HIV Vaccines 2016

Tentative Program

15th Annual Conference on

HIV Vaccines & Therapeutics

Philadelphia, USA December 08-09, 2016



Conference Secretariat

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Tentative Agenda

Day 1 December 08, 2016 Thursday		
Time	Session	
08:30-09:30	Registrations	
09:30-11:30	Keynote Forum	
Group Photo		
11:30-11:45	Network & Refreshments Break*	
11:45-13:00	Track 1: Preventive HIV Vaccines	
	Track 2: Therapeutic HIV vaccines	
13:00-13:45	Lunch Break**	
13:45-16:00	Track 3: Subunit vaccines	
	Track 4: Recombinant vector vaccines	
16:00-16:15	Network & Refreshments Break*	
16:15-18:00	Track 5: DNA vaccines	
	Track 6: Hepatitis & HIV	
Day Concludes		

Day 2 December 09, 2016 Friday		
Time	Session	
08:30-09:30	Registrations	
09:30-10:30	Keynote Forum	
10:30-11:30	Track 7: HIV Vaccines Trials	
	Track 8: Unwanted effects of HIV Vaccines	
11:30-11:45	Network & Refreshments Break*	
11:45-13:00	Track 9: Vaccine Administration	
	Track 10: HIV Vaccines Research	
13:00-13:45	Lunch Break**	
13:45-16:00	Track 11: Immunizations and HIV	
16:00-16:15	Network & Refreshments Break*	
16:15-17.45	Track 12: HIV Vaccine development	
17.45-18:45	Poster Presentations	
Day Concludes		

Exclusive Exhibitor Event

** Networking Event

Note: Conference schedule is subject to change.

Note: Workshops and Symposia slots are available. To book slot for Workshop and Symposium send us the proposal.

Call for Abstract: http://hiv.conferenceseries.com/call-for-abstracts.php Registration: http://hiv.conferenceseries.com/registration.php Abstract Submission: http://hiv.conferenceseries.com/abstract-submission.php $\hbox{E-Poster: http://hiv.conferenceseries.com/eposter-presentation.php}$

Glimpses of Pathology Series Conferences



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Endrias Asfaw has completed his Master in Public Health at age of 25 years from Jimma University. He is an Assistant Manager at GLANH (Global Link and Alliance on Nutrition and Health), a Consultancy firm on nutrition and health. He conducted two researches and one is on the way for publication.



The Role of Health Extension Program in preventing HIV/AIDS and STD's Ethiopian Experience

Endrias Asfaw Tilahun GLANH Consultancy Firm, Addis Ababa

The Health Extension program is designed to achieve significant basic health care coverage in Ethiopia over five years through the provision of a staffed health post to serve every 5000 people, with a total over 70 million people served. This community based health care delivery system will improve access and equity in health care delivery system will improve access and equity in health care through a focus on sustained preventive health action and increased health awareness.

Every health post is staffed by two health extension workers (HEW), who will have undergone one year training course with 16 major package under four components. One of the component is disease prevention and control under which HIV/AIDS and STD's will addressed.

Raise community awareness about HIV, STD's, promote behaviors that reduce risk of HIV infection, and educate communities on how to provide support for AIDS patients. Provide basic clinical care for AIDS patients and educate family members on first aid care for patients at home.

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Jean Mukwela has completed Master in Public Health from University of Kinshasa. After completion of master degree he joined as a clinical researcher in KINGASANI hospital in the town of Kinshasa. He was also involved in consulting service and preschool immunization according to the standards of the expanded program of immunization Countries (ENP).



Monitoring of méningitis bacterium in pédiatric hospital of kingasani center (drc), from august 2009 to december 31th, 2014

J.MUKWELA Clinical Researcher

After paludism, infections respiratory, and severe diarrhoea, meningitis is one of the major causes of the public health's problems in the whole world. According to current statistics' of WHO, this disease cause at least 8,1 Million deaths of children from zero to 59 months per year in DRC. The children whose above-mentioned age, are victims permanent of this very fatal disease. Let us recall here that the vaccine against meningitis is operational everywhere in the world whose principal objective remains that to evaluate the impact of vaccination against the Pneumococcus, Haemophilus influenza and Meningococcus (case of the DRC), in order to ensure a better cover everywhere, including the area and under area of the central Africa, then to also improve the taking care adapted by the requirements of WHO. During our five last years (2009 - 2014) of the monitoring, we isolated apart from Pneumococcus, Haemophilus influenza and Meningococcus of another stock circulating through the country in particular Streptococcus B and D, Hemophylus-Para influenza, Anterobacter, Staphilococcus of aureus, the Pseudomonas, Cytrobacter, Strepto. Sp, Escherichia coli, Pasteurella hémolytica. Meningitis is cruel in the paediatric hospital of Kingasani Center and remains among one of the problems paramount of public health in our Paediatric site of kingasani.

METHOD: We sought near the sick children, the clinical symptoms answering the definition of case of meningitis. The presence of the fever to the admission associated with one of the meninges symptoms such as: the stiffness of the nape of the neck, convulsion, fontanel curvature, Respiratory difficulty, Agitation, cry ceaseless, reached a maximum glance, refusal of sucking, obnubilation of the conscience, state of coma, photophobia or the phonophobie, of Kernig and Brudzinski and it should be still noted that our study target are the children between 0 and 59 months hospitalized in the paediatric of Kingasani center and taking care for paediatric bacterial meningitis

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Abstract

Temporal follow-up of the prévalence of infections a vih, hep b, hep c and rpr in the family donors of blood In the hospital complex of kingasani/r.d.congo 2015

J.MUKWELA Clinical Researcher

The program of the primary care of health in the town of Kinshasa, through the "health project for all Kinshasa" aims at the promotion of health in the broader contexts of the total development of the city. Being given that paludism belongs to the major causes of the problems of public health in the whole world, in particular RD Congo.2015, the Hospital complex of KINGASANI with registrer 24 847 new cases (< 5 years 8 948?5 years 15 899 cases) in curative consultation, let us announce by here that 10 989 cases were confirmed for paludism set out again as follows:1 579 cases (0 - 11 months), 3 084 cases (12 - 59 months), 2 758 cases (5 - 14 years), and 3 568 cases (15 years +) during this same period, the CHK to transfuse 7 290 cases of anaemias; in addition, no one is not unaware of that the Hospital complex of KINGASANI to a service of bank of the blood which meets the standards of the national program of safety transfusionnel and uses the family Donors for the taking away of the gift of blood.

The principal objective remains to evaluate in terms of time the prévalence to infections VIH, Hep B, Hep C and RPR (Syphilis) in the family Donors. This is explained as follows:tested positive HIV 139 Donors, Hep B positive 539 Donors, Hep C positive 298 Donors and finally positive RPR 286 on total 8 887.All its people living in Kinoise community with risk to transmit the diseases to the healthy people. This behavior remains alarming among the problems of public health in our Province City of Kinshasa.

RESULT:The present one seeks carried out with 8 887 donors of blood, all these pockets of blood were analyzed by a test at infections HIV with 139 cases, Hep B 539 cases, then Hep C 298 cases finally the RPR with 286 cases.All had like positive final result; 7 625 donors negative with infections (HIV;Hep B;Hep C and RPR).On 24 847 new cases recorded including 10 989 case confirmed by the TDR and the thick Drop (GE) positive for the paludism and 7 290 cases of anaemia.The progress confirmed thanks to the training of the male nurses responsible and medical biologists.All the donors answered the criteria of clinical and biological selection.

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Ngoy Kiluba Médard has completed Master in Health science from University of Kinshasa. After this he recruited in Pediatric hospital kalembe lembe located in KINSHASA as a Statistician & Data manager. He conducted one researches program previously.



Identification of the main strains of human rotavirus in less than 5 year old children by method of genotyping (vp7/g type) and (vp4/p type) and (g/p type):

NGOY KILUBA Médard Statistician and Data Manager Pediatric hospital Kalembe Lembe KINSHASA/DRC

Background: Rotavirus diarrhea is a major public health problem in the DRC. According to WHO statistics, this disease causes at least 483,000 deaths in children under 5 years old per year worldwide. The heaviest burden of disease is in young children in the countries of Sub-Saharan Africa. In light of the above, the Expanded Program on Immunization (EPI) and certain partners and donors have set up a study in 2009 to determine the incidence of this disease and the strains circulating in Africa and DRC, to the introduction of a new vaccine that could reduce its impact on the young population. The data we will outline clearly demonstrates the main strains of human rotavirus in the DRC and its impact in children under 5 years, Objective: To determine the circulating strains of rotavirus diarrhea in DRC and consequently the selection of the type of vaccine to be introduced into the country, or even the Central African subregion.

Strategies: Our target population is children under 5 years who are hospitalized in our hospital due to diarrhea and vomiting for less than 7 days. The collected stool is sent to the laboratory for the Elisa test. Aliquots are sent to the National Laboratory INRB (DRC), the regional laboratory Mendusa (South Africa), and the global laboratory of CDC Atlanta (USA) for quality control of positive cases, genotyping and for further in-depth reviews. Over the years, samples from other sites in the world are also received for quality control.

CONCLUSION: About 60% of hospitalizations of children under 5 are attributed to rotavirus infection in the country. The most common rotavirus strains detected by RT-PCR in three reference laboratories (INRB in Kinshasa DRC, MENDUSA University, SA and CDC Atlanta, USA) from 2009 to 2015, were G1P[8] (35%) , G2P[6] (28%), G1P[6] (20%) and G2P [4] (12%).

The least common strains detected during that same period were G8P[6] and G12P[8] (1%), G12P[8] and G12P[6] (1%) and G8P[8] (1%). We also note an increase in G6P[6] in 2012 and the change of these strains on time. These results demonstrate the need to introduce the Rotavirus vaccine in the country to help reduce the high rate of hospitalization and mortality in children under five in the country.

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Feasibility study of a diarrhea rota virus in pediatric hospital of kingasani on the introduction of the vaccine in drc objective 2017

J.MUKWELA Clinical Researcher

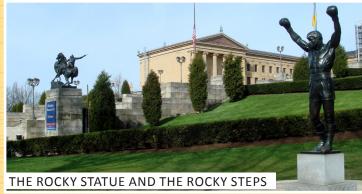
INTRODUCTION: After malaria, respiratory infections, and meningitis. severe diarrhea is one of the major causes of public health problems worldwide. According to the current statistics of the WHO, the disease causes more zero at least 483,000 child deaths per year and 59 months in the world. Children with the aforementioned age are permanant victims of this very deadly disease. Note here that the vaccine against rotavirus gastroenteritis is already operational in some developed countries whose main objective remains that of reducing its impact. Moreover, everyone knows that rotavirus diarrhea remains a paramount concern among public health problems in underdeveloped countries and sends development; it is the case particularly in Latin America and some countries in sub-Saharan Africa. Now remains strong to pull the alarm to the authorities and health at all political and administrative levels in order to advocate the close of donors for the induction of new rotavirus vaccine especially in countries with a high incidence of this cruel disease (case of the DRC). This permettrerai reduce the incidence.

METHOD:This is an exploratory study based on semi-structured direct interviews with parents of sick children in our pediatric service. That is to say, we looked at these parents around the inclusion criteria different registered cases. The targets of our monitoring are children aged 0 to 59 months supported during our investigation period Pediatric Hospital Kingasani, whose population of this health area is \$ 236,584 in this children who suffered from rotavirus diarrhea represent 55% of the population.

RESULT:This is an exploratory study based on semi-structured direct interviews with parents of sick children in our pediatric service. That is to say, we looked at these parents around the inclusion criteria different registered cases. The targets of our monitoring are children aged 0 to 59 months supported during our investigation period Pediatric Hospital Kingasani, whose population of this health area is \$ 236,584 in this children who suffered from rotavirus diarrhea represent 55% of the population.

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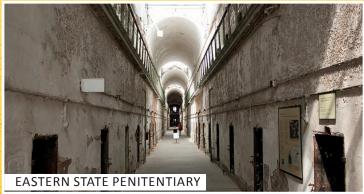












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