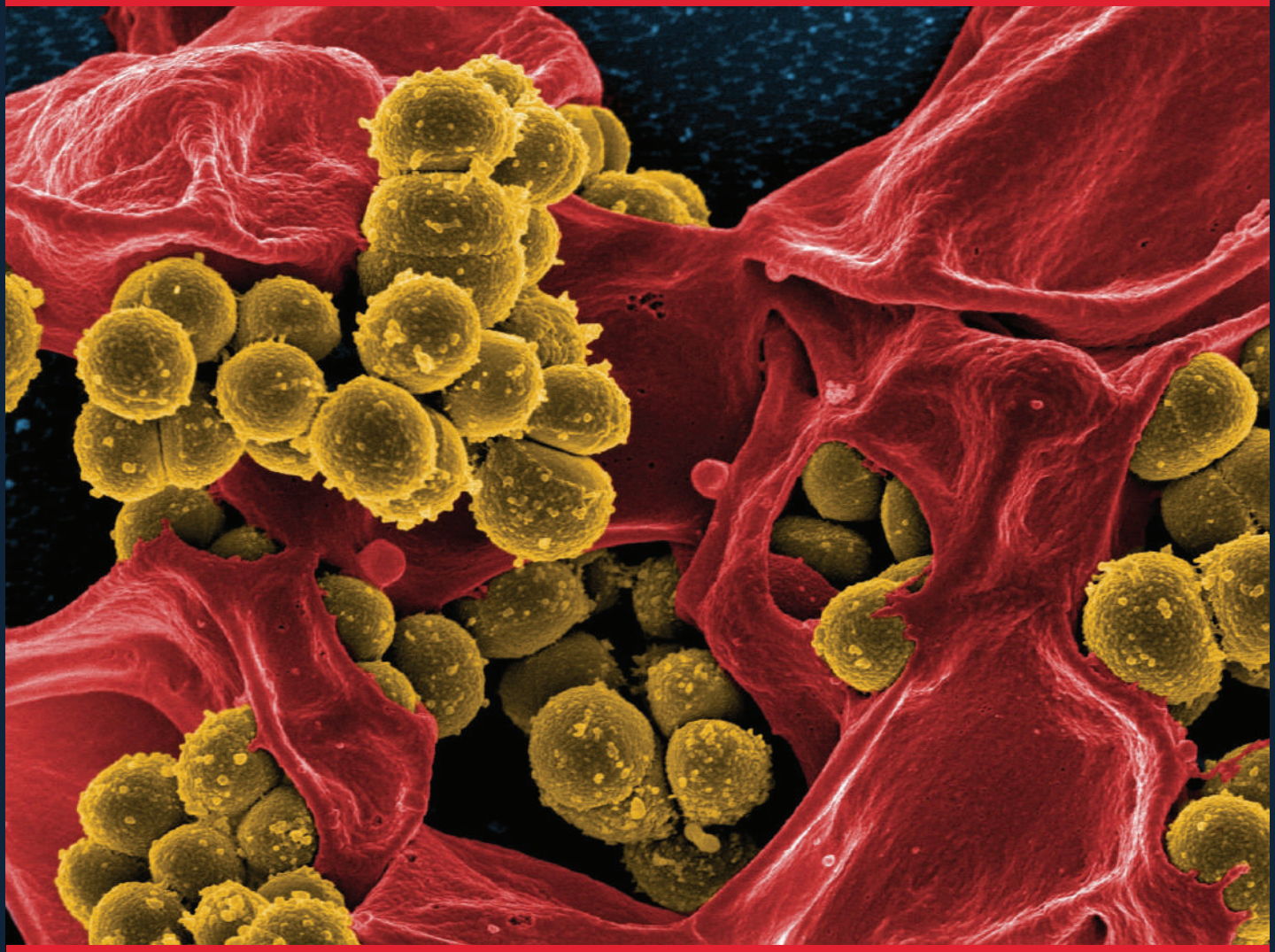
Infectious Disease Updates 2019

Biennial Infectious Disease Conference

June 17 - 18, 2019
Nairobi Hospital Convention Centre, Nairobi, Kenya



Antimicrobial Stewardship Workshop:
June 19, 2019 (Free entry. Limited spaces)

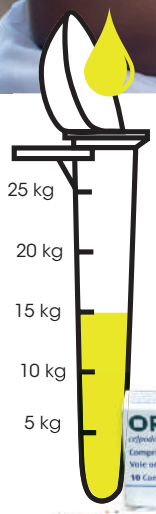
IDSK Annual General Meeting
June 19, 2019 | 1:00 pm-5:00 pm

CONFERENCE BOOKLET

ORELOX®
Cefpodoxime

Proven efficacy in the management of respiratory tract infections[1]

- Broad spectrum antibacterial with good activity against main pathogens causing RTIs [2]
- Effective in the treatment of Acute Sinusitis, Tonsilopharyngitis and Acute Otitis Media [2]
- Convenient twice daily dosing [1]
- More Cost effective than PNV** and Co-Amoxiclav [3]
- Palatable Banana Flavour [1]



Indications[1]	Morning	Evening	Duration
Tonsillitis Pharyngitis	100 mg	100 mg	5 days
Acute sinusitis, Acute otitis media, Acute bronchitis, Chronic bronchitis, Bacterial pneumonia	200 mg	200 mg	5-10 days
Children Suspension	4 mg/kg (0.5 ml/kg)	4 mg/kg (0.5 ml/kg)	5-10 days

Child's weight in kg	Dosage	Frequency
5 kg	2.5 ml	twice a day
10 kg	5.0 ml	twice a day
15 Kg	7.5 ml	twice a day
20 Kg	10 ml	twice a day
25 kg	12.5 ml	twice a day

*Each dose is equivalent to half the child's weight in mls of Orelox suspension taken twice a day. The markings on the spoon is indicated in kg and not mls and corresponds to the child's weight

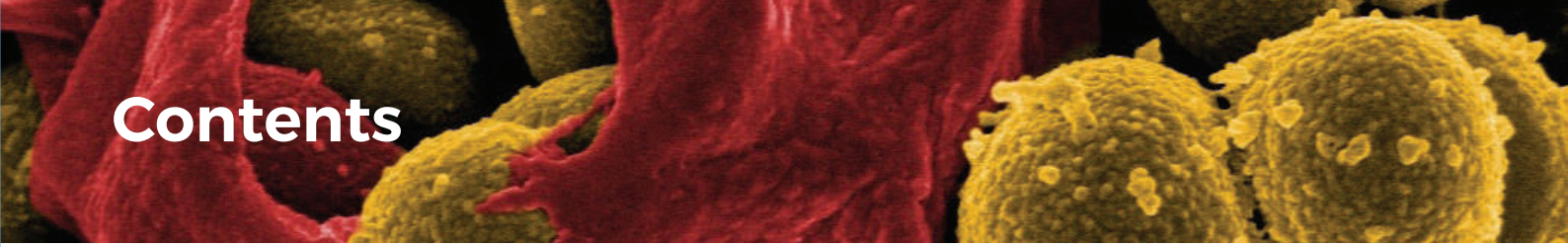
ORELOX® 100 MG FILM-COATED TABLETS BOX OF 10 TABLETS; ORELOX® 40 MG/5 ML GRANULES FOR ORAL SUSPENSION 50ML AND 100ML; Orelox® 200 film-coated tablets box of 10 tablets THERAPEUTIC INDICATIONS: The therapeutic indications of cefpodoxime are based on its antibacterial activity and pharmacokinetic properties. They are limited to the treatment of infections due to bacteria susceptible to cefpodoxime, in particular: Film-coated tablet: In adults: Documented group A beta-hemolytic streptococcal sore throat, Acute sinusitis, Acute bronchial suppuration in subjects at risk (particularly alcoholics, smokers, patients over 65 years of age, etc.), Exacerbation of chronic obstructive pulmonary disease, particularly in repeat episodes or in subjects at risk, Bacterial lung diseases, particularly in subjects at risk. Granules for oral suspension: In children: Acute otitis media, Documented group A beta-hemolytic streptococcal sore throat, Sinusitis, Lower respiratory tract infections. **POSOLOGY AND METHOD OF ADMINISTRATION:** In adults: 200 mg or 400 mg to be taken as 2 divided doses, 12 hours apart during meals, i.e. 2 x 200 mg per day, i.e. 2 tablets morning and evening in: Acute sinusitis and Acute maxillary sinusitis, acute exacerbations of chronic bronchitis, pneumonia; a 5-day treatment has been shown to be effective; Acute bronchial suppuration in subjects at risk, Exacerbation of chronic obstructive pulmonary disease, particularly in repeat episodes or in subjects at risk, Bacterial lung disease, particularly in subjects at risk; 2 x 100 mg per day, i.e. 1 tablet morning and evening in sore throat. Treatment duration for sore throat is 5 days. . In Children: The mean dosage is 8 mg/kg/day, to be taken as 2 divided doses, 12 hours apart. In patients weighing over 25 kg (200 mg/day), the 100 mg tablet can be used. Treatment duration: Treatment duration for sore throat is 5 days. The medicinal product should preferably be administered during meals. **CONTRA-INDICATIONS:** This medicinal product must never be used: in patients with known allergy to cephalosporin antibiotics, in children with phenylketonuria, as the granules for oral suspension contain aspartame (20 mg/5 ml). **SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE:** Treatment should be discontinued if any signs of allergy occur. In patients who are allergic to other beta-lactam antibiotics, the possibility of cross allergy should be taken into account. In patients with severe renal insufficiency it may be necessary to adjust the daily dose based on creatinine clearance (see "Subjects at risk" and "Posology and method of administration"). As with other broad-spectrum antibiotics, prolonged use of cefpodoxime proxetil may result in overgrowth of non-susceptible organisms, which may require treatment discontinuation. Granules for oral suspension: This medicinal product must not be used in infants aged under 15 days, as no controlled studies have been performed. This medicinal product contains sorbitol, lactose and sucrose. It is therefore not recommended in patients with fructose or galactose intolerance, Lapp lactase deficiency, glucose and galactose malabsorption syndrome, or sucrase-isomaltase deficiency (rare hereditary diseases). Film-coated tablets: This medicinal product contains lactose. It is therefore not recommended in patients with galactose intolerance, Lapp lactase deficiency or glucose and galactose malabsorption syndrome (rare hereditary diseases). **INTERACTIONS:** A study has shown that regardless of the type of food, the bioavailability of cefpodoxime increases when the medicinal product is administered during meals. Increased gastric pH: H2 antagonists (ranitidine) and antacids (aluminum hydroxide, sodium bicarbonate) lead to reduced bioavailability. Conversely, a reduction in gastric pH (pentagastrin) induces an increase in bioavailability. The clinical implications of these effects have yet to be determined. Numerous cases of increased oral anticoagulant activity have been reported in patients receiving antibiotics. Certain classes of antibiotics are more involved, particularly: fluoroquinolones, macrolides, cyclines, cotrimoxazole, and certain cephalosporins. **PREGNANCY AND LACTATION:** Pregnancy: Due to the expected benefit, use of cefpodoxime can be considered during pregnancy if necessary, despite insufficient animal and clinical data. Lactation: Excretion in breast milk is low and the amounts passed on to the infant are far lower than therapeutic doses. Consequently, breastfeeding is possible when using this antibiotic. However, if diarrhea, candidiasis or skin eruption occurs in the infant, breast-feeding (or treatment with the medicinal product) must be discontinued. **UNDESIRABLE EFFECTS:** Adverse effects are mainly gastrointestinal disorders: nausea, diarrhea, vomiting, abdominal pain, rash and angioedema. For uncommon, rare and very rare side effects see full prescribing information **OVERDOSE:** As there is absolutely no experience to date, the usual symptomatic treatment should be instituted. In the event of overdose, particularly in patients with renal insufficiency, there is a potential risk of reversible encephalopathy. **PHARMACODYNAMIC PROPERTIES: ANTIBACTERIALS FOR SYSTEMIC USE** ATC code: J01DA33 (J: anti-infectives). 2015 (suspension) Date of SmPC text Revision: Orelox 100mg tabs (12th Feb 2009) (29th July 2016) Orelox 200mg tabs (12th Feb 2009) (29th July 2016), Orelox Oral Suspension (30th Nov 2015) Date of abbreviation 6th April 2017.

**PNV = penicillin V Co- Amoxiclav = Amoxicillin clavulanic acid

1. Orelox summary of product characteristics. Date of last revision Orelox 100mg & 200mg tablets 29th July 2016, Orelox suspension 30th Nov.2016
2. Robert Cohen; Clinical efficacy of cefpodoxime in respiratory tract infections; Journal of antimicrobial chemotherapy (2002)50;
3. Pelc. A et. al. Cost saving of 5-day therapy with cefpodoxime proxetil versus standard 10-day beta-lactam therapy for recurrent pharyngotonsillitis in adults. A prospective general practice study. Pharmacoeconomics 1966 Sep; 10(3):239-50

For more details please refer to the full prescribing information, date of last revision 29 July 2016.
For additional information and for reporting of adverse events please use the following email address: esa.pv@sanofi.com
Sanofi Aventis Kenya Limited, Crowne Plaza Hotel Annex, 13th Floor, Longonot Road, Upperhill. P.O Box 20337 - 00200, Nairobi, Kenya (+254) 20 2051396
(+254) 733-825000/725-801128.
SAESA.CEPR.17.05.0084

SANOFI



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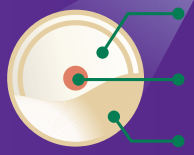
Effective acid control with Nexium™ [1]

Formulated with Multiple Unit Pellet System (MUPS) technology[2, 3]

The MUPS formulation optimises delivery of Nexium to site of absorption[3]



- Esomeprazole (Nexium)[2]
- Sucrose core[2]
- Acid-resistant coating[2]

MUPS[3]

- disperse rapidly in stomach
- ±1000 gastro-resistant micropellets per tablet
- absorption in high pH of duodenum

Nexium™ 40mg esomeprazole

GERD: Gastroesophageal Reflux Disease

References: **1.** Miner PB, Katz PO, Chen Y, *et al.* Reanalysis of intragastric pH results based on updated correction factors for Slimline® and ZineticsTM 24 single-use pH catheters. *American Journal of Gastroenterology.* 2006;1:404-405. **2.** Sirisha KVR, Vijaya Sri K, Suresh K, *et al*. Multiple Unit Pellet Systems – A Review. *International Journal of Pharmacy*. 2012;2(2):419-425. **3.** Aubert J, Mulder CJJ, Schrör K, *et a*l. Omeprazole MUPS: An advanced formulation offering flexibility and predictability for self medication. *SelfCare*. 2011;2(Suppl. 1):1-14

Nexium™ Tablets 20 mg and 40 mg. Each tablet contains 20 mg or 40 mg esomeprazole (as magnesium trihydrate). Contains sucrose 28 mg or 30 mg. **PHARMACEUTICAL FORM:** Gastro-resistant tablet. **THERAPEUTIC INDICATIONS:** NEXIUM tablets are indicated for Adults and adolescents from the age of 12 years for Gastroesophageal Reflux Disease (GERD), treatment of erosive reflux esophagitis, long-term management of patients with healed esophagitis to prevent relapse, symptomatic treatment of gastroesophageal reflux disease (GERD); Adults, In combination with appropriate antibacterial therapeutic regimens for the eradication of *Helicobacter pylori*, healing of *Helicobacter pylori* associated duodenal ulcer, prevention of relapse of peptic ulcers in patients with *Helicobacter pylori* associated ulcers; Patients requiring continued NSAID therapy, healing of gastric ulcers associated with NSAID therapy, prevention of gastric and duodenal ulcers associated with NSAID therapy, in patients at risk; Prolonged treatment after i.v. induced prevention of rebleeding of peptic ulcers, Treatment of Zollinger Ellison Syndrome. For full prescribing information refer to the Standard Export Leaflet approved by the medicines regulatory authority. Nexium™ is a trademark of the AstraZeneca group of companies.

AstraZeneca Pharmaceuticals (Pty) Ltd. Reg. No. 1992/005854/07. Building 2, Northdowns Office Park, 17 Georgian Crescent West, Bryanston, 2191, South Africa. Private Bag X23, Bryanston, 2021, South Africa. Tel: +27 (0)11 797-6000. Fax: +27 (0)11 797-6001. www.astrazeneca.com. Expiry Date: May 2020. Activity ID: XS-1338

Welcome address

Ladies and Gentlemen,

It is our great pleasure to welcome you to the 3rd Biennial Infectious Disease Conference (BIDCon) 2019. To all returning delegates, organisers and sponsors from our previous conference, thank you for remaining part of this journey.

It was our hope that in 2019, the number of collaborators and delegates from within the country and Africa would increase. This year we're happy to receive new delegates from Ethiopia and West Africa, and are equally glad to receive returning delegates from Uganda and Tanzania.

The field of medicine in general, and infectious diseases in particular, is constantly evolving. Changes in our environment, human behaviour and resistance to antimicrobials all play a role in the ever evolving landscape of infectious diseases.

It is our firm belief that healthcare workers should continually keep informed of the newest developments in the field in order to give the best possible care to their patients. It is our sincere hope that attending this conference will re-inspire you to continue working towards improving the health of our population, and that the updates you gain from the conference will be translated to improvements in your daily practice and possibly, changes to policy.

Although we received a higher number of abstracts than the previous conference, there is still room for improvement. It is our hope that in future conferences, we'll have more interventional studies presented in the conference as we take greater steps forward in finding solutions to the health problems that face our population.

We'd like to invite you to the evening networking event and dinner on the first day of the conference. It's an important opportunity to make contacts across the continents and build on continental collaborations.

We hope you find this an informative and engaging conference.

Thank you for your continued support.

Prof Godfrey Lule (conference chair and chairman, IDSK) and
Professor Gunturu Revathi (conference co-chair)

Three-day program at a glance

DAY 1 - MONDAY 17 JUNE 2019		
0700 hrs	Registration	
0830 hrs	Gilead: HIV co-infections	
1000 hrs	Opening ceremony	
1115 hrs	Tea	
1145 hrs	Bharat Serums and Vaccines Ltd: New frontiers in management of MDR gram negative infections	Infectious causes of paediatric mortality
1240 hrs	One health	Infections of the genitourinary tract
1330 hrs	Lunch	
1400 hrs	Poster session and exhibition booths	
1430 hrs	Sanofi: Hospital acquired infections	
1530 hrs	Investigating hospital outbreaks and infection prevention control	
1715 hrs	Networking cocktail	
1815 hrs	Astra Zeneca dinner: Gastrointestinal infections	

DAY 2 - TUESDAY 18 JUNE 2019		
0830 hrs	Expert updates	
1010 hrs	Tea	
1040 hrs	Optimizing antibiotic therapy	Infectious disease surveillance and outbreak response
1200 hrs	Poster session and exhibition booths	
1300 hrs	Lunch	
1330 hrs	Poster session and exhibition booths	
1430 hrs	Infections in special populations/respiratory infections	Parasitic infections
1530 hrs	Closing ceremony	
1600 hrs	Tea	

DAY 3 - WEDNESDAY 19 JUNE 2019		
0830 hrs	GlaxoSmithKline: Antimicrobial stewardship workshop	
1015 hrs	Tea	
1045 hrs	GlaxoSmithKline: Antimicrobial stewardship workshop	
1200 hrs	Lunch	
1300 hrs	GlaxoSmithKline: AMS lab practical	IDSK AGM
1630 hrs	End of day	

Day 1 - Detailed programme

DAY 1 - 17 JUNE 2019 | MORNING SESSION | VENUE: SKY HALL (12TH FLOOR)

TIME	ACTIVITY	PRESENTER
0700 hrs	Registration	
	Plenary	
	Gilead sponsored session: HIV co-infections	
	Chair(s): Godfrey Lule	
0830 hrs	Gilead expert speaker: HIV/ Hepatitis co-infection	Reena Shah
0915 hrs	Expert speaker: New frontiers in tuberculosis management	Jerrold Ellner
0945 hrs	Q & A session	
1000 hrs	End of session	

PLENARY | CHAIR(S): PROF GODFREY LULE AND DR JOE ALUOCH | VENUE: SKY HALL (12TH FLOOR)
Session: Opening ceremony | Chief guest: Chief Administrative Secretary, Ministry of Health

1000 hrs	Welcome address and speeches	Gunturu Revathi/Principal, CHS, UoN/CAS health
1030 hrs	Expert speaker: History of infectious diseases in Kenya	Joe Aluoch
1050 hrs	Key note address: Reflections on medicine and infectious diseases over 40 years	Kevin DeCock
1115 hrs	Tea at exhibition booths and posters	
1145 hrs	End of tea break & start of parallel sessions	

TRACK 1 OF 2 | CHAIR(S): LOICE ACHIENG | VENUE: SKY HALL (12TH FLOOR)
Bharat Serums and Vaccines Ltd sponsored session: New frontiers in management of MDR gram negative infections

TIME	ACTIVITY	PRESENTER
1145 hrs	Expert speaker: New frontiers in treatment of multidrug resistant gram negative infections	Reena Shah
1200 hrs	Case presentation: XDR Pseudomonas aeruginosa	Phoebe Juma & Loice Achieng
1215 hrs	Expert speaker: New additions in management of severe sepsis	Eric Munene
1230 hrs	Q & A	
1235 hrs	End of session & start of next parallel session	

TRACK 2 OF 2 | CHAIR(S): RUTH NDUATI AND JOE MBUTHIA | VENUE: HALL 1/2 (11TH FLOOR)
Session: Infectious causes of paediatric mortality

TIME	ACTIVITY	PRESENTER
1145 hrs	Expert speaker: Child Health and Mortality Prevention Surveillance (CHAMPS) overview and preliminary results	Victor Akelo
1200 hrs	Expert speaker: CHAMPS case study 1: The implications of post mortem findings on clinical practice.	Florence Murila
1215 hrs	Expert speaker: CHAMPS case study 2: The implications of post-mortem findings on public health	Beth A. Tippett Barr
1230 hrs	Q & A	
1235 hrs	End of session & start of next parallel session	

Day 1 - Detailed programme

TRACK 1 OF 2 | CHAIR(S): KARIUKI NJENGA | VENUE: SKY HALL (12TH FLOOR)
Session: One health

TIME	ACTIVITY	PRESENTER
1240 hrs	Expert speaker: Bombali Ebolavirus.	Paul Webala
1300 hrs	Expert speaker: Aflatoxin.	Abigail Obura Awuor
1320 hrs	Abstract: Enhanced rabies surveillance in Makueni county	Veronica Chuchu
1330 hrs	Abstract: Detection of circulating antigens for Taenia spp in pigs slaughtered for consumption in Nairobi and surroundings, Kenya.	James Akoko
1340 hrs	Q & A session	
1345 hrs	End of session	
1345 hrs	Lunch	
1400 hrs	Poster session & exhibition booths	
1430 hrs	Start of next plenary session	

TRACK 2 OF 2 | CHAIR(S): WALTER JAOKO | VENUE: HALL 1/2 (11TH FLOOR)
Session: Infections of the genitourinary tract

TIME	ACTIVITY	PRESENTER
1240 hrs	Expert speaker: Gonococcal resistance updates	Omu Anzala
1310 hrs	Abstract: Antimicrobial susceptibility of Neisseria gonorrhoea isolates collected in 2018 and 2019	Meshack Juma
1325 hrs	Q & A session	
1330 hrs	End of session	
1330 hrs	Lunch	
1400 hrs	Poster session & exhibition booths	
1430 hrs	Start of next plenary session	

AFTERNOON SESSION

PLENARY | CHAIR(S): MARYBETH MARITIM & RODNEY ADAM | VENUE: SKY HALL (12TH FLOOR)
Sanofi sponsored session: Hospital acquired infections

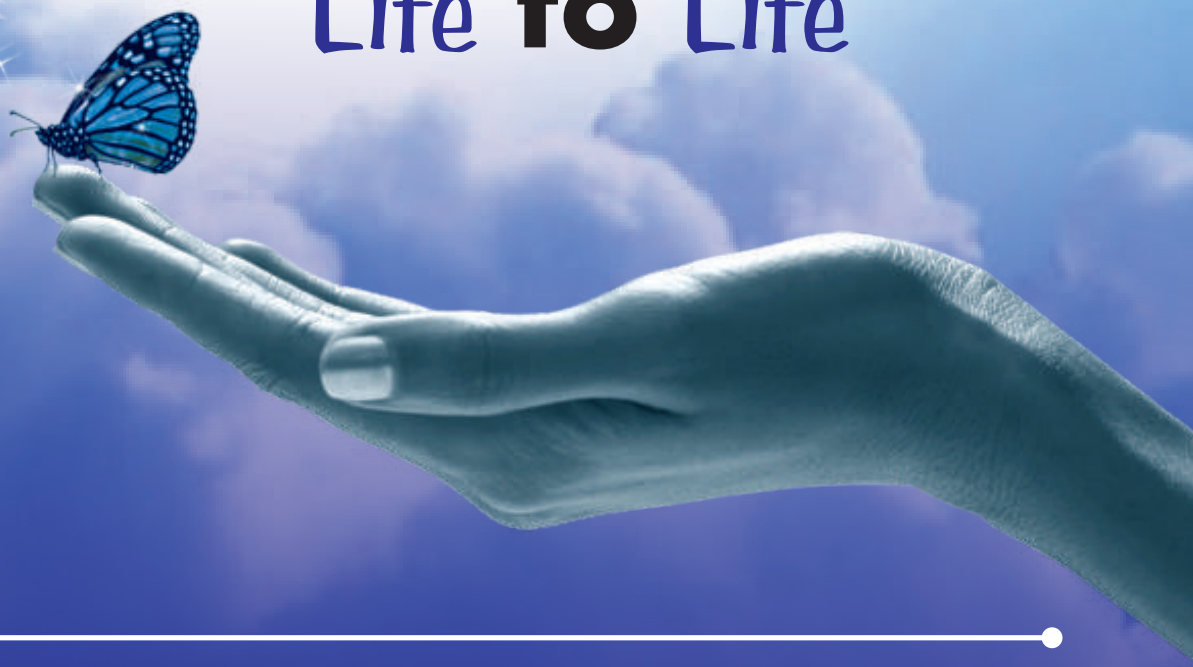
TIME	ACTIVITY	PRESENTER
1430 hrs	Sanofi expert speaker: Hospital acquired pneumonia	Adel Khattab
1500 hrs	Abstract: Bacterial and fungal isolates from operating theatres at Kenyatta National Hospital	Francis Mariach
1510 hrs	Abstract: Compliance with CDC guidelines for catheter associated urinary tract infection prevention among nurses at Embu Level V hospital	C W Methu
1520 hrs	Q & A session	
1525 hrs	End of session	

PLENARY | CHAIR(S): PHOEBE JUMA & LYDIA OKUTOYI | VENUE: SKY HALL (12TH FLOOR)
Session: Investigating hospital outbreaks and infection prevention control

1530 hrs	Expert speaker: Outbreaks in various nosocomial settings	Elizabeth Bancroft
1550 hrs	Expert speaker: Improving infection prevention and control through quality improvement projects	Ulzii-Orshikh Luvsansharav
1610 hrs	Expert speaker: Emerging infections - Candida auris	Loice Achieng
1630 hrs	Expert speaker: How to investigate Candida auris outbreaks	Mitsuru Toda
1650 hrs	Q & A session	
1700 hrs	End of session & start of networking cocktail	

BHARAT SERUMS AND VACCINES LIMITED

Bringing Life to Life



- International presence in 44 countries
- High tech R&D units in India,Germany & USA
- Manufacturing unit of Gonadotropins in India and Germany
- Production facilities as per UK-MHRA guidelines
- More than 15 product patents in India and Internationally

Offering Quality Solutions in Critical Care Management

AMPHONEX

POLY-MxB

U-Tryp

Day 1 & 2 - Detailed programme

EVENING COCKTAIL AND DINNER SESSION

TIME	ACTIVITY	PRESENTER
1715 hrs	Networking cocktail at Sky hall	
	Plenary	
	Astra Zeneca sponsored dinner: Gastrointestinal infections	
	Chair(s): Godfrey Lule	
	Venue: Hall 1/2	
1815 hrs	Expert speaker: Current Concepts in the management of Helicobacter pylori	Elly Ogutu
1900 hrs	Expert speaker: Helicobacter pylori in children	Ahmed Laving
1915 hrs	Q & A	
1930 hrs	Dinner at Sky Hall	

DAY 2, 18 JUNE 2019 | MORNING SESSION

PLENARY| CHAIR(S): MARYBETH MARITIM & LOICE ACHIENG | VENUE: SKY HALL (12TH FLOOR)
Session: Expert updates

TIME	ACTIVITY	PRESENTER
0830 hrs	Expert speaker: Human Papilloma Virus	Michael Chung
0855 hrs	Expert speaker: Antimicrobial resistance - How do we stem the tide?	Sam Kariuki
0920 hrs	Expert speaker: Effect of antibiotics on the microbiome	Sailesh Gupta
0945 hrs	Expert speaker: Antimicrobial stewardship	Andrew Seaton
1005 hrs	Q & A session	
1010 hrs	Tea at exhibition booths & posters	
1040 hrs	Start of next parallel sessions	

TRACK 1 OF 2| CHAIR(S): GUNTURU REVATHI & MARGARET OLUKA | VENUE: SKY HALL (12TH FLOOR)
Session: Optimizing antibiotic therapy

TIME	ACTIVITY	PRESENTER
1040 hrs	Expert speaker: Outpatient antibiotic therapy (OPAT program)	Andrew Seaton
1100 hrs	Expert speaker: What does pharmacokinetics have to do with it	Enoch Omonge
1120 hrs	Expert speaker: Is it time for anti-fungal stewardship?	Andrew Seaton
1150 hrs	Q & A session	
1155 hrs	End of session	
1200 hrs	Poster session and exhibition booths	Fred Wangai & Linda Gathara
1300 hrs	Lunch	
1330 hrs	Poster session and exhibition booths	Fred Wangai & Linda Gathara
1430 hrs	Start of next parallel session	

TRACK 2 OF 2 | CHAIR(S): DANIEL LANG'AT, LYNDA MAKAYOTTO & KADONDI KASERA | VENUE: HALL 1/2 (11TH FLOOR)
Session: Infectious disease surveillance and outbreak response

TIME	ACTIVITY	PRESENTER
1040 hrs	Abstract: Kenya's emergency supply chain response preparedness	James Riungu
1055 hrs	Abstract: Serological pattern of dengue fever from point of care tests done at a referral laboratory network in Kenya 2014-2019	Ahmed Kalebi
1110 hrs	Abstract: Cholera outbreak among residents of a Nairobi Hotel, Kenya 2017	Phillip Ngere

Day 2 - Detailed programme

TIME	ACTIVITY	PRESENTER
1125 hrs	Abstract: Multi-level and multi-sectoral emergency response to cholera outbreak: Study of The Nairobi Hospital	Joan Osoro
1140 hrs	Abstract: Panoply of infection prevention control in cholera containment: The Nairobi Hospital	Rose Ngugi
1155 hrs	Abstract: Prevalence of Hepatitis B Virus Infection and Associated Factors among Pregnant Women Attending Routine Antenatal Clinics - West Hararghe Zone, Oromia Region, Ethiopia, August 2017	Belay Mamuye
1210 hrs	Q & A session	
1215 hrs	End of session	
1220 hrs	Poster session and exhibition booths	Fred Wangai & Linda Gathara
1300 hrs	Lunch	
1330 hrs	Poster session and exhibition booths	Fred Wangai & Linda Gathara
1430 hrs	Start of next parallel session	

AFTERNOON SESSION

TRACK 1 OF 2 | CHAIR(S): FELIX RIUNGU & DIANA MARANGU | VENUE: SKY HALL (12TH FLOOR)
Session: Infections in special populations/respiratory infections

TIME	ACTIVITY	PRESENTER
1430 hrs	Abstract: Streptococcus pneumonia serotype epidemiology mong PCV-10 vaccinated and unvaccinated children at Gertrude's Children's Hospital, Nairobi County	Micheal Walekhwa
1445 hrs	Abstract: Protease inhibitor prescription practices and treatment outcomes among HIV-TB co-infected patients on rifampicin in HIV clinics in Uganda	Mulindwa Frank
1500 hrs	Abstract: Exploring the impact of maternal HIV infection on the burden of Respiratory Syncytial Virus among pregnant women and their infants: Results from a cohort study in Western Kenya	B O Nyawanda
1515 hrs	Q & A session	
1530 hrs	End of session & start of closing ceremony	

TRACK 2 OF 2 | CHAIR(S): WALTER JAOKO & MARYBETH MARITIM | VENUE: HALL 1/2 (11TH FLOOR)
Session: Parasitic infections

TIME	ACTIVITY	PRESENTER
1430 hrs	Expert speaker: Challenges and opportunities in malaria elimination in Africa: Case of Lake Victoria islands in Western Kenya	Jessie Gitaka
1450 hrs	Abstract: Determinants of malaria treatment delay in North Western Zone of Tigray, Northern Ethiopia, 2018: Case control study design	A Tesfahunegn
1500 hrs	Abstract: Toxoplasmosis among blood donors in southwest Nigeria	Abimbola Amoo
1515 hrs	Q & A session	
1530 hrs	End of session & start of closing ceremony	

PLENARY | CHAIR(S): GODFREY LULE | VENUE: SKY HALL (12TH FLOOR)
Closing ceremony

TIME	ACTIVITY	PRESENTER
1530	Closing remarks and way forward	Gunturu Revathi & Loice Achieng
1600	Tea at exhibition booths & posters	

See you at BIDCon 2021!

POSTER PRESENTATIONS

All oral and poster abstracts can be viewed in full online at www.idsk.co.ke

ANTIMICROBIAL RESISTANCE

001: Analysis of trends in resistance to fluoroquinolones and extended spectrum beta-lactams among Salmonella typhi isolates obtained from patients at four outpatient clinics in Nairobi county
Presenter: Susan Kavai

INFECTIOUS DISEASE SURVEILLANCE AND OUTBREAK RESPONSE

002: Dengue fever outbreak investigation and response: Laga Hida district, Somali region, Ethiopia, January 2019
Presenter: Lehageru Gizachew

003: Prevalence of bacteriospermia in human semen among infertility testing
Presenter: L O Ochieng

INFECTIONS OF THE GENITOURINARY TRACT

004: Vulvovaginal candidiasis: occurrence and management at health facilities of Nairobi city county, Kenya
Presenter: Gloria Omosa

005: Profiling of bacteria species in bacterial vaginosis infection among preterm births in Kisumu county
Presenter: Jane Muthoni

HOSPITAL ACQUIRED INFECTIONS

006: Occupational exposure to HIV amongst health-care workers and prevention guidelines adherence at Baringo
Presenter: A. T. Munim

LABORATORY SCIENCES

007: Quality management system journey that has helped biosafety implementation and reduction of acquired infections in laboratory
Presenter: J Kimalel

008: Comparison of Plasmodium falciparum detection methods using samples from individuals from endemic region of Busia, western Kenya
Presenter: Lorren Alumasa

009: Analysis of procalcitonin testing in public sector: implications of scaling up early diagnosis of sepsis?
Presenter: Caroline Njeru

Policy and practice
010: Impact of interventions in the malaria control program, the Amhara region experience.
Presenter: Mastewal Worku

Antimicrobial stewardship workshop

Target audience: doctors from various clinical disciplines, nurses, pharmacists, laboratory technologists, clinical officers.

Respiratory tract infections are the most common conditions seen in outpatient clinics all over the world among all age groups. A large number of antibiotic prescriptions are triggered by a clinical suspicion of bacterial infection. It is increasingly being recognized that in majority of these cases, antibiotic usage is unnecessary.

Careful clinical examination and complete evaluation of the patient are very important and dependable laboratory investigations on sputum and throat swabs if necessary are a fundamental requirement to cut down unnecessary antibiotic prescriptions for spurious or uncertain clinical diagnosis of upper and lower respiratory tract infections. Furthermore, the role of standard radiological evaluation of lower respiratory infections for confident case management cannot be over emphasized. Increasing awareness and promotion of continuing clinician education is the best way to overcome this problem.

This workshop is designed around the broad theme of controlling antibiotic resistance in the context of community respiratory infections, since these are the major conduits for unnecessary antibiotic prescribing. The complex nature of lower respiratory tract infections is reflected in the various diseases, syndromes, microbial pathogens and host responses.

The antimicrobial stewardship workshop, funded by GlaxoSmithKline, is targeted towards healthcare professionals involved in the development, delivery and measurement of antimicrobial stewardship within hospitals. The workshop will address the need for stewardship, and structures for implementing stewardship within our hospitals. In the afternoon practical sessions, laboratory technologists and nurses are targeted for the hands on training component (bench practicum) on rapid testing and quality control in microbiology.

Purpose of workshop:

- To promote best practice in clinical diagnosis of respiratory infections and rationalize prescriptions.
- To recapitulate local / national pneumonia guidelines
- To promote rational use of antibiotics through promoting rapid testing and standard reporting of clinical samples for standard diagnosis of respiratory tract infections
- To provide a multidisciplinary platform for discussions on crucial aspects of antimicrobial stewardship.

Entry to the workshop is free, however limited spaces are available. To sign up for the conference, register at the AMS workshop desk at the entrance to the conference.

AMS workshop program

AMS WORKSHOP PROGRAM

PLENARY | CHAIR(S): GUNTURU REVATHI | VENUE: SKY HALL (12TH FLOOR)
GlaxoSmithKline sponsored session: Antimicrobial stewardship workshop

TIME	ACTIVITY	PRESENTER
0830 hrs	National AMS plan	Eve Wesangula
0845 hrs	Development of antibiotic guidelines - perils and pitfalls	Andrew Seaton
0915 hrs	Diagnostic Stewardship in Acute Respiratory Tract Infections	Gunturu Revathi
0945 hrs	URTI - a strong driver of AMR in outpatient practice	Loice Achieng
1015 hrs	Tea	
1045 hrs	Community acquired pneumonia and AMR in Kenya	Enoch Omonge
1100 hrs	Control and prevention of ARTIs in community and health care settings	Linus Ndegwa
1130 hrs	Challenges and opportunities for antimicrobial stewardship in our setting – Role of pharmacist	Nath Arwa/Jaimini Gohil
1200 hrs	Lunch	

PLENARY II | CHAIR(S): GUNTURU REVATHI | VENUE: KENYATTA NATIONAL HOSPITAL
GlaxoSmithKline sponsored practicums: Antimicrobial stewardship workshop

TIME	ACTIVITY
1300 hrs	Practical sessions
1630 hrs	End of workshop

List of invited expert speakers

Dr. Kevin DeCock, USA

Prof. Adel Khattab, Egypt

Dr. Beth A. Tippett Barr, USA

Prof. Elly Ogutu, Kenya

Prof. Gunturu Revathi, Kenya

Prof. Jerold Ellner, USA

Prof. Michael Chung, Kenya

Prof. Omu Anzala, Kenya

Prof. Reena Shah, Kenya

Prof. Sam Kariuki, Kenya

Ms. Abigail Obura Awuor, Kenya

Ms. Loice Kihungi, Kenya

Dr. Andrew Seaton, UK

Dr. Ahmed Laving, Kenya

Dr. Elizabeth Bancroft, Kenya

Dr. Enoch Omonge, Kenya

Dr. Eve Wesangula, Kenya

Dr. Florence Murila, Kenya

Dr. Jaimini Gohil, Kenya

Dr. Julianna Muiva, Kenya

Dr. Jessie Gitaka, Kenya

Dr. Loice Achieng, Kenya

Dr. Mitsuru Toda, USA

Dr. Nath Arwa, Kenya

Dr. Paul Webala, Kenya

Dr. Phoebe Juma, Kenya

Dr. Ulzii-Orshikh Luvsansharav, USA

Dr. Victor Akelo, Kenya

IDSK AGM

The Infectious Diseases Society of Kenya (IDSK) annual general meeting will take place on 19 June 2019. The AGM is open to all members. If you would like to attend the AGM, you can register to become an IDSK member at the registration desk at the entrance to the conference.

BECOMING A MEMBER OF IDSK

What are the benefits of becoming an IDSK member?

As a member of IDSK you will:

- Receive first priority in attending IDSK organised conferences and events
- Be eligible to receive a scholarship to attend conferences to present on infectious disease topics of interest
- Be eligible to participate and vote in the annual general meetings (only possible for professional members)

What are the requirements?

Any individual working or studying in human or one health related field in Kenya is eligible to apply. Members must have higher education training or be enrolled in an institution of higher learning.

- **Professional members:** Persons who are health professionals with an interest in infectious diseases and have had postgraduate infectious disease training. Professional members can vote, hold officer positions and serve on the board of directors.
- **Affiliate members:** Members who do not meet the criteria for professional members but have an interest in ID. This group also includes students. These members do not vote, cannot hold officer positions and cannot be part of the board of directors.
- **Associate members:** Individuals who are employees of pharmaceutical or laboratory equipment companies who are members due to their association with these companies. These members do not vote, cannot hold officer positions and cannot be part of the board of directors.

How much does it cost?

The 2019 membership costs:

- **Professional members:** KES 2,500
- **Affiliate members:** KES 1,000
- **Associate members:** KES 2,500

How long does membership last?

The 2019 membership is valid from January to December 2019.

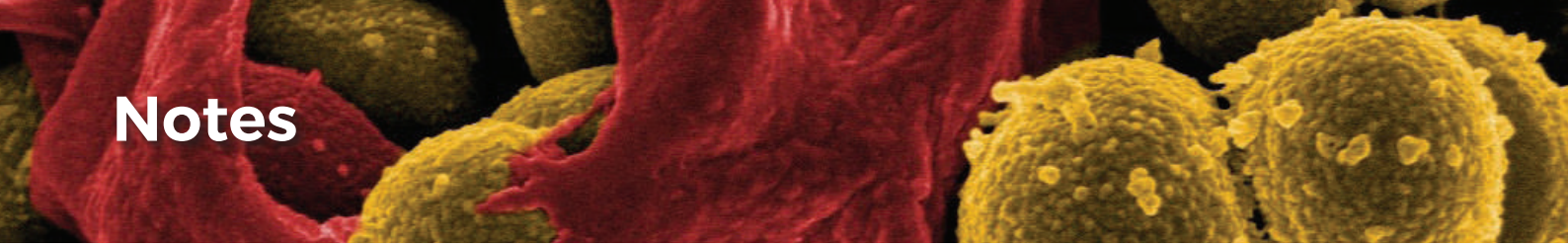
How do I join IDSK today?

Sign up at the registration desk at the entrance to the conference.

IDSK AGM PROGRAMME

PLENARY I: Chair(s): Godfrey Lule and Loice Achieng | Venue: Sky hall (12th floor)
IDSK AGM

Time	Activity
1300 hrs	IDSK AGM
	Welcome address
	Review of constitution and adoption of changes
	Election of officials
1630 hrs	Tea and end of annual general meeting



Notes

Conference organisers

SCIENTIFIC COMMITTEE MEMBERS

Prof. Godfrey Lule

Prof. Gunturu Revathi

Prof. Njenga Kariuki

Prof. Reena Shah

Prof. Rodney Adam

Prof. Ruth Nduati

Prof. Walter Jaoko

Dr. Daniel Lang'at

Dr. Loice Achieng

Dr. Daniel Lang'at

Dr. Diana Marangu

Dr. Eveline Wesangula

Dr. Felix Riunga

Dr. Jeanette Dawa

Dr. Joe Aluoch

Dr. Joe Mbuthia

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Dr. Kadondi Kasera

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Dr. Lydia Okutoyi

Dr. Lynda Makayotto

Dr. Margaret Oluka

Dr. Marianne Mureithi

Dr. Marybeth Maritim

Dr. Moses Masika

SECRETARIAT

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IDSK 3RD BIENNIAL INFECTIOUS DISEASE CONFERENCE

JUNE 2019, NAIROBI, KENYA

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