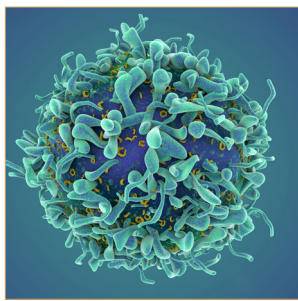
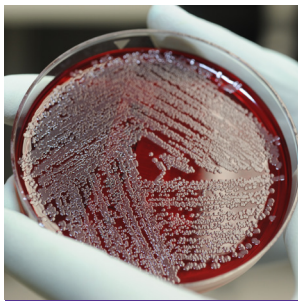


Accepted Abstracts

Infectious Disease 2019 *Europathology 2019*



Joint Event
International Conference on
Pathology and Infectious Diseases
&
3rd International Conference on
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November 11-12, 2019 | Singapore

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Rethinking global health governance in a changing international order: can innovative 'soft power' diplomacy of the 'rising powers' (rps) contribute to the significant progress in advancing treatment and prevention of infectious diseases in the global south ?

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This idea of this presentation stems largely from the dismal experience and lessons from the initially slow and relatively ineffective global response to both the 2014-16 West African and the current Democratic Republic of Congo (DRC) Ebola virus epidemic. In the light of the end of the liberal international order (witness Trump's 'America First' approach in international relations) and decline in the importance of global institutions and the multilateral system, the presentation will argue that the 'Rising Powers' (RPs) of the larger emerging economies in the global South (e.g. China, India, the presentation will argue that South Korea, Turkey, Brazil, Indonesia, etc.) can move in and play a 'leadership' or influential role in championing a much-needed reform to the global health architecture aimed at improving the global response to epidemics and infectious diseases. The prominence of health-related objectives among the UN Sustainable Development Goals (SDGs), Agenda 2030, provides an opportunity for the RPs to use their increasingly influential role in the international development cooperation landscape, particularly soft-power diplomacy, to precipitate innovations in global health governance. Over the past decade, some RPs have incorporated distinct healthcare improvement projects in their development assistance programmes in African and other developing countries. In 2017, the RPs were instrumental in securing the election of the African Union-supported candidate (Ethiopia's Foreign Minister) to head the global health body, the WHO, which is an indication of the RPs' potential ability to introduce reforms and innovations in the global health architecture from the 'inside'. Prior to this, the BRICS group of RPs - (Brazil, Russia, India, China and South Africa) - were already becoming a new force in global health, especially in terms of

their material support for strengthening of domestic health systems to address infectious diseases and progress towards universal health coverage. It is from this perspective that the presentation will call for a combination of the RPs' health diplomacy and development partnership as an important tool for responding to post-2015 global health challenges. The presentation will come up with suggestions regarding specific approaches and actions that can be embraced by the RPs toward what is needed for: (1) stimulating innovation in global health governance; and (2) strengthening health systems and health security at country and regional levels for improved response to the treatment and control of infectious diseases. These suggestions are premised on the understanding that both development challenges and economic situations are changing in the developing regions and, therefore, the global order needs to adapt. While current deliberations on global health policy tend to focus largely on what will be needed to achieve new health targets set in the SDGs, the presentation – in identifying a 'leadership' role for the RPs - will argue that more is needed on 'how' to respond to post-2015 health challenges. How can the RPs be a champion for global governance reform and innovation that is aimed at producing strong, resilient and equitable global systems that enable all people to live healthy lives? How can the rising powers use soft power diplomacy to enhance disease surveillance and detection capacities, as well as promote improved regional and international coordination in responding to epidemics and emerging health threats? How can the rising provide incentives for investment in R&D and manufacturing of medicines to tackle neglected and poverty-related diseases?

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Patient implication usefulness of a hand hygiene promoting campaign

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Hand Hygiene (HH) is considered as a key technique for preventing infections for reducing the transmission but the compliance is very low so multimodal strategies are proposed for improving compliance with washing techniques.

Material and methods: A cross-sectional three phase observational study was held in the Department of Internal Medicine with 122 beds in individual rooms, each equipped with a water-alcohol solution. Each year this Department registers approximately 5000 admissions. In the pre-campaign phase, the patients or caregivers were asked whether they had seen the physician perform HH with the water-alcohol solution upon entering or leaving the room. We perform the a promotional campaign targeted to the physicians on an individualized basis where the results were explained, a reminder of the indications of HH was provided, and they were informed that the patients were aware of the recommendations and would document whether HH was carried out. Informative posters were also placed. The second (post-campaign) and third (two months post-campaign) phases involved the repetition of data collection one week and two months after the campaign, A total of 34 physicians, among staff members of all the specialties in the Department of Internal Medicine and the residents in training rotating through the Department, participated in the study. A total of

85 patients was included in the first phase,

Results: The percentage of patients who remembered the physician performing HH before visiting increased from 22.4% in the first phase to 40.7% in the second – this representing a statistically significant increase of 82% (incident rate ratio [IRR] 1.82 [1.04-3.16]; $p = 0.034$). The third phase also discovered an increase in compliance with respect to the pre-campaign phase, though of lesser magnitude (32.1%) and without reaching statistical significance (IRR 1.43 [0.79-2.6]; $p = 0.23$) (Poisson regression analysis). With regard to HH at the end of visit, compliance likewise increased from 14.1% to 30.8% in the second phase (IRR 2.17 [1.11-4.29]; $p = 0.024$) and decreased again to 26.9% two months after the intervention (IRR 1.91 [0.94-3.87]; $p = 0.074$).

Conclusion: The introduction of a campaign to promote HH with implication of the patient as a witness (observer) and motivational reinforcement has a important impact that nevertheless appears to become attenuated over time. New and sustained interventions may be required to progress short- and long-term compliance and thus reduce the incidence of infections associated with healthcare.

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Gastric cancer AnnexinA5 knockdown could suppress cell proliferation and metastasis

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Gastric cancer is one of the most deadly disease around the world. However, the mechanism of it is still unclear. AnnexinA5 is one of the calcium-dependent phospholipid binding protein which is involved in the cell membrane dynamics and cell signal transduction. Whether AnnexinA5 play any role in the development of gastric cancer is still unknown. In this study, RNA interfering was performed to silence AnnexinA5 in gastric cancer cell lines MGC-803 and MKN-45. Cell proliferation was detected by MTT method,

while cell metastasis was examined by Wound healing assay and Transwell assay respectively. Western blotting was employed to detect the expression of the EMT marker genes and the key genes in the ERK signal pathway. Our results indicated that AnnexinA5 acted as an oncogene suppressor and could suppress cell proliferation and metastasis in gastric cancer which might via ERK signal pathway.

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Rare Zika case associated with Guillain-Barré Syndrome and Abortion: placental inflammation and fetal injury

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Zika virus (ZIKV) is an emerging virus involved in recent outbreaks in Brazil. The association between the virus and Guillain-Barré syndrome (GBS) or congenital disorders has raised a worldwide concern. In this work, we investigated a rare Zika case, which was associated with GBS and spontaneous retained abortion. Pregnant, black, 25 years old, started with rash of limbs, itching and vomiting. Transvaginal ultrasonography evidenced cephalic circumference suggesting 15 weeks of gestational age, lack of heartbeat, and non-apparent active movements, with diagnosis of death and retained fetus (stillbirth). The patient evolved to ascending and symmetrical flaccid tetraparesis, paresthesia, areflexia, presenting hands with pendular movement, disautonomia and signs of respiratory insufficiency, characterizing the GBS. Using specific anti-ZIKV staining, the virus was identified in placenta (mainly in Hofbauer cells) and in several fetal tissues,

such as brain, lungs, kidneys, skin and liver. Histological analyses of the placenta and fetal organs revealed different types of tissue abnormalities, which included inflammation, hemorrhage, edema and necrosis in placenta, as well as tissue disorganization in the fetus. Increased cellularity (Hofbauer cells and TCD8+ lymphocytes), expression of local pro-inflammatory cytokines such as IFN- γ and TNF- α , and other markers, such as RANTES and VEGFR2, supported placental inflammation and dysfunction. The commitment of the maternal-fetal link in association with fetal damage gave rise to a discussion regarding the influence of the maternal immunity toward the fetal development. Findings presented in this work may help understanding the ZIKV immunopathogenesis under the rare contexts of spontaneous abortions in association with GBS.

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