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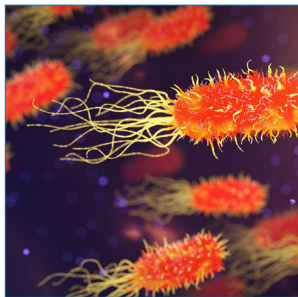
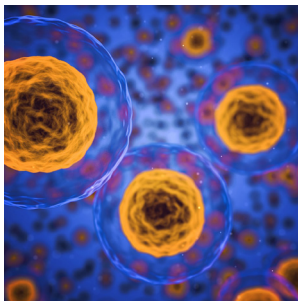
# Keynote Forum

## November 21, 2019

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***STD AIDS 2019***

***IMMUNOLOGY CONGRESS 2019***



Joint Event on  
Global Experts Meeting on  
**STD-AIDS and Infectious Diseases**

&

12<sup>th</sup> International Conference on  
**Allergy, Immunology and Rheumatology**

November 21-22, 2019 | Singapore



## **Amanda Carter**

*CARAFAP, USA*

### **Addressing Autism Spectrum Disorder and Effective Treatment Methodologies to Mitigate Maladaptive Behaviors**

Autism Spectrum Disorder is a developmental disability that causes significant social, communication, and behavioral challenges. Autism can be detected as young as 18 months or younger, and by the age of 2, a diagnosis can be provided; nevertheless, the vast majority of individuals do not receive final diagnosis until they are much older. Autism does not discriminate and can occur with all ages, racial and ethnic groups. Autism is more common in boys than in girls and researchers estimate the disorder to affect four times as many boys as girls (Ubelacker, 2010). Autism is a growing epidemic and the etiology is still unknown. Many individuals who carry this diagnosis are socially oblivious and lack capacity with judgment and decision making. There is some speculation that autism is related to immunizations and environmental factors. Although, autism is a lifelong developmental disability, those diagnosed with high functioning autism are able to function more independently than those diagnosed with profound or severe autism. Moreover, coping with autism is a significant concern for parents as they continue to struggle with finding appropriate individualized transition plans, resources and services needed to assist their children (Carter, 2014).

This presentation will illuminate both high functioning autism and profound autism in an effort to address effective treatment methodologies.

Some signs and symptoms associated with autism include the following:

- Does not babble by 12 months
- Does not use gestures or single words by 12 to 18 months
- Does not say two-word phrases on their own by 24 months
- Loss of language and social skill

- Echolalia
- Limited eye contact
- Preoccupation with preferred objects (socks, trains, and toys that may move, etc.)
- Disengaged in parallel play
- Difficulty with transition and routines
- Sensory difficulties
- Prefers not to be cuddled
- Rigidity
- Literal thinkers
- Abstract
- Lacks friendships
- Exceptional memorization skills

Some maladaptive behaviors that individuals with autism may experience include the following:

- Elopement/Wandering
- Detachment
- Soiling of the Clothing
- Aggression
- Property Destruction
- Oblivious to dangerous and/or hazardous situations

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- PICA
- Self-Injury
- Disrobing
- Non-deliberate stealing
- Obsessions

There are copious treatment approaches that could be utilized to decrease undesirable behaviors which includes having a well written treatment plan to address problematic behaviors. Applied behavioral analysis, (hereinafter referred to ABA) is a scientific approach aimed to evaluate and change behavior through measurable and objective data by incorporating qualitative and quantitative analysis. CARAFAP often uses ABA principles to implement task-based analysis, task-execution, forward and backward chaining, and executive functioning skills to treat the behavior. In summation, this presentation

is deigned to present real life case studies that CARAFAP has encountered with consumers, in addition to teaching effective treatment approaches with individuals affected by autism spectrum disorder.

### **Speaker Biography**

Amanda Carter is from the United States of America, and was born in Washington, D.C. She is an only child who was raised in Maryland. She attended Shaw University located in Raleigh, North Carolina for undergraduate studies and successfully completed the required course work in three years with honors with a major in Psychology. Dr. Carter obtained her Masters Degree from Howard University in Washington, D.C. Subsequently, she enrolled into a Doctoral program at Nova Southeastern University located in Fort Lauderdale, Florida and graduated in June 2014. Her dissertation research was conducted in East Haddam, Connecticut which addressed Parental Perceptions for Adolescents diagnosed with Asperger's Syndrome and/or Autism Spectrum Disorder.

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## ***Paul R Bohjanen***

*University of Minnesota, USA*

### **Improving outcomes of cryptococcal meningitis in Sub-Saharan Africa**


**C**ryptococcal meningitis (CM) is a leading cause of death in persons with HIV-infection worldwide and is responsible for 15% of all AIDS deaths. Despite increasing availability of antiretroviral therapy (ART) and anti-fungal therapy, CM mortality remains 50-70% and continues to kill 181,000 people per year, with most deaths occurring in sub-Saharan Africa. An important contributor to mortality in patients with CM is HIV immune reconstitution inflammatory syndrome (IRIS), a frequent and often deadly inflammatory reaction that occurs after patients with advanced AIDS initiate ART due a dysregulated inflammatory response to their infection. IRIS is associated with CM in up to 25% of cases, with manifestations that include increased intracranial pressure, blindness, deafness, cognitive dysfunction, focal neurologic deficits, or death. In patients with CM, delaying initiation of ART until after 6-8 weeks of effective anti-fungal therapy improves mortality compared to immediate initiation of ART. Delaying initiation of ART in patients with CM may prevent development of pathological inflammatory responses associated with IRIS. Biomarker studies evaluating cytokine expression and gene expression in peripheral blood or CSF have shown that the type of immune response mounted by patients with CM

can be useful to predict the development of IRIS or death. Th2 responses, characterized by production of interleukin-4, are associated with increased development of IRIS and death, whereas Th1 response, characterized by high levels of interferon-gamma, are associated with improved outcomes. Immune therapies that promote effective responses in patients with CM might could improve outcomes. A challenge to improving outcomes of CM in sub-Saharan Africa is the lack of infrastructure and resources, and further work is needed to optimize therapies in resource poor settings.

#### **Speaker Biography**

Paul R Bohjanen is Director of the Program in Infection and Immunity and Professor of Medicine, Microbiology and Immunology at the University of Minnesota, USA. He is a physician-scientist with a basic science research interest in T cell gene regulation and a clinical interest in HIV infection. He has engaged in collaborative research with the Infectious Diseases Institute at Makerere University in Kampala, Uganda for the past 16 years, with research focused on understanding the pathogenesis of HIV-associated immune reconstitution inflammatory syndrome and cryptococcal meningitis. He is currently working to improve outcomes of cryptococcal meningitis in resource-poor rural settings.

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## **Huaizhong Hu**

*Beijing Konruns Pharmaceutical Co. Ltd, China*

### **Using Protein Array to Search for Clinically Useful Biomarkers**

**D**iagnostic biomarkers are required for clinical practice in situations assessing patient disease status for optimal management. We used a cytokine/chemokine protein array to screen for novel biomarkers that were diagnostically useful. The array consists of over 250 antibody pairs directed at cytokines/chemokines. Clinical samples of blood, urine and vaginal fluid were collected and applied on the array for the screening process. By comparing to the control samples a panel of candidate proteins were selected from the patients for further evaluation using quantitative immunoassay. Based on the quantitative results, the candidates were then narrowed to 1-3 soluble proteins that were highly sensitive and specific for the disease diagnosis.


Using the protein array technology we have successfully identified biomarkers diagnostic for injuries in kidney transplant, prelabor membrane rupture, and preeclampsia. These biomarkers are IP-10 and Mig for kidney injury, sICAM-1 for prelabor membrane rupture, and adipsin for

preeclampsia. These biomarkers are assessed on urine or vaginal fluid samples, and are highly sensitive and specific for the disease diagnosis when applied to the patient management.

#### **Speaker Biography**

Huaizhong Hu serves currently as the general manager of the research institute at Beijing Konruns Pharmaceutical Company. Prior to Konruns He spent 10 years at Covance Laboratory and held senior scientific positions. Dr. Hu was a Lee Kuan Yew Research Fellow at the Department of Microbiology, National University of Singapore. He received his Medical Doctor Degree from West China University of Medical Sciences and subsequently his PhD from Utrecht University, The Netherlands. He was a Postdoctoral Fellow in immunology at the NIH where he successfully cloned and functionally evaluated a recombinant immunotoxin that has been developed and tested in a Phase II clinical trial for skin T cell lymphoma. He has authored over 60 publications in peer-reviewed international biomedical journals, and is an inventor of over 30 U.S., Europe and China issued or pending patents.

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## **Naiven Helmy**

*National Research Center, Egypt*

### **Through personalized antimicrobial therapy, Detection and assessing AmpC beta lactamase types in Escherichia coli and Klebsiella pneumonia in Egyptian hospitals**

**M**icroorganisms existed on this earth millions of years before the evolution of man. Beta-lactamase production is the most common mechanism of resistance in Gram negative bacteria. They are of significant concern because they restrict therapeutic options, cause treatment failures and are increasing in occurrence worldwide. Amp C beta-lactamase are Ambler class C or group I cephalosporinases that confer resistance to cephalosporins and cephamycins and are not affected by inhibitors (clavulanic acid, tazobactam and sulbactam). We are seeking effective prevention and detection of an ever-increasing range of infection by multiple drug resistance bacteria and combating antimicrobial resistance including antibiotic resistance


In our study we determined the occurrence of chromosomal and plasmid mediated  $\beta$ -lactamases (AmpC) gene. In addition we evaluated the Prevalence of plasmid Amp C beta-lactamases in *E. coli* and *Klebsiella pneumoniae* to find its burden on Egyptian community. We compared the performance of the phenotypic tests with polymerase chain

reaction (PCR) to reach the most convenient method of detection without compromising accuracy and precision. In the attempts of personalized anti-microbial therapy, we assessed the prevalence of DHA resistant strain of beta-lactamase resistance in Egypt and detecting its mutational sequence.

#### **Speaker Biography**

Naiven Helmy is currently working as a Consultant of clinical microbiology and immunology, Researcher at clinical and chemical pathology department, National research center, Egypt. Member of molecular laboratory center of excellence, National research Centre. Working in one of private megalabs (El mokhtaber laboratory in Egypt) as clinical microbiologist. Shared in several internationally funded community projects as Alleviating and Managing Anemia induced Therapy for Hepatitis C Patients Title: in Seven Villages of Egypt/ Community outreach approach for having a model of a village controlled from diabetes with improved quality of life: Egypt. Has 13 ongoing projects dealing with genetic background of high socially – economic burden infectious and chronic disease with many published scientific publications in well acclaimed journals.

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## Ali Mousa Mahdi Al Mousawi

University of Kerbala, Iraq

### Viral Hepatitis in Kerbala Province in Iraq: Nine Years Epidemiological Study

**Background:** Viral hepatitis is a contagious disease that continues to be a global problem with profound socioeconomic and health burden. We have noticed from our clinical practice that the number of cases is growing especially in Kerbala Province.

**Aim:** we conduct this epidemiological study in Kerbala Province to investigate the incidence rate of Viral Hepatitis (A,B,C and E) infection and to have an insight to the causative factors in view to addressing them and tackle the preventive tools in this big health problem.

**Method:** Data from The Infectious Diseases Registration Office in Kerbala health directorate was revised to review all registered hepatitis cases between 2010 and 2018.

**Results:** of 11427 hepatitis patients, (53.5%) males and (46.6%) females registered in Kerbala Health governorate in nine years (2010-2018). Hepatitis A formed the majority of cases (62.1%) followed by hepatitis B and C and E (24.6%, 11.8% and 1.3%, respectively). Converting frequency to incidence rates showed that the annual rate of the four main types of hepatitis were 0.069, 0.028, 0.013, 0.001 per 100,000 population, respectively. Within the four main geographical areas in Kerbala (City Centre, Hindia, Al Hussainia and Hurr) the incidence of hepatitis A per 100,000


population was markedly higher in the city Centre. Children and adolescents were the mostly affected age groups as they formed more than three quarters of the patients, but there was no significant gender difference. Seasonal variation was very clear as summer months were marked with significant increase in incidence rates.

**Conclusion:** Health policy decision makers need to address the serious health issue and implement a more proactive plan in the near future to tackle this problem.

#### Speaker Biography

Ali Mousa Mahdi Al Mousawi has obtained his degree, M.B, Ch.B 1979, M.Sc. (Community Medicine) 1985 and is a Specialist doctor (Community Medicine) Director of the department of Preventive health at the Directorate of Health-Kerbala; from Feb.1985-18 Apr.2003. He is also Deputy general director of Kerbala health directorate 19 Apr. 2003-1 Apr.2005. Till now, he is a Lecturer and Decider of Dept. of Family and Community Medicine Kerbala Medical college 1Apr.2005-2005. He has successfully conducted Training courses: More than eighty training courses and workshops on primary health care programs and community medicine. Dr. Mousawi has done sixty two conference paper presentations in Iraq, Jordon, UK, Italy and Iran and published fifty papers in medical journals.

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