

ESPID RESEARCH MASTERCLASS 2015

Abstract book

Table of contents:

•	ERMC 2015 Programp.	2
•	Keynote speaker short biop.	4
•	One slide presentation of each groupp.	6
•	Abstracts for the presentationsp.	13
9	FRMC participantsp.	31

ERMC 2015 Program

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8.15-8.30	Coffee
8.30-8.40	Welcome and group presentation Pierre Smeesters
	Session I: Immunology (8.40-10.00) Chairs: Navin Boeddha and Adilia Warris
8.40-9.00	The influence of age, gender and nutritional status on the cytokine-response in children Marie-Luise Summerer <i>et al</i> .
9.00-9.20	A novel PIFA1 mutation underlying familial invasive meningococcal diseases Bayarchimeg Mashbat <i>et al</i> .
9.20-9.40	To analyse the anti-viral IFN- α JAK/STAT pathway in HCV infected children Julie Lucey et al.
9.40-10.00	Innate antifungal mechanisms of Cystic Fibrosis phagocytes. Shan Brunel <i>et al</i> .
10.00-10.30	Coffee Break
	Session II: Medical Microbiology (10.30-11.50) Chairs: Stefanie Henriet and Tobias Tenenbaum
10.30-10.50	Diagnosis of congenital CMV beyond the neonatal period: what then? Teresa del Rosal <i>et al</i> .
10.50-11.10	European Childhood Life-threatening Infectious Disease Study — Challenges and first results Daniela Klobassa <i>et al</i> .
11.10-11.30	Virologic failure among children taking Lopinavir/Ritonavir — containing HAART in Ecuador Luis Guerra <i>et al</i> .
11.30-11.50	Antimicrobial susceptibility of toxigenic <i>Corynebacterium Diphteria</i> in east Java, Indonesia Dwiyanti Puspitasari <i>et al</i> .
11.50-12.25	Keynote lecture "How to write a scientific abstract? An interactive writing seminar" Ron Dagan Chairs: Ana Brett & Pierre Smeesters
12.25-13.50) Lunch

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	Session III: New diagnostics and treatment (13.50-15.30) Chairs: Alexa Dierig and Pablo Rojo
13.50-14.10	Evaluation of biomarkers for Alzheimer's disease in cerebrospinal fluid among children with enteroviral meningitis Artur Sulik <i>et al</i> .
14.10-14.30	CARPE DIEM: How we seized the day! Lilliam Ambroggio et al.
14.30-14.50	Experimental Aspergillus nidulans infection in Chronic Granulomatous Disease mice Jill King et al .
14.50-15.10	Newborn screening of severe primary immunodeficiencies Peter Olbrich <i>et al</i> .
15.10-15.30	New perspectives in management of recurrent <i>Clostridium difficile</i> colitis in the pediatric population
	Sabina Schiopu et al.
15.30-16.00	Coffee Break
	Session IV: Vaccine (16.00-17.20) Chairs: Luis Escosa-García and Ron Dagan
16.00-16.20	Immunogenicity and immunological memory induced by pneumococcal conjugate and plain polysaccharide vaccine in perinatally HIV infected subjects" Evi Farmaki <i>et al</i> .
16.20-16.40	Invasive pneumococcal disease in Brazilian children: a fifteen-year hospital-based surveillance study - pcv10 impact and serotypes distribution Daniel Jarovsky <i>et al.</i>
16.40-17.00	Development of pneumococcal surface proteins for vaccine studies and serodiagnosis Marta Benavides <i>et al</i> .
17.00-17.20	Evaluation of immunogenicity and protective efficacy of selected immunodominant B-cell epitopes within virulent surface proteins of S. Pneumoniae, in a mouse model forpneumococcal sepsis. Theodora Papastamatiou et al.
17.20-17.3	O Closing remark Adilia Warris

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Abstract 8: ANTIMICROBIAL SUSCEPTIBILITY OF TOXIGENIC *CORYNEBACTERIUM DIPHTHERIA* (IN EAST JAVA PROVINCE, INDONESIA)

Authors: Dwiyanti Puspitasari, Alif Mutahhar, Leny Kartina, Dominicus Husada, Eveline Irawan*, Parwati Setiono Basuki, Ismoedijanto Moedjito

Background and aims: Diphtheria still caused serious health problems in some part of the world and Indonesia ranks 2nd highest since 2010. In 2011, there were 806 diphtheria cases, more than 80% from East Java Province. Recent publication on antibiotics' susceptibility against *Corynebacterium diphtheriae* in the world were few, and no data from Indonesia. This study wants to determine the sensitivity pattern of several antibiotics against *C. diphtheria* isolates.

Methods: A descriptive, cross sectional, observational study was performed against 57 toxigenic *C. diphtheriae* isolates taken by clustered random sampling from 230 isolates collected across East Java Province during diphtheria outbreak from 2011-2014. The isolates stored and studied at the Center for Health Laboratory (BBLK) Surabaya, which is National Reference Laboratory for Diphtheria in Indonesia. Toxigenicity test were performed using Elek test. Susceptibility against Erythromycin, Ciprofloxacin, and Benzylpenicillin using Epsilometer test/E-Test with interpretive criteria from CLSI.

Results: Susceptibitity test performed against 51(89.5%) and 6(10.5%) isolates of *C. diphtheria* strain *mitis* and *gravis*, 75% from cases and 25% diphtheria carrier. Sensitivity to Benzylpenicillin, Erythromycin and Ciprofloxacin were 89.5 %(MIC 0.094- $0.5\mu g/mL$); 89.5% (MIC<0.016-0.016 $\mu g/mL$); and 100 %(MIC 0.032- $0.19\mu g/mL$). There were each 5(8.8%) isolates had intermediate sensitivity against Benzylpenicillin (MIC $1.5\mu g/mL$) and Erythromycin (MIC $1.5\mu g/mL$). One isolates were resistant to Benzylpenicillin (MIC $4\mu g/mL$) and Erythromycin (MIC $6\mu g/mL$). All *C. diphtheria* strain *gravis* were intermediate and resistant to benzylpenicillin and erythromycin.

Conclusions: Erythromycin and benzylpenicillin in vitro is still effective as standard therapy for diphtheria, except in *C. diphtheria* strain gravis. In vitro, all *C. diphtheria* were sensitive against ciprofloxacin.

Question by: Luis Prieto