

Session Attendance

Title	Date	Time
INDUSTRY SYMPOSIUM 3	06/05/2019	14:45 - 16:15
INDUSTRY SYMPOSIUM 4	06/05/2019	16:45 - 18:15
INDUSTRY SYMPOSIUM 5	06/05/2019	18:30 - 20:00
INDUSTRY SYMPOSIUM 6	07/05/2019	08:00 - 09:15
INDUSTRY SYMPOSIUM 7	07/05/2019	09:30 - 11:00
INDUSTRY SYMPOSIUM 8	07/05/2019	11:30 - 13:00
INDUSTRY SYMPOSIUM 9	07/05/2019	13:45 - 15:15
PIDS/ESPID JOINT PLENARY SYMPOSIUM - THE FUTURE OF VACCINES (IS NOW)	07/05/2019	15:30 - 17:00
ESPID PLENARY 2 - OPENING SYMPOSIUM - ANTIBIOTIC USE ACROSS EUROPE – DIFFERENCES AND CHALLENGES	07/05/2019	17:30 - 19:30
ADVAC SESSION	07/05/2019	20:00 - 21:30
MEET THE EXPERT 5 - PREVENTION OF VERTICAL TRANSMISSION OF HIV	08/05/2019	07:00 - 07:50
PLENARY SYMPOSIUM 3 - ONE HEALTH – THE HUMAN – ANIMAL INTERFACE	08/05/2019	08:00 - 09:30
ORAL PRESENTATION SESSION 3 - NEONATAL INFECTIONS	08/05/2019	10:00 - 11:00
ESPID SYMPOSIUM 1 - PAEDIATRIC SEPSIS	08/05/2019	13:40 - 15:10
ESPID SYMPOSIUM 2 - VACCINE CHALLENGES	08/05/2019	13:40 - 15:10
ESPID SYMPOSIUM 3- PERINATAL INFECTIONS - THE MOTHER - INFANT PAIR	08/05/2019	13:40 - 15:10
ESPID SYMPOSIUM 8 - CONGENITAL CMV INFECTION	08/05/2019	15:40 - 17:10



ESPID 2019 Travel Award Notification

Yahoo-Inbox

- **Diyana Yosifova** <dyosifova@kenes.com>

To: dominicus husada@yahoo.com

1 Mar at 6:59 pm

37th Annual Meeting of the European Society for Paediatric Infectious Diseases

Ljubljana, Slovenia | May 6 – 11, 2019

Dear Dr. Dominicus Husada,

We are pleased to inform you that your application was accepted to receive the ESPID Annual Meeting Travel Award. Accepted applicants receive benefits including support for economy class air and/or train travel to Ljubljana, Slovenia, accommodation for up to 5 nights at the Park Hotel, and free registration for the Meeting.

Please note: Applicants are required to register, book their accommodation, and contact the travel agency by March 12, 2019. Applicants who fail to do so will be removed from the award scheme entirely. It is essential that you follow the procedures set out below. Bookings done independently WILL NOT BE REIMBURSED.

REGISTRATION & HOTEL ACCOMMODATION

Please click [here](#) to register and book your accommodation.

TRAVEL SUPPORT

In order to receive support for your travel to the Meeting, you will need to make all travel arrangements to the Meeting via our officially appointed travel agent, Ophir Tours. Travel bookings made on your own will not be reimbursed. Please note that the conditions of the funding given to ESPID for the award scheme prevent us from reimbursing any expenses and payments you make yourself.

Please contact the official travel agent at: espid-grant@cwt.co.il with your required arrival and departure dates and the airport and/or railway station from which you will be travelling to the Meeting. Please send as well: names as in passport, gender, date of birth and mobile number. Please note that the offered travel options which meet your allocated travel amount may be direct or indirect flights and, for train travel, may be at off peak times.

- If you are travelling by air, please note that travel between your home and your local airport, and between the Ljubljana airport and the venue cannot be funded as part of the travel support. You will need to cover these costs yourself.
- Please note that once a flight/train ticket is booked, changes cannot be made to the booking.

ATTENDANCE DURING THE MEETING

ESPID requires recipients of the travel award to attend sessions throughout the entire Meeting. Attendance is logged by scanning the personal name badge on entry to each session hall. Any award recipients whose logged attendance falls below 80% of timetabled periods during the main Meeting (Tuesday pm to Friday am inclusive) will be permanently excluded from applying for ESPID travel awards in the future. Accordingly, you should not accept this award unless you intend to be present throughout the Meeting. If you accept, it is critical that you log your presence at every session you attend.

We look forward to seeing you in Ljubljana!

Best wishes ESPID 2019 Meeting Organiser

ADVERSE EVENT FOLLOWING IMMUNIZATION DURING THE OUTBREAK RESPONSE IMMUNIZATION AGAINST DIPHTHERIA IN EAST JAVA 2018

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INTRODUCTION

Outbreak of diphtheria hit the East Java Province since 2011. The recorded clinical diphtheria patients during this period was more than 3000 people. The Indonesian Ministry of Health and the government of East Java Province had performed various attempts to end the outbreak but until today the problem continues.^{1,2} The last action for the diphtheria outbreak was the outbreak response immunization (ORI) in 2018.

The government of the Republic of Indonesia performed a three-round ORI to tackle continuous high-number of the diphtheria cases in the province (total population of 35 million people). These ORI targeted 1-19-year-old children in all 38 districts. Many countries all over the world also performed the ORI to end the diphtheria outbreak in the past.^{3,4}

Every time immunization is given, the health officer should be aware of adverse event following immunization (AEFI). The AEFI reporting and recording activities is very important in order to maintain the quality of immunization program and to prevent its negative impact.^{5,6,7} During this ORI activity, the record and report of the adverse event following immunization (AEFI) was also monitored. The aim of this study was to report the AEFI data during the three-round of ORI against diphtheria in East Java Province in 2018.

MATERIAL AND METHODS

The reports were collected from 38 district health offices on daily, weekly, and monthly basis. It included the type of AEFI, level of severity, time or onset of the AEFI, the vaccines, the demography data (include name, age, sex, and the address), and also the health officers involved. Cold chain mechanism was examined separately.

The sources of AEFI initial report were the health officers, the hospitals, the private clinics, and the patients. For each incident, the short chronological story was also recorded. If the AEFI was serious, the home of the patients was visited also. The contents of the medical

records of the patients, if they were hospitalized were discussed with the responsible medical doctors. Important clinical features and additional laboratory results were recorded, too.

All non serious AEFI were discussed by the the AEFI Committee at the district level. For serious AEFI, the discussions were done in the AEFI Committee at the provincial level. All reports were then send to the national committee.

RESULTS

For the whole year period the coverage of three ORIs was 30,703,416 children doses (in total). There were 2007 reported cases of AEFI (0.007%). Only twenty-four cases were classified as serious AEFI and involved seven among 38 districts in the province. Bangkalan was the most prominent district with 1314 reports.

In two incidents, the large numbers of children were involved, one with food poisoning (219 adolescents) and the second with mass hysteria. All serious cases were not related to the vaccines.

DISCUSSION

AEFI is one of the most significant obstacles in immunization program.⁵⁻⁷ The good management of AEFI will boost the coverage of immunization. In East Java, one of the most populated province in Indonesia, AEFI is handled by the Provincial AEFI Committee. This committee has 3 members and run a regular meeting every one or two months, beside additional meeting for every reported serious case. Because of its number of immunization target, the East Java Province always has big impact in the national level.

During the diphtheria outbreak period since 2011, the government has tried various efforts but the results were not as good as wanted.^{1,2} Table 1 describes the number of diphtheria patients for several years. The last effort to stop the outbreak was the ORI in 2018. This ORI was successful, in term of the coverage of immunized children.

During the ORI, the number of reported AEFI was very small. The cause of this low number was probably the lack of awareness, the limited knowledge, or the hesitancy of the health officers and the people in the community.^{5,6} There is a common misperception saying that AEFI is caused by the immunization. Health officers are afraid to report any case since he or she considers this AEFI as a negative point of immunization practice. Some people also tend to avoid to make reports since they consider some AEFI are common. Fever after DwPT (diphtheria-whole cell pertussis-tetanus) vaccine is a common thing found in the community level.⁸

During the outbreak period, the most severe area were the northern and eastern parts of the province. This area known traditionally as the horse-shoe area. Bangkalan was the district with the highest number of reports. Bangkalan is on the northern part of the province. This district also had one of the highest number of diphtheria patients since the outbreak began.³

Table 1. The diphtheria morbidity and mortality in East Java (2011-2016)

NO	YEAR	TOTAL CASES			PROBABLE			CONFIRMED		
		CASES	DEATH	CFR	CASES	DEATH	CFR	CASES	DEATH	CFR
1	2011	665	20	3.0%	627	19	3.0%	38	1	2.6%
2	2012	955	37	3.9%	867	32	3.7%	88	5	5.7%
3	2013	653	27	4.1%	610	22	3.6%	43	5	11.6%
4	2014	442	10	2.3%	434	9	2.1%	8	1	12.5%
5	2015	319	11	3.4%	305	9	2.9%	14	2	14.3%
6	2016	320	6	1.9%	311	5	1.6%	9	1	11%

Only 7 districts (among 38) made the records of AEFI and reported them. This is very low. We need to disseminate the information regarding AEFI more intensively for the whole province. As one of the main decisive factor for the successfulnes of *immunization program*, the number of reported AEFI should be higher. The result of this study is a basic to strengthen the strategy for distributing information, training the health officers, and advocating many people, regarding the AEFI problems.

CONCLUSION

In conclusion, tThe AEFI numbers during the ORI program in East Java province in Indonesia was very low. Only 2007 cases were reported. None of the cases has related to the vaccine.

REFERENCES

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4. Wanlapakorn N, Yoocharoen P, Tharmapornpilas P, Theamboonlers A, Poovorawan Y, 2014. Diphtheria outbreak in Thailand, 2012; seroprevalence of diphtheria antibodies among Thai adults and its implications for immunization programs. *Southeast Asian J Trop Med Publ Health*, vol. 45, no. 5, pp. 1132-41.
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6. Bonhoeffer J, Heininger U. Adverse event following immunization: perception and evidence. *Curr Op Infect Dis* 2007; 20: 237-46.
7. Hadinegoro SRS. Kejadian ikutan pasca imunisasi. *Sari Pediatri* 2000; 2: 2-10.
8. Gunardi H, Rusmil K, Fadlyana E, *et al.* DTWP-HB-Hib: antibody persistence after a primary series, immune response and safety after a booster dose in children 18-24 months old. *BMC Pediatrics* 2018;18:177.

Certificate of Attendance

This is to certify that

Dominicus Husada

Attended the sessions listed in the appendix below during the:

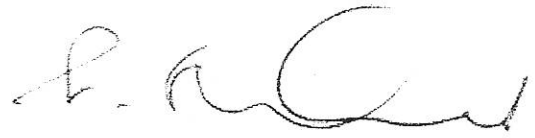
**37th Annual Meeting of the
European Society for Paediatric Infectious Diseases**

Held in:

Ljubljana, Slovenia | May 6 – 11, 2019.



Marko Pokorn



Goran Tešović

Chairs, ESPID 2019 Meeting

