Joint Event on



World Congress on

EPIDEMIOLOGY AND PUBLIC HEALTH &

International Conference on

TROPICAL MEDICINE, INFECTIOUS DISEASES & PUBLIC HEALTH

December 12-13, 2018 | Abu Dhabi, UAE

DAY 1

Keynote Forum



EPIDEMIOLOGY AND PUBLIC HEALTH

International Conference on

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December 12-13, Dhabi,

Ahmed Tayeh, Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C7-019



Ahmed Tayeh

World Health Organization, Switzerland

Biography

Ahmed Tayeh is a graduate from London School of Hygiene and Tropical Medicine with MSc and PhD (1992), where he was trained in public health and epidemiology. He joined UNICEF in 1980 and worked for more than 10 years in several countries including Yemen, Sudan and North Korea in primary health care, rural water supply and environmental Sanitation and hygiene promotion. He led the first nutrition and MICS survey in North Korea in 1998. He worked in collaboration with WHO and the Syrian Ministry of Health in a cutaneous leishmaniasis control trial using pyrethrin-impregnated bed nets in villages near Aleppo, Syria during 1994-1996. He led a study, in collaboration with University of Toronto, on the health status of Arab community and their access to health services in Canada. From 2000, he led the Dracunculiasis Eradication Programme in the World Health Organization, Geneva, in coordinating with partners including UNICEF, The Carter Center and Ministries of health in 20 endemic countries as well as donors like the Gates Foundation, DIFD, and other partners. He has published several papers about dracunculiasis eradication and other diseases.

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IT IS HARD TO ERADICATE DISEASES

iseases are difficult to eradicate although eradication is the most effective strategy to get rid of them forever. The only two diseases that have been eradicated so far are smallpox for humans in 1980 and rinderpest for animals in 2011. Dracunculiasis (Guinea worm disease) and polio eradication were initiated in 1986 and 1988 respectively, and both have made remarkable progress, yet both have lagged behind and missed several target dates for eradication in spite of the fact that tremendous efforts and resources have been utilized.

In 2017, only two countries were endemic with dracunculiasis, Chad and Ethiopia, both with 15 cases each. But the number of cases has stagnated for the last four years, perhaps due to the surprising fact that dogs were infected and used as paratenic or transport host. In the same year, polio was reported in Pakistan (8 cases) and Afghanistan (14 cases). The main challenge for polio is the continued circulation of vaccine-derived poliovirus in populations with low immunity, which evolves into a stronger virus and causing paralytic cases. Most other eradication challenges are related to a lack of infrastructure, insecurity and civil unrest, managing human resources and other problems specific for each country and locality. However, given the low number of cases remaining and the tremendous resources utilized, both diseases will disappear soon.

Once an eradication programme is initiated, it is absurd to abandon it when a large investment will be lost and the number of cases will start to increase. It is therefore important to not initiate such eradication programmes before thoroughly studying its feasibility, time frame, and financial and other resources needed.



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Anil Chankaramangalam Mathew, Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C7-019



Anil Chankaramangalam Mathew

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Biography

Anil Chankaramangalam Mathew obtained his MSc degree in Biostatistics (1988) from Christian Medical College, Vellore, University of Madras under the guidance of Prof PSS Sundar Rao and PhD in Biostatistics from Bharathiar University, Coimbatore under the quidance of Prof S Krishnamoorthy. He joined in PSG Institute of Medical Sciences and Research, Coimbatore as Assistant Professor in 1989, as Associate Professor in 2003 and as Professor in 2008. He was an invited participant in the INDO-US workshop series on Clinical Research organized by US Embassy, New Delhi 2007-2009; statistical expert for preparing the course materials of the Applied Bio-statistics course of Indira Gandhi National Open University, Govt. of India in 2011; statistical expert of the Task force committee on Geriatric research, Indian Council of Medical Research in 2011; member of the Expert Award committee of International Biometric Society Indian Region in 2012; statistical expert for the INCLEN/ WHO Penta study in 2013; General Secretary of Indian Society for Medical Statistics (ISMS) 2014-16, International Biometric Society Indian Region Correspondent 2015-16; Visiting Professor Biostatistics and Epidemiology at Sultan Qaboos University, Sultanate of Oman in 2015, member of the Executive council and award committee ISMS 2017-19 and member of the Executive Council International Biometric Society Indian Region 2017-18. In recognition of the eminence achieved by way of his outstanding contributions leading to the promotion of Statistics in Medicine, Anil C Mathew has been conferred on Fellowship in Medical Statistics (FSMS) of the Indian Society for Medical Statistics for the year 2017.

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STATUS OF EPIDEMIOLOGICAL TEACHING IN INDIA

India accounts 17% of the world's population but its total share of global disease burden is 21%. With the epidemiological transition, the challenge of the public health system is to deal with a high burden of non-communicable diseases, while still continuing the battle against communicable diseases and injuries. In equalities in access to health care by socio economic status make priority setting crucial in India. Accordingly the role of epidemiologists has gained prominence. Still there is a wide gap in demand -supply of epidemiologists in the country and there is a need for training epidemiologists in the country. Different epidemiology training programs in India are discussed with an evaluation of demand supply analysis.

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Erik J T Matser

The Centre for Sociotechnology and Neuropsychology, Netherlands

Biography

Erik J T Matser obtained his PhD from the University of Maastricht in the Netherlands and he is a clinical neuropsychologist. He worked as a clinician for 15 years in the Hospital for Special Surgery (New York, USA), the St Anna Hospital in Geldrop (the Netherlands) and the German Neuroscience Centre (Dubai, UAE). During that time, he was also asked to work with elite sports teams like Chelsea FC and Anderlecht Brussels to develop new ways of detecting / optimizing cognitive skills and laying the foundation of what we call talent nowadays. Momentarily he is director of the Centre for Sociotechnology and Neuropsychology (CSN) which has divisions in the Netherlands and the UAE. He has over 100 publications regarding cognition in the domains of brain injury, talent detection and talent optimization. Furthermore he has an interest how to connect talent to the right, stimulating working environment.

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WORK & MOVE, THE BRAIN IN THE SPOTLIGHT

he author worked for 6 years in the British Premier League as a clinical neuropsychologist and applied scientific knowledge of brain and cognition to advance team performance and individual wellbeing. According to his methodology there is an important pathway through which health can be improved on the short- as well the long run. First you have to detect the (hidden) talents in people and connect those factors to an active appropriate environment. Like physical exercise is beneficial for health below the neck, the workplace can be beneficial for health above the neck. Brain development and intellectual / cognitive growth is as important as physical health to improve health span, the portion of the life span spent in relatively good health.

The workplace is an important factor in brain health and has to be all about cognitive movement. It should fit the needs for each one's talent in which creativity can interact with an active suitable working environment to prevent stress and depression. The number one disease in Western Europe and the USA. Alternating posture and focus shows improved results in concentration, problem solving capabilities, energy levels and condition of body and mind in general. The second step is to face the challenges in the area of behaviour change. In this lecture we look into the aspects of coaching our brain and body in such a way that lasting behavioural change can be achieved which will improve long lasting positive effects on health. The ultimate challenge is to add three years to a person's life by creating a perfect fit of his talents in an active, suitable working condition.



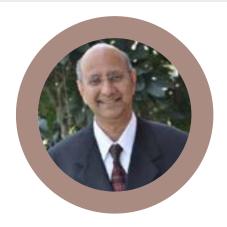
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Mukesh Verma

National Institutes of Health, USA

Biography

Mukesh Verma is Chief of the Epidemiology and Genomics Research Program's (EGRP) Methods and Technologies Branch (MTB), and oversees its research portfolio and initiatives that focus on methods to address epidemiologic data collection, study design and analysis, and to modify technological approaches developed in the context of other research endeavors for use as biomarkers and methods to understand cancer susceptibility. He is responsible for stimulating research in implication of omics approaches to understand cancer etiology. He represents NCI in Common Fund Programs on (1) Epigenomics (2) Metabolomics and (3) Molecular Transducers of Physical Activity and (4) congressionally mandated program on Environmental Influences on Child Health Outcome (ECHO). Since joining the NCI, he sought to champion the visibility of and investment in cancer epigenetics research both within the Institute and across other federal and non-governmental agencies, and to raise public awareness about controlling cancer.

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EPIGENETIC APPROACHES IN CANCER RISK ASSESSMENT AND ETIOLOGY

Several approaches are applied to identify risk of developing cancer in different ethnic and racial groups. One of the approaches is epigenetics that facilitates cancer control throughout the cancer core continuum. To understand current progress and trends in the inclusion of epigenetics in cancer epidemiology, we evaluated the published literature and the National Cancer Institute (NCI) supported research grant awards in this field to identify trends in epigenetics research. We present a summary of the epidemiological studies in NCI's grant portfolio and in the scientific literature published irrespective of support from NCI. Biomarkers identified in the analysis might be useful in risk prediction of different cancers. Breast cancer was the most frequently studied cancer type in grants and publications. Blood cells and tumor tissue were the most commonly used biospecimens in these studies, although buccal cells, cervical cells, sputum, and stool samples also were used. DNA methylation profiling was the focus of the majority of studies, but several studies also measured microRNA profiles. We illustrate here the current status of epidemiologic studies that are evaluating epigenetic changes in large populations. Some research needs include developing improved strategies for epigenetic data analysis and interpretation; determining the stability of epigenetic marks in repeated biospecimen samples from the same people over time; and studies that examine the relationship between epigenetic marks in germline DNA and tumor DNA. While there are limitations to the broad application of epigenomics to epidemiology research, there are situations where this type of research is appropriate and it should be considered.

