of Elsevier, we wish to remind IJID readers that Regular ISID Members will receive their subscription to the Journal **online-only** beginning in **May 2007**. The print copy of the Journal will continue to be available to individuals (who subscribe through Elsevier) and to institutional subscribers. The leadership of the ISID has made this decision to ensure that we will maintain and expand access to the IJID to the largest possible international readership—particularly through the internet.

Instructions on how members can access the journal online are included in the current issue of the IJID in the color notice inside the front cover. These instructions will also be posted on the ISID website <http://www.isid.org> and the IJID Elsevier homepage <http://www.intl.elsevierhealth.com/journals/ijid/>. Please be aware that ISID members will need to use their ISID membership number to access the journal online; if you need reminding of your ISID membership number please e-mail us at membership@isid.org.

We look forward to increasing our content and accessibility world-wide, while maintaining the quality and readership of the IJID that has been achieved. The ISID wishes to thank members, IJID subscribers and readers for their continued support to the Journal.

With thanks and best wishes,

D.W. Cameron

Editor-in-Chief, IJID

ISID PROGRAM DEADLINES

Professional Development for Young Scientists
From Developing Countries

**SSI/ISID Fellowship (Swiss Society
for Infectious Diseases/ISID Joint Infectious
Diseases Research Fellowship)**

Applications are due April 1, 2007.

ISID Scientific Exchange Fellowship

Applications are due March 1, 2007.

Small Grants – Spring 2007

Applications are due April 1, 2007.

HIV/AIDS Training Program

The next course will take place April/May 2008.
Applications are due on October 15, 2007.

SMALL GRANTEES ~ FALL 2006

Dr. Ragupathy Viswanath, India

To study the divergent HIV strains circulating among the Intravenous Drug Users (IDU) in South India.

Dr. Leonardo Nimrichter, Brazil

Plant defenses against fungal pathogens.

Dr. Adedayo Adeyemi, Nigeria

Antiretroviral therapy use, clinical and virologic outcomes for a cohort of HIV-infected Adults in Mainland General Hospital, Lagos Nigeria.

The Small Grants Program is designed to fund pilot research projects by young investigators in developing countries. The goal is to support and foster the professional development of young individuals in the field of infectious diseases research by helping them to acquire additional skills and data to apply for other grants. Areas of interest include, but are not limited to investigations of the epidemiology, pathophysiology, diagnosis or treatment of infectious diseases, the epidemiology and control of hospital-acquired infections, and modeling of cost effective interventions. Up to five grants of up to US \$6,000 each will be awarded annually.

A ProMED-mail Post

Rift Valley Fever — Kenya: Early Warning System

<http://www.promedmail.org>

ProMED-mail is a program of the International Society for Infectious Diseases

<http://www.isid.org>

Date: Monday 8 January 2007

From: ProMED-mail <promed@promedmail.org>

Source: All Africa [edited]

<http://allafrica.com/stories/200701080142.html>

Kenya: NASA Gave Warning Over Deadly Fever

The deaths from **Rift Valley Fever** (RVF) could have been avoided if Kenya had heeded a warning by an American body that changing climatic conditions posed a risk.

The UN Food and Agricultural Organization (FAO) says the US-based National Aeronautics and Space Administration (NASA) Goddard Space Flight center sounded the alarm way back in September [2006], 2 months before the first case was reported in Garissa.

However, it is not clear whether the country received the warning or simply ignored it.

Since November [2006], more than 47 human deaths have been reported in North Eastern Province.

The center had warned that rising temperatures accompanied by heavy rains in the Central and Eastern Pacific Ocean and Western Indian Ocean could spark an outbreak of the disease.

The warning was contained in FAO's September [2006] edition of the Emergency Prevention Systems Magazine, *Empress Watch*. The center had been monitoring climate in East Africa for several years.

"The heavy rains being experienced were similar to what was observed in 1997/1998, when a major outbreak occurred in Tanzania, Somalia and Kenya," read the warning.

"The outbreak of **Rift Valley Fever** is another example that requires a quick and coordinated response," said FAO's New Crisis Management Centre manager, Karin Schwabenbauer.

ProMED-mail <promed@promedmail.org>

The above newswire was circulated internally at ProMED-mail with the following question posed by Mod.MPP: "What would/could they have done to prevent the outbreak?" The response of our moderators definitely warrants sharing with the general ProMED-mail community. —Mod.MPP

What, indeed could they have done? There is no commercial human RVF vaccine available. The virus is in *Aedes* eggs deposited in "dambos" (periodically flooded wet areas), and when they hatch and adults emerge, they come equipped with virus ready for transmission. *Aedes* vector control in this large an area seems impractical and expensive. Moving people and their small ruminant animal RVF hosts out of areas of potential or active transmission also seems impractical, especially along the Kenya-Somalia border given what has been going on there over the past several days. The only feasible alternatives that occur to me are: (1) vaccinating livestock as WHO proposes, (2) educating people not to handle or butcher infected animals, to minimize animal-to-human (non-vector) transmission, and even that would be daunting with people spread over a large area of difficult access, and (3) giving health care providers time to get ready to attend the human cases that would result from an outbreak.

—Mod.TY

A comment on some aspects of RVF in Kenya as posted in ProMED archive 20070106.0058 and our internal discussions:

As regards vector transmission, at least 30 species of mosquitoes have been found naturally infected with the virus of RVF. Although it is stated that *Aedes* species are the main vectors, considerable transmission can be due to *Culex* and *Mansonia* species. In Kenya, species found naturally infected include *Aedes dalzei*, *Ae. durbanensis*, *Ae. lineatopennis*, *Culex antennatus*, *Cx. simpsoni*, *Cx. vansomereni*, *Cx. zombaensis*, *Cx. rubinotus* and *Anopheles christyi* and *An. pharoesis*. Note the large numbers of *Culex* species.

continued on page 6

Larry Madoff, MD
Editor, ProMED-mail

A ProMED-mail Post

These ProMED-mail posts on Rift Valley Fever in Kenya that occurred early this year highlight an especially interesting exchange among our moderators and readers, showcasing the best of ProMED.

A ProMED-mail Post

Rift Valley Fever — Kenya: Early Warning System

In addition, the tick *Rhipicephalus appendiculatus* was reported as a vector in Kenya in 1933. In Nigeria (1967) *Culicoides* species were reported positive for the virus as were *Simulium* species in South Africa in 1953. However, whether these non-mosquito vectors are important epidemiologically is questionable. I would guess not.

Whereas the eggs of *Aedes* mosquitoes can tolerate desiccation for months and even years, species of *Culex* and other genera cannot.

Transovarial transmission was shown in *Ae. lineatopennis* in Kenya and in *Ae. vexans* in Senegal, but most likely occurs in other aedine species. It has been suggested that such transmission maintains the virus in nature during inter-epidemic periods.

Recent epidemics in Kenya have shown the importance not only of rainfall but also of crop irrigation practices.

If logistics and finances allow, then ultra-low-volume (ULV) aerial applications of insecticides are the most appropriate method for curtailing epidemics; or on a smaller scale, ground-based spraying can be used. Commonly used insecticides include organophosphates, such as malathion and pirimiphos-methyl, or pyrethroids, like permethrin and deltamethrin, to kill the adults.

Insecticide-impregnated nets, which can remain effective for many months or even years depending on the method of treating the nets with pyrethroid insecticides, will only be effective at night, when people are sleeping under them. Many of the potential RVF vectors (e.g. most *Aedes* species) bite during the daytime, not at night, although in general, *Culex*, *Mansonia* and *Anopheles* species bite at night.

Indoor residual spraying, whether in human or animal quarters, will only be effective if the vectors enter such quarters to feed and or rest, and most potential vectors do not. By the way, one hopes that Kenya will soon reintroduce DDT spraying of houses for malaria control, as have at least 8 other African countries.

What is meant by larviciding stagnant pools? Many, if not most, RVF vectors will not breed in stagnant waters but in relatively clean aquatic habitats. Moreover, larviciding needs precise identification of the aquatic habitats colonized by vector mosquitoes, which, combined with the often extensive nature of such habitats, means that larviciding is not likely to be very effective. Moreover, when desiccated eggs are flooded, not all will hatch; it may take several repeated flooding and drying periods to stimulate hatching. Larviciding will kill only the larvae, not any un-hatched eggs. —**Mod.MS**

A live vaccine prepared from Smithburn's attenuated strain of RVF virus has been used for the control of RVF in non-pregnant cattle and sheep in endemic areas and during outbreaks, while inactivated vaccines for use in pregnant animals and in RVF-free countries are prepared from virulent field strains. RVF vaccines have been extensively applied in RVF-infected countries, such as South Africa (where both live and inactivated vaccines are commercially produced), Zimbabwe, Kenya, Egypt and Saudi Arabia. For example, Egypt's annual mass vaccination during 2004 included more than 7 million vaccinations, of which 1 986 825 were in cattle, 1 259 195 in buffaloes, 3 170 183 in sheep, 935 128 in goats and 95 308 in camels. Both attenuated and killed vaccines are applied. Egypt's last RVF outbreak was reported in July 2003.

Israel, an RVF-free country, carried out preventive vaccination against RVF during the years 1979–1981 in the face of the RVF panzootic in neighboring Egypt. The entire country's ruminant population and camels were vaccinated with a commercial inactivated vaccine and earmarked; the country remained free of disease. No vaccinations have been carried out since.

According to OIE's manual of Diagnostic Tests and Vaccines for Terrestrial Animals, an inactivated experimental RVF vaccine has been used for 25 years in humans with considerable success to protect persons at risk. This vaccine is currently produced on diploid cells. However, the limited availability of the vaccine precludes its use in the general population.

Two new vaccine candidates produced from human RVF virus isolates are undergoing extensive testing with a view to replacing existing animal vaccines. The 1st, MV P12, is a mutagen-derived strain of virus found protective in young lambs and in cattle, but its safety for pregnant animals is still under investigation. The 2nd candidate is Clone 13, a small plaque variant that did not react with 2 specific monoclonal antibodies and which has undergone testing in lambs, sheep and young and adult goats with promising results.

Further information, including description of live and inactivated vaccine production and testing and data on the above mentioned experimental vaccines, is available in chapter 2.1.8 of OIE's Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (available on-line at <http://oie.int/eng/normes/mmanual/A_00031.htm>).

OIE's reference laboratory contact is: Dr. G.H. Gerdes, Onderstepoort Veterinary Institute, Onderstepoort, South Africa. —**Mod.AS**

continued on page 7

[2]

Date: Friday 12 January 2007

From: Peter Roeder <Peter.Roeder@fao.org>

RE: PRO/AH/EDR **Rift Valley Fever**—Somalia: susp, RFI

It is interesting, if rather disheartening, to watch another RVF epizootic emerge and evolve in eastern Africa and to note that it is such a close recapitulation of events that occurred in 1997/8 and decades before. It is a recapitulation not only with respect to disease evolution but also in terms of national and international preparedness—or lack of it.

Those who followed ProMED in those days will be aware that the epizootic attracted intense international attention and was closely reported in postings, which contain much useful information. Despite seminal work on developing early warning systems based on remote sensing, led by Vincent Martin, Glyn Davies and Kenneth Linthicum inter alia, it seems that the capacity to respond has not improved greatly in the high-risk countries in Africa.

As warned by FAO EMPRES, in the face of an established El Nino event, if continuing rainfall maintains inundation, we are likely to see in the next weeks the progressive emergence of foci of RVF and other diseases across a broad swathe of country from southern Ethiopia and Somalia to northern Tanzania with devastating effects on the health of communities and livelihoods based on livestock production and trade. [See further, in section 3 of this posting, data from the FAO/EMPRES analysis and outlook, published ahead of the current RVF outbreak—namely in November 2006. —**Mod.AS**

In addition, re-emergence of disease in West Africa is a real possibility. Are the national authorities themselves taking action to limit impact? Should major epizootics develop, this time will it bring about investment in establishing systematic early warning and response systems for the future, or will there be a flurry of exuberant activity followed by *Aedes* eggs settling into the dried mud of dambos and heads re-buried in the sands of Africa like the proverbial ostrich?

One other issue I would like to raise is that whenever there are reports of RVF outbreaks, the possibility of the disease spreading to other areas is described, as it is in your posting of 11 Jan 2006 [20070111.0112]. I wish to suggest that this is an incorrect concept, and I would be grateful if others more knowledgeable than me could comment. Certainly as an RVF epizootic evolves, one sees first the emergence of RVF in a small number of sites and then asynchronous appearance of additional foci of disease over an extended time. Superficially this can give an appearance of the disease spreading like a contagious disease, and of course there might be some local spread by movement of vectors and viraemic livestock, yet, in fact, infection is primarily emerging from dormancy at different times in different sites as conditions there become suitable for the emergence and build-up of primary and secondary vector populations, possibly also reflecting density of susceptible hosts available to amplify infection. Lateral spread seems to play only a minor role in epizootic development.

This is not a trivial, pedantic issue. Undoubtedly area-wide vaccination has a place in RVF control to suppress emergence and development of epizootics but the concept of disease spreading out from a focus tends to mislead people into conceiving that vaccination buffer zones can contain infection. That is unlikely given that the virus has already been seeded into and established long ago in suitable habitats across a broad area.

Dr. Peter Roeder, BVetMed, MSc, PhD, MRCVS
Animal Health Officer (Virology) and GREP Secretary
Animal Health Service
Animal Production and Health Division
Food and Agriculture Organization of the United Nations
Rome, Italy
Peter.Roeder@fao.org

Dr Roeder's observations, based upon his expertise and experience in the East African arena, are highly valued. One wonders if the timely EMPRES warnings could have helped to set in motion better preparedness for the evolving outbreak. Certainly, the unstable political situation in the Horn of Africa has played its role in delaying adequate response. —**Mod.AS**



A ProMED-mail Post

**Rift Valley Fever —
Kenya: Early
Warning System**

ProMED-mail Internet-a-thon

The 2006 ProMED-mail Internet-a-thon
netted over \$43,000.

We would like to thank all of those
ProMED-mail readers who generously
donated, helping us to continue to
provide you with reliable, independent
reporting of emerging infectious diseases
and outbreaks as they happen.

Calendar of Events

March 12–13, 2007

2007 International Conference on Biocontainment Facilities

Location: San Diego, California, USA

Venue: San Diego Hilton Resort on Mission Bay
In cooperation with the American Biological Safety Association (ABSA)

- Operational- and risk-based facility plans
- Multi-pathogen/Multi-protocol programs
- Integrated BSL-lab/animal facilities
- Bioaerosol high-containment facilities
- Containment for vaccine development and bio-manufacturing
- Better commissioning, certification, and validation processes
- Construction cost and contracting strategies
- Operations and maintenance programs...and more

Contact: Bill Nothofer

Director, Marketing and Business Development
Tradeline, Inc.

Tel: (925) 254-1744 Ext: 19

Email: bnothofer@tradelineinc.com

<http://www.TradelineInc.com/BioSessions>

Tradeline's 2007 Conferences:

<http://www.TradelineInc.com/Conferences>

March 20–22, 2007

OIE, FAO and IZSve Scientific Conference on Vaccination

Location: Verona, Italy

Venue: Palazzo della Gran Guardia

The conference will present scientific knowledge on the following topics:

- Review of experiences
- Socio-economical effect of vaccination
- The application of vaccination
- Vaccines and research
- Regulatory and trade aspects
- Vaccination: an integrated approach

Contact: Willem Schoustra

Avian Influenza Consultant
Food and Agriculture Organization
of the United Nations

Viale delle Terme di Caracalle
00100 Rome, Italy

Tel: 0039 06 570 53823

Email: Willem.Schoustra@fao.org

<http://www.avianfluvaccine2007.org>

March 22–24, 2007

Australasian Society for Infectious Diseases Annual Scientific Meeting 2007

Location: Hobart, Tasmania, Australia

Contact: ASID Annual Scientific Meeting 2007

Locked Mail Bag 5057

Darlinghurst NSW 1300

Tel: + 61 2 8204 0770

Fax: + 61 2 9212 4670

<http://www.racp.edu.au/asid/asm.htm>

April 13, 2007

Benenson Distinguished Lecture

Location: San Diego, California, USA

Donald A. Henderson, MD, MPH, will be the honored guest speaker for the inaugural Benenson Distinguished Lecture, to be held on April 13, 2007, in conjunction with the 25th anniversary of the San Diego State University Graduate School of Public Health.

<http://publichealth.sdsu.edu/eventsmain.php>

April 21, 2007

MALARIA 2007

Location: Dakar, Senegal

Meeting Home Page and Details:

<http://www.mangosee.com/malaria2007>

Contact: Anthony F. England, PhD

Mangosteen Meetings and Fora

Nachtvlinderplantsoen 36

3544 DZ Utrecht, The Netherlands

Tel: + 31 30 21 45 715

Email: england@mangosee.com

<http://www.mangosee.com>

May 1, 2007

PATHOGENIC HELMINTHS

Location: Dakar, Senegal

Meeting Home Page and Details:

<http://www.mangosee.com/helminths2007>

Contact: Anthony F. England, PhD

Mangosteen Meetings and Fora

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<http://www.mangosee.com>



25th ANNUAL MEETING OF THE
**EUROPEAN SOCIETY
FOR PAEDIATRIC
INFECTIOUS DISEASES**
Organized jointly by ESPID and the ESPID Foundation
Porto, Portugal, May 2-4, 2007



ESPID PORTO 07

Main Theme
Infection and Immunity

Meeting Secretariat
KENES International
CARES FOR YOUR ORGANIZATION
GLOBAL CONGRESS ORGANIZERS AND
ASSOCIATION MANAGEMENT SERVICES

Kenes International / ESPID 2007
17 Rue du Cendrier, PO Box 1726
CH-1211 Geneva 1, Switzerland
Tel: +41 22 908 0488, Fax: +41 22 732 2850
E-mail: espid@kenes.com

www.kenes.com/espid

May 8–11, 2007

XII Congress of the Latin American Society of Pediatric Infectious Diseases

Location: San José, Costa Rica
Contact: CCM Congresos y Convenciones
 884-2150 Moravia,
 San José, Costa Rica
 Tel: (506) 283-9712, or (506) 283-4345,
 or (506) 234-6070
 Fax: (506) 225-5346
 Email: congreso@racsa.co.cr
<http://www.ccmcr.com/congresos/slipe2007>

May 22–25, 2007

9th International Symposium on Protection against Chemical and Biological Warfare Agents

Location: Goteborg, Sweden
Venue: Svenska Massan/The Swedish Exhibition Centre
Contact: Marianne Olofsson
 Project Manager, Swedish Defense Research Agency (FOI)
 FOI NBC Defense
 SE-901 82 UMEA, Sweden
 Tel: + 46 90 106602
 Fax: + 46 90 106801
 Email: marianne.olofsson@foi.se
<http://www.cbwsymp.foi.se/>

May 31–June 1, 2007

Paris Anti-Avian Influenza 2007 Conference

Location: Paris, France
Venue: Institut Pasteur
Contact: Dr. Sandra Huguenin
 Scientific Coordinator, ISANH
 15 Rue de la Paix
 75002 Paris France
 Tel: 00 33 1 55 04 77 55
 Fax: 00 33 1 55 04 77 57
 Email: influenza2006@wanadoo.fr
<http://www.isanh.com>

August 6–17, 2007

10th International Dengue Course

Location: Havana, Cuba
Venue: Pedro Kouri Tropical Medicine Institute (IPK)
<http://www.ipk.sld.cu/cursos/dengue2007/index.htm>
IPK Contact: Prof. Maria G. Guzman, MD, PhD
 Head of the Virology Department
 Pedro Kouri Tropical Medicine Institute (IPK)
 Director of the WHO/PAHO Center for the Study of Dengue and its Vector
 Tel: (537) 202-0450
 Fax: (537) 204-6051
 Email: lupe@ipk.sld.cu

August 9–11, 2007

Dengue Symposium: 25 Years of Experience Struggling against Dengue

Location: Havana, Cuba
Venue: Pedro Kouri Tropical Medicine Institute (IPK)
<http://www.ipk.sld.cu/cursos/dengue2007/simpoen.htm>
IPK Contact: Prof. Maria G. Guzman, MD, PhD
 Head of the Virology Department
 Pedro Kouri Tropical Medicine Institute (IPK)
 Director of the WHO/PAHO Center for the Study of Dengue and its Vector
 Tel: (537) 202-0450
 Fax: (537) 204-6051
 Email: lupe@ipk.sld.cu

August 12–14, 2007

The International Conference on Diseases in Nature Communicable to Man (INCDNCM)

Location: Madison, Wisconsin, USA
Venue: University of Wisconsin
 INCDNCM conferences are multidisciplinary and include topics on viral, rickettsial, bacterial, parasitic, and prion-related diseases acquired from natural sources, including animals (wild or domestic), contaminated water or food supplies, arthropod vectors and other sources. Presentations are typically 10–15 minutes in length and can describe epidemiological, clinical, ecological, diagnostic or laboratory-related aspects of the above diseases. Student presentations are encouraged. The focus of the meeting is to present information from clinical, epidemiological, research and diagnostic areas primarily related to zoonotic diseases, both current and emerging.
<http://www.union.wisc.edu/INCDNCM/index.html>
<http://www.union.wisc.edu/conferences/>



*Bangkok
2007*



**5th WORLD CONGRESS OF THE
WORLD SOCIETY FOR PEDIATRIC
INFECTIOUS DISEASES - WSPID**
Bangkok, Thailand, November 15-18, 2007

In Collaboration with:

Asian Society for Pediatric Infectious Diseases (ASPID)
 Australasian Society for Pediatric Infectious Diseases
 European Society for Paediatric Infectious Diseases (ESPID)
 Paediatric Infectious Diseases Society of Nigeria
 Pediatric Infectious Diseases Society USA (PIDS)
 Pediatric Infectious Disease Society of the Philippines (PIDSP)
 Pediatric Infectious Diseases Society of Thailand
 Singapore Pediatric Society
 Sociedad Latinoamericana de Infectología Pediátrica (SLIPE)

Deadline for submission of abstracts: June 11, 2007

Congress Secretariat

Kenes International / WSPID 2007
 17 Rue du Cendrier, PO Box 1726, CH-1211 Geneva 1, Switzerland
 Tel: +41 22 908 0488, Fax: +41 22 732 2850, E-mail: wspid@kenes.com

www.kenes.com/wspid

Calendar of Events

September 13–15, 2007

***One Hundred Years of Tropical Medicine:
Meeting the Millennium Development Goals***

Location: London, UK

Contact: Nina Woods, Conference Secretariat
RSTMH Centenary Conference
Elsevier

The Boulevard, Langford Lane
Kidlington, Oxford OX5 1GB UK

Tel: + 44 (0) 1865 843297

Fax: + 44 (0) 1865 843958

<http://www.rstmh.elsevier.com>

November 21–23, 2007

5th World Melioidosis Congress

Location: Khon Kaen, Thailand

Venue: Sofitel Raja Orchid

Almost every conceivable aspect of melioidosis is represented at this major scientific gathering that takes place every 3 years. It provides a unique opportunity for you to update your knowledge in cutting edge areas of melioidosis and to meet the internationally renowned leaders in the field of melioidosis and related areas.

Contact: Surasakdi Wongratanacheewin, PhD
Chair, The Organizing Committee
<http://www.wmc2007.org/>

December 4–7, 2007

***VIII Central American and Caribbean Congress of
Parasitology and Tropical Medicine***

***VII Cuban Congress of Microbiology
and Parasitology***

IV National Congress of Tropical Medicine

IPK's 70th Anniversary Congress

Location: Havana, Cuba

Venue: Pedro Kouri Tropical Medicine Institute (IPK)

A remarkable increase in communicable diseases is being observed mainly due, among several aspects, to climatic changes, natural disasters, conflicts, poverty, malnutrition, as well as to the appearance of drug-resistant pathogens and of insecticide-resistant vectors. We are making a call to all the parasitologists, bacteriologists, mycologists, virologists, infectologists, zoonologists, tropicalists, specialists from different disciplines to gather, present and discuss, in several work sessions, about our experiences on recent advances and new discoveries aimed at controlling and eradicating these threats to humankind.

IPK Contact: Dra. Dora Ginorio

Email: dginorio@ipk.sld.cu

IPK Contact: Lic. Armando Martínez Cambray

Email: armando@ipk.sld.cu

<http://www.ipk.sld.cu/eventosipk/cong2007/index.htm>



SSI/ISID Infectious Diseases Research Fellowship Program

The Society is actively seeking applications for the 2007 SSI/ISID Fellowship. This Fellowship is sponsored jointly with the Swiss Society for Infectious Diseases to support infectious disease physicians and scientists from developing and middle income countries through multidisciplinary clinical and laboratory training at select biomedical institutions in Switzerland.

Opportunities for training and research in a variety of areas ranging from basic studies of the mechanism of disease to studies in public health, epidemiology, diagnostics, therapeutics or vaccine development are available through this program. The term of the Fellowship is for one year with a financial stipend of up to 36,000 SF per year (approximately \$21,000 USD) given to Fellows to cover travel costs and living expenses. Language skills of French or German are necessary.

The deadline for application is April 1, 2007 and more information is available on our website at www.isid.org or by writing to info@isid.org

For more information on all of the ISID Programs please see <http://www.isid.org>