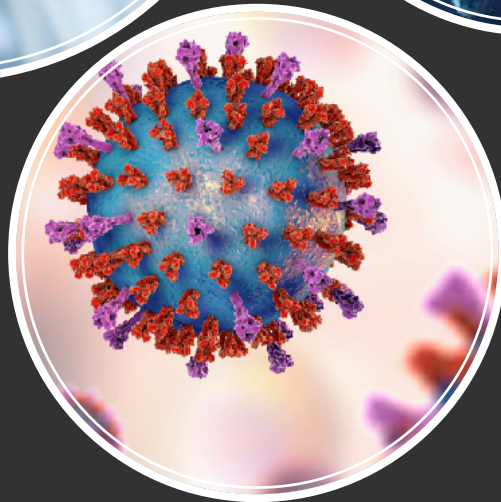
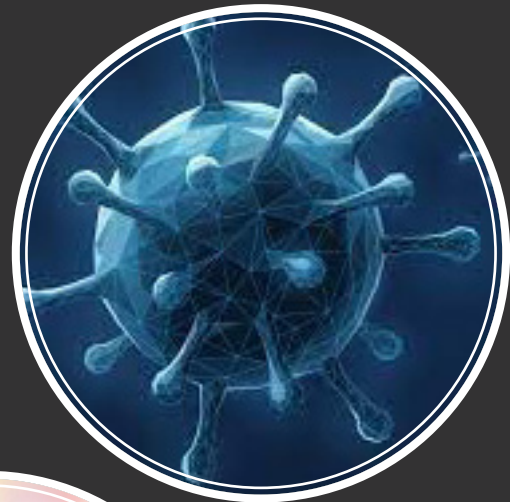


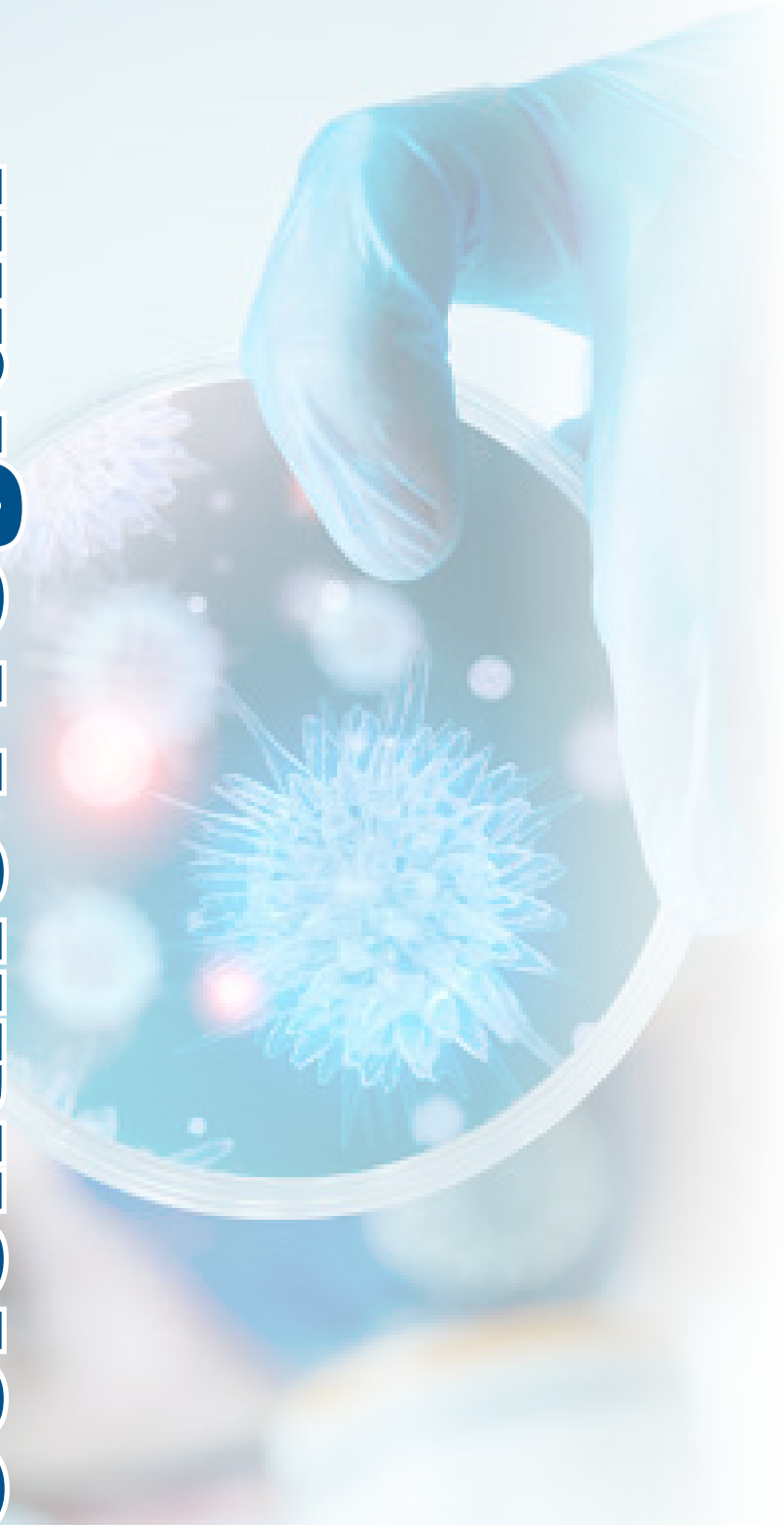
6th International Conference on
Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar



Infection Control 2022

Scientific Program



Infection Control 2022

08:30-08:45 Opening Ceremony | Introduction

08:45-09:15

Title: Is it Possible to Treat Nosocomial Cellulitis Post Placement of Hemodialysis Catheter without the Use of Antibiotics?

Huang Wei Ling, Medical Acupuncture and Pain Management Clinic, Brazil

09:15-09:45

Title: Countering bacterial antibiotic resistance

A. C. Matin, Stanford University School of Medicine, USA

Panel Discussions

Scientific Sessions: Infection Treatment and Control | HIV Prevention, Treatment and Cure | Nursing Infection Control | Emerging Infectious Diseases | Infectious Disease Pathology

10:15-10:45

Title: Energy Imbalances in Diabetic Patients Increasing Chances of Acquiring Hospital Infection
Huang Wei Lin, Medical Acupuncture and Pain Management Clinic, Brazil

10:45-11:15

Title: Patient prioritization in different healthcare settings, towards better evidence based medicine

Basma M. Saleh Ashmawy, The American University In Cairo, Egypt

11:15-11:45

Title: Study of the Iron Chelating Effect of Green Tea in Smear Positive TB Patients using Sputum Smear, Serum Malondialdehyde and Blood Iron Indices

Shahryar Eghtesadi, Azad University, Iran

11:45-12:15

Title: Validity of Intervale model versus physician review of verbal autopsy for tracking tuberculosis-related mortality in Ethiopia

Haileleuel Bisrat, Addis Ababa University, Ethiopia

12:15-12:45

Title: Evaluation of compliance the cases of infection prevention by NICU staff of Imam Reza Hospital, Mashhad

Ahmad Shah Farhat, University of Medical Science, Iran

12:45-13:15

Title: The causes and mortality rate of newborn in NICU for 5 years

Ashraf Mohammadzadeh, Mashhad University of Medical Sciences, Iran

13:15-13:45 Title: Prevalence of histoplasmosis in patients with presumptive pulmonary tuberculosis in University Of Calabar Teaching Hospital, Nigeria
Bassey Ewa Ekeng, University of Calabar Teaching Hospital Calabar, Nigeria

13:45-14:15 Title: The Hospital Initiative to Prevention and Control MDR PEAK (*Pseudomonas aeruginosa*, *Enterococcus faecium*, *Acinetobacter baumannii*, *Klebsiella pneumoniae*)
Biswajeet Sahoo, All India Institute of Medical Sciences, India

14:15-14:45 Title: Infection Prevention and control bundles in low to middle income countries
Ngendahayo kibingira Destin, Goma University, Nigeria

15:15-15:45 Title: Relationship between HIV-1 specific T-cell and antibody responses in chronically infected antiretroviral naive Ugandan patients
Deus Mwesigwa, Makerere University, Nigeria

15:45-16:15 Title: The risk factors of surgical site infection after craniotomy: A retrospective study of the risk factor for surgical site infection among Neurological
Entisar alotaibi, King Fahad Medical City, Saudi Arabia

16:15-16:45 Title: The prevalence of human leukocyte antigen-B*57:01 allele in HIV-1-infected Moroccan subjects
Fatima Youssoufi, Mohammed V University, Morocco



6th International Conference on
Infection Diseases: Control and Prevention
May 26th, 2022 | Webinar

SUPPORTING
JOURNALS

SUPPORTING JOURNALS

Clinical Infectious Diseases: Open Access





Infection Control 2022



6th International Conference on
Infection Diseases: Control and Prevention
May 26th, 2022 | Webinar

KEYNOTE FORUM

Countering bacterial antibiotic resistance

Uropathogenic *Escherichia coli* (UPEC) causes urinary tract infections, e.g., cystitis, which are treated by gentamicin. The protein ss, encoded by the *rpoS* gene, controls *E. coli* general resistance. We discovered that *rpoS* deletion renders UPEC more sensitive to Gm and other bactericidal antibiotics, and proteomic analysis suggested a weakened antioxidant defense as the reason. Reactive oxygen species (ROS) detectors (*psfA* gene reporter and appropriate chemicals) indicated greater ROS generation by Gm in the mutant. Gm treatment along with an antioxidant, or under anaerobic conditions (that prevent ROS formation), decreased drug lethality. Treating UPEC infection of mice bladder corroborated these findings *in vivo*. Thus, oxidative stress produced by insufficient quenching of metabolic ROS accounted for greater sensitivity of the mutant. *E. coli* strains missing antioxidant proteins also generated greater ROS and were also more sensitive to Gm. These lacked the ROS quencher proteins, (e.g., *SodA/SodB*; *KatE/SodA*), or the pentose phosphate pathway proteins, which provide NADPH (e.g., *Zwf/Gnd*; *TalA*) required by the quenchers. Use of a microfluidic device indicated that the results applied to a single cell level. Gm is known to kill a bacteria by inhibiting protein synthesis, but UPEC has developed resistance to this mode of killing. Therefore, these findings provide a timely means of restoring Gm effectiveness by curbing antioxidant proteins. Using bioinformatic approaches, we have identified several small molecules that inhibit these proteins and can enhance Gm effectiveness. In space flights, astronauts often suffer from cystitis. Bacterial gene regulation can differ in normal vs. microgravity (MG) experienced during space flights. However, the “EcAMSat” Stanford/NASA mission showed that ss-controls Gm resistance also in MG. EcAMSat employed a free-flying “nanosatellite” equipped with a highly sophisticated microfluidic system for autonomous determination of UPEC sensitivity to Gm and its telemetric transmission in real time during space flight to Earth. Bacterial multidrug resistance (MDR), such as the one regulated by the *emrRAB* operon and the *EmrR* protein is a major public health problem. Its activation is due to alteration in the *EmrR* protein structure, which too can be prevented by small molecules and bioinformatic approaches that we have pursued.

Biography:

Dr. AC Martin is a professor of Microbiology and Immunology from Stanford University School of Medicine. He was born in USA and completed his PhD in the year 1969 in the field of microbiology from University of California, Los Angeles. Professor Martin is having a teaching knowledge of around 55 years. He is an active member for many microbiological and immunological societies and association. Professor Martin received the Fulbright Scholar award in the year 1964-1971. He is the author for 142 publications along with few patents. He has been a part of many scientific conferences during his teaching and educational career. He had received the funding from reputed organization for his research work. His current research interest includes immunology, Microbiology, Cancer, Genetics studies etc. Currently Professor Martin is working on Exosome (EV) project and also on the Extension of the ongoing antibiotic work.

A. C. Martin,

Stanford University School of
Medicine, USA

6th International Conference on
Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Is it Possible to Treat Nosocomial Cellulitis Post Placement of Hemodialysis Catheter without the Use of Antibiotics?

Introduction:

Nosocomial cellulitis is usually treated with broad-spectrum antibiotics, because they are normally caused by multi-resistant bacteria. Patients with chronic renal insufficiency usually have Blood deficiency and Heat retention according to Traditional Chinese Medicine (TCM).

Purpose:

To demonstrate that nosocomial cellulitis after placement of hemodialysis catheter can be treated without the use of any antibiotics.

Methods:

One case report, 58-year-old female patient, submitted to hemodialysis for five years (kidney insufficiency). In 2019, her doctor indicated the removal of the hemodialysis catheter (supposed infection), and replaced it with a temporary catheter (superior right arm). On the same day, the patient felt pain, swelling, hyperemia (15x20cm) and localized heat on the skin surrounding the catheter, and the doctor removed it. The patient was already receiving acupuncture treatment and showed the lesion to the acupuncture doctor. She received Chinese dietary counselling (avoid frying, eggs, honey, chocolate, coconut, alcoholic beverages, cold water and dairy products), more auricular acupuncture sessions and apex ear bloodletting. The patient also received the homeopathy medication (Sulphur 6CH, five globules three times a day).

Results:

In one week, the lesion normalized, with disappearance of hyperemia, pain, swelling and heat on the skin where the catheter was.

Conclusions:

It is possible to treat nosocomial-cellulitis post placement of hemodialysis catheter without the use of antibiotics, according to this case report. To achieve this result it is important to correct the energy imbalances presented by each patient, taking out Heat retention and correcting the diet according to the energy point of view.

Biography

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she works with the approach and treatment of all chronic diseases in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates. Researcher in the University of São Paulo, in the Ophthalmology department from 2012 to 2013. Author of the theory Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine. Author of more than 100 publications about treatment of variety of diseases rebalancing the internal energy using Hippocrates thoughts.



Huang Wei Ling

Medical Acupuncture and Pain
Management Clinic, Brazil

Received: March 31, 2022; Accepted: April 02, 2022; Published: May 26, 2022



Infection Control 2022



6th International Conference on
Infection Diseases: Control and Prevention
May 26th, 2022 | Webinar

**SCIENTIFIC TRACKS
& ABSTRACTS**



6th International Conference on
Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Energy Imbalances in Diabetic Patients Increasing Chances of Acquiring Hospital Infection

Introduction:

In 2016, an estimated 1.6 million deaths were directly caused by diabetes. Another 2.2 million deaths were attributable to high blood glucose in 2012. Scholars from the University of London, stated that 12% of infection-related deaths were attributable to diabetes. In Traditional Chinese Medicine the physiopathology of Diabetes is linked to Yin deficiency with Heat retention. Purpose: To demonstrate how diabetic patients have systemic energy imbalances, that may increase their chances of acquiring hospital infection.

Methods:

Literature review and analysis of different studies linking diabetes with hospital infection both in ancient medical traditions and Western Medicine. Also, review of what have been observed and presented by the author in 27 years of practice, and several published studies.

Results:


The energy imbalances leading to diabetes are part of the consequences of Heat formation. Heat formation is the same energy imbalance that can lead to the formation of the hospital infection, in an energy point of view.

Conclusion:

The conclusion of this study is that diabetic patients mostly when in taking high-concentrated medications have an increase tendency to develop hospital infection when admitted in the hospital, because the energy imbalances, leading to the diabetes are the same energy imbalances that ease the process of acquiring nosocomial infections.

Biography

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she works with the approach and treatment of all chronic diseases in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates. Researcher in the University of São Paulo, in the Ophthalmology department from 2012 to 2013. Author of the theory Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine. Author of more than 100 publications about treatment of variety of diseases rebalancing the internal energy using Hippocrates thoughts.



Huang Wei Ling
Medical Acupuncture and Pain
Management Clinic, Brazil

Received: March 31, 2022; Accepted: April 02, 2022; Published: May 26, 2022

6th International Conference on
Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Patient prioritization in different healthcare settings, towards better evidence based medicine

Scarce resources put a great burden on health systems to manage to provide professional health services and infection control without being tremendously affected by the lack of resources and to manage to put evidence-based medicine into real practice and minimizing practice gaps as much as possible, especially at a time of scarce resources. One of the challenging practices is patient prioritization, which is the process of ranking patient referrals based on specific criteria and in specific ways to ensure equitable and efficient distribution of available resources, fair management of waiting lists, and the achievement of safer and higher-quality health care.

There are significant gaps in translating evidence into routine clinical practice and translating evidence into practice can improve outcomes, quality of life, productivity and healthcare costs.

Several studies have investigated different patient prioritization tools, which are used to rank patient referrals based on different criteria. First, a literature review was conducted to investigate patient prioritization process, and then thematic analysis of the chosen papers was done to come up with two points: the first is the general theme of the working environment that may affect the prioritization process, and the second is how different components and factors can be mixed to produce the decision to prioritize a patient over another.

These points are very important for decision makers and clinicians and need to be discussed in an open international platform to review different clinical experiences and to try to address the gaps and find solutions towards better evidence-based practice which could be implemented in different clinical settings.

Biography

Basma is a regulatory affair specialist at the Egyptian Drug Authority. She is one of the top graduated pharmacist class 2016 excellent degree with honor and she is currently pursuing her master degree expected to graduate at December, 2022. She has worked as research assistant, published many papers and reviews and recently participated in a well known research project at Oslo university. She has also been awarded international awards and participated in international conferences as attendee and as a speaker in panelist discussions with many great feedbacks about her presentation and communication skills.



Basma M. Saleh Ashmawy
The American University,
Egypt.


Received: April 28, 2022; Accepted: April 30, 2022; Published: May 26, 2022

Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Study of the Iron Chelating Effect of Green Tea in Smear Positive TB Patients using Sputum Smear, Serum Malondialdehyde and Blood Iron Indices

Green tea with possessing iron chelating properties can be useful in TB treatment and management. We studied the effect of green tea consumption on iron status and improving process of pulmonary tuberculosis treatment (accelerating the negative sputum smear, reducing the level of oxidative stress). Following the approval by Ethics Committee for Human Studies of Golestan and Tehran Universities of Medical Sciences and also obtaining the written consent of patients, this double-blinded randomized clinical trial study, was conducted on patients with TB, who were assigned randomly to the intervention group (41 patients) receiving 500 mg catechin of green tea extract and the control group (39 subjects) receiving placebo for two months, since the beginning of concomitant anti-TB treatment. Sputum evaluation was carried out on three slides using the Ziehl Nelson method. At first, the demographic and dietary intake data were obtained. After obtaining 10 ml of venous blood, Hemoglobin (Hb), Transferrin, Ferritin, Total iron binding capacity (TIBC), Iron and Serum malondialdehyde (MDA) were measured at the beginning and end of the study. Sputum samples were collected from the third week (every 10 days) and the reduction of microbial load was also tested until sputum smear became negative. Data were processed using independent and paired t-test, McNemar, Wilcoxon, Kaplan-Meier, Log-rank test and Cox regression model. P-value was taken significant as <0.05 . Average daily energy intake of patients was 1518 ± 431 kcal, distribution of which was as follow: carbohydrates (58%), protein (17%) and fat (22%). Vitamin D and Zinc intake of patients were less and iron intake was higher than the DRI. Weight changes in both groups of placebo and green tea had tendency of increase with a significant difference at two and six month follow ups ($p < 0.0001$). However, there were no significant changes due to intervention compared to placebo. Sputum conversion time (days) was 52.5 ± 24.5 (median= 53 days) and 40.6 ± 22.5 (median= 29 days) in placebo and catechin groups, respectively. The proportion of patients in the green tea group based on criterion of; the short duration of being negative sputum smear; was significantly higher than the placebo group ($p=0.032$). To measure the mean of iron status after intervention, ANCOVA test showed mean difference level (Pvalue) in both groups for Hb, iron, TIBC, transferrin and ferritin as of: 0.004, 0.56, 0.65, 0.38 and 0.16, respectively which means that increase of hemoglobin in the green tea group was significant compared with the placebo group. There was just a 9.2 nmol/ml difference between the two groups for MDA at the beginning of study, which was not statistically significant ($p=0.078$) whereas, it was increased to 24.8 nmol/ml after the intervention, indicating a significant difference ($p < 0.001$). The decline value was estimated -45.45 ± 14.69 nmol/ml for catechin group and -19.91 ± 18.38 nmol/ml for placebo group. In conclusion Green tea can systematically reduce the inflammatory elements and oxidants (decrease of MDA as fatty acids oxidation indicator), and consequently, can improve the hematopoiesis and hemoglobin level. Therefore, localized inflammation and damage in the lung is reduced, and adjunct to antimicrobial therapy, accelerate sputum smear conversion, disease amelioration and treatment improvement. Finally, given the higher iron intake despite of lower micronutrients and macronutrients in diet of our patients, and considering the iron effect on mycobacterium survival and the incidence and exacerbation of inflammatory complications in patients, it seems that policy of mandatory flour fortification with iron, especially in provinces such as Golestan, must be viewed cautiously and its further implementation being revised meticulously.



Shahryar Eghtesadi
Azad University, Iran


Received: December 31, 2022; Accepted: January 02, 2022; Published: May 26, 2022

6th International Conference on
Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Biography:

Dr. Shahryar Eghtesadi received Bachelor degree in Nutrition Science and Food Chemistry 1975, from Shahid Beheshti University of Medical Sciences, Tehran; MSPH degree in Nutrition, 1977, from Tehran University of Medical Sciences, Tehran and PhD from University of California at Davis(UCD), USA, in Nutrition (1985). He served as Visiting Scientist in USDA Human Nutrition Research Center on Aging (HNRCA), at Tufts University ,Boston, USA (1994-1995); Full professor of Tabriz, Iran and Tehran Universities of Medical Sciences and currently serves as Professor of Azad University, Science & Research Branch . He was the chairs of Departments of Nutrition and Biochemistry, Biochemistry & Clinical Nutrition, Public Health Nutrition and Nutrition in aforementioned Universities. Also Served as Associate Dean and Dean of School of Public Health & Nutrition and School of Public Health of Tabriz and Iran Universities of Medical Sciences respectively.He was selected as distinguished professor and Scientist in preceding universities. For long and extended period of time, experienced teaching various courses in nutrition in undergraduate, graduate and postgraduate and international Bureau programs and directed many projects and dissertations of MS and PhD programs and Published numerous peer reviewed articles in journals and also edited several books and finally served as Principal Investigator of World Bank Project for Capacity Building in Nutrition in Iran.



Shahryar Eghtesadi
Azad University, Iran

Received:December 31, 2022; Accepted: January 02, 2022; Published: May 26, 2022

Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Prevention of Health Care Associated Infections (HAIs) - 10 year study from a tertiary care hospital in Mumbai.

Background:

Healthcare associated infections (HAI) are among the major complications of modern medical treatment. The most important HAIs related to invasive devices are central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), ventilator-associated pneumonia (VAP) as well as related to invasive procedure which is called surgical site infections (SSI). These are associated with significant morbidity, mortality and healthcare costs. This is a prospective study of the outcomes of introducing preventive strategies at different time intervals based on our surveillance and audits observations over a 10 year period to prevent infectious complications associated with invasive devices & procedures in our hospital.

Objective:

To identify Healthcare associated infections due to invasive devices & procedures.

Analyse microbiological aetiology causing these HAIs.

To implement Infection Control Guidelines and to assess its impact on preventing infectious complications associated with invasive devices & procedures.

Methodology:

This study was conducted from January 2012 to December 2021. We formulated an Infection Control Policy based on current standards with annual review to include protocols for care of invasive devices & procedures. Surveillance & annual audit plan was prepared to determine compliance to existing protocol. Regular and new joiner training was an integral part of this program. Prospective observational surveillance & audit data was captured by the Infection Control Team based on international recommendations. Laboratory diagnosis & calculation of HAIs rate was as per National Healthcare Safety Network (NHSN) USA surveillance system. Interventions were introduced after analysing the HAIs.

Results:

Over a period of 10 years, 466 device associated & procedure associated infections (DAIs) were identified among 400 patients with mortality 17% (77/466). With the interventions made over the last 10 years, the incidence of catheter related blood stream infection (CRBSI) was reduced from 3.7/1000 device days to 3.2/1000 device days, incidence of catheter associated urinary tract infections (CAUTI) was reduced from 1.4/1000 device days to 0.3/1000 device days whereas incidence of ventilator associated pneumonia (VAP) reduced from 3.4/1000 device days to 0.4/1000 device days. Surgical site infections have increased from 0.33% to 0.58% which is within benchmark.



Received: March 17, 2022; Accepted: March 18, 2021; Published: May 26, 2022

Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Discussion:

Amongst HAIs SSI was most common HAI identified followed by CLABSI, CAUTI and VAP. However the mortality was highest with VAP (50%) followed by CLABSI (28%), SSI (9%) & CAUTI (5%). *Klebsiella pneumoniae* was the most common pathogen responsible for HAIs followed by Fungi.

The common interventions being practiced to reduce HAIs were:

Hand hygiene,

Maintaining a safe, clean, hygienic hospital environment

Screening and categorizing patients into cohorts

Antibiotic stewardship

Following patient safety guidelines

Training :

dummy arm practices and simulation exercises for health care workers on insertion and maintenance of devices

Introduced research methodologies to understand the clinical impact of our technology based practices.

Over a period of time following specific interventions were introduced from time to time while actively monitoring HAIs.

For prevention of CLABSI:

CLABSI care bundle

Closed IV system Collapsible bags

Flushing IV catheters 1) Prefilled saline syringes 2) Flushing protocol

Scrub the hub

Split septum device

Safe Infusion Practices-Multi Dose Vial Use policy

Use of sterile gloves for care of Central Venous Catheter in Covid patients.

For prevention of CAUTI:

CAUTI care bundle Stopped use of antimicrobials for meatal hygiene.

Video demonstration of accurate securement of catheter to avoid pulling of catheter during changing position

Video demonstration of bathing with sponging wipes especially for bedridden patients.

For prevention of VAP:

VAP care bundle

Cleaning and disinfection of nebulizer machine

Bed side Risk Assessment for Aspiration Pneumonia

Encouraged subglottic suctioning

Encouraged trained nurses feeding vulnerable patients for aspiration after assessing their gag reflex.



Priyanka Patil
Breach Candy Hospital Trust,
India

Received: March 17, 2022; Accepted: March 18, 2021; Published: May 26, 2022

6th International Conference on
Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

For prevention of SSI:

SSI care bundle including Pre , Intra & Post-operative care assessment.

Surgical site surveillance form designed to have real-time monitoring compliance from Ward, OTs and Infection control team.

Conclusion:

The overall incidence of HAIs reduced from 2.21/1000 device days to 1.18 /1000 device days. The mortality due to DAIs & procedure associated infections was 17%. Amongst them maximum mortality was due to VAP (50%) & CLABSI (28%). On-going surveillance & audits were very essential to understand the real time compliance to care bundle. And further corrective & preventive strategies were adopted from time to time along with technological interventions to check with compliance to Infection Control. This was supported by strong training needs of the staff by a multidisciplinary team comprising of doctors, nurses and infection control team which helped to bring HAIs rates within benchmark.



Priyanka Patil
Breach Candy Hospital Trust,
India

Received: March 17, 2022; Accepted: March 18, 2021; Published: May 26, 2022

Infection Diseases: Control and Prevention

May 26th, 2022 | Webinar

Title: Validity of Interval model versus physician review of verbal autopsy for tracking tuberculosis-related mortality in Ethiopia

Background:

In most African countries where a legitimate vital registration system is lacking, physicians often review verbal autopsy (VA) data to determine the cause of death, while there are concerns about the routine practicality, accuracy, and reliability of this procedure. In Ethiopia where the burden of tuberculosis (TB) remains unacceptably high, reliable VA data are needed to guide intervention strategies. This study aimed to validate the InterVA model against the physician VA in tracking TB-related mortality in Ethiopia.

Methods:

From a sample of deaths in Addis Ababa, Ethiopia, VAs were conducted on TB-related mortality, physician-certified verbal autopsy (PCVA) through multiple steps to ascertain the causes of death. InterVA model was used to interpret the causes of death. Estimates of TB-related deaths between physician reviews and the InterVA model were compared using Cohen's Kappa (k), Receiver-operator characteristic (ROC) curve analysis, sensitivity, and specificity to compare agreement between PCVA and InterVA.

Results:

A total of 8952 completed PCVA were used. The InterVA model had an optimal likelihood cut-of point sensitivity of 0.64 (95% CI: 59.0–69.0) and specificity of 0.95 (95% CI: 94.9–95.8). The area under the ROC curve was 0.79 (95% CI: 0.78–0.81). The level of agreement between physician reviews and the InterVA model to identifying TB-related mortality was moderate ($k=0.59$, 95% CI: 0.57–0.61).

Conclusion:

The InterVA model is a viable alternative to physician review for tracking TB-related causes of death in Ethiopia. From a public health perspective, InterVA helps to analyze the underlying causes of TB-related deaths cost-effectively using routine survey data and translate to policies and strategies in resource-constrained countries.

Keywords: Tuberculosis, Mortality, Verbal autopsy, InterVA, Cause of death, Ethiopia

Biography

Haileleuel Bisrat have completed his study at Addis Ababa University Department of Statistics with a minor in Computer science. He always strives for continued his excellence and hence currently He had an MSc degree of Integrative Health Science, from Kristiansand University, Sweden currently he is an expected graduate student in MSc student at Addis Ababa University Department of Clinical Trial.

Haileleuel had a lot of significant professional experiences in Data Management. He Developed several data collection tools and databases with different software to help his research organization. He also monitors more than 100 data collectors and data management groups, evaluates their performance weekly, and examines weekly reports. Apart from this, Haileleuel also have a strong educational background and extensive experience in different surveillance Data Analysis and Monitoring and evaluation.

Received: May 14, 2022; Accepted: May 16, 2022; Published: May 26, 2022



Infection Control 2022

Bookmark Dates

7th International Conference on

Infection Diseases: Control and Prevention

May 26-27, 2023 | London, UK

