

Better comprehension of disease immunopathogeny can lead to adequate treatment and prevention.

<http://dx.doi.org/10.1016/j.ijid.2016.02.130>

Type: Invited Presentation

Final Abstract Number: 26.002

Session: *Neglected Infectious Diseases Around the World*

Date: Friday, March 4, 2016

Time: 15:45-17:45

Room: Hall 6

Leprosy: Is it a disease to be neglected?



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Abstract: On 31st December 2005 we realized that India had reached the goal of Eliminating Leprosy. This was quite pleasing since we had failed to reach the goal in 2000, as originally scheduled. This was also quite surprising for a country which had an annual new case detection rate of more than 4 per 10,000 population. Leprosy with its long incubation period and sub-clinical carriage did not appear to be a disease whose incidence can be reduced by treating clinical cases. This presentation is aimed at providing insights into the circumstance leading to elimination of leprosy and its implications.

<http://dx.doi.org/10.1016/j.ijid.2016.02.131>

Type: Invited Presentation

Final Abstract Number: 26.003

Session: *Neglected Infectious Diseases Around the World*

Date: Friday, March 4, 2016

Time: 15:45-17:45

Room: Hall 6

Parasitic infections and allergies



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Abstract: The hygiene hypothesis has been proposed to explain temporal trends of increasing allergy prevalence in high-income countries and in urbanizing populations in low-income countries (LICs). Improvements in hygiene and reductions in exposures to childhood infectious diseases are considered to cause increased allergy through a failure to educate appropriately the developing immune system leading to inadequate regulation of allergic inflammation. Parasite infections are extremely common in poor populations in LICs and a high prevalence of parasites, particularly helminth parasites, has been put forward to explain the low prevalence of allergy in rural populations of LICs. Data from epidemiological studies in populations infected with helminth parasites have provided strong evidence that exposures to helminth infections attenuate atopy and Th2 inflammatory responses directed against aeroallergens. Further, helminth exposures appear to modify the effects of atopy on allergic diseases (i.e. asthma, rhinitis, and eczema). However, exposures to some parasites with a life cycle phase of pulmonary migration may increase the risk of wheeze. For example, half the cases of wheeze in a rural

case-control study were attributable to evidence of allergic sensitization to ascariasis, while two thirds of acute bronchospasm in an urban setting was attributable to house dust mite IgE. Helminths may, therefore, be the primary target of allergic responses in traditional rural populations and such responses may be subject to immune regulation leading to a milder clinical course of allergic diseases. In contrast, in urbanizing populations where the introduction of sanitation may lead to the gradual disappearance of helminth infections, aeroallergens may emerge as the primary allergic sensitizers, and because such responses may be subject to less rigorous regulation, could cause more severe disease. Prospective studies from birth in populations undergoing the process of urbanization are helping to define the role of exposures to helminth parasites and other childhood parasitic infections in the changing epidemiology of allergic disease in LICs.

<http://dx.doi.org/10.1016/j.ijid.2016.02.132>

Type: Invited Presentation

Final Abstract Number: 26.004

Session: *Neglected Infectious Diseases Around the World*

Date: Friday, March 4, 2016

Time: 15:45-17:45

Room: Hall 6

Infectious disease pathology in India: Interactive cases



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Abstract: India is in a unique position in that Indian clinicians and pathologists encounter both diseases endemic to other tropical and developing countries, as well as healthcare and immunosuppression associated infections more typical of developed countries. This interactive session will discuss several cases that illustrate the varied clinical presentations of infectious diseases, their differential diagnosis and correlate the clinical with the pathological findings in these patients.

<http://dx.doi.org/10.1016/j.ijid.2016.02.133>

Type: Invited Presentation

Final Abstract Number: 27.001

Session: *The Silent Epidemic of Hepatitis*

Date: Friday, March 4, 2016

Time: 15:45-17:45

Room: G.01-03

Hepatitis C infection in people who inject drugs



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Abstract: Hepatitis C virus (HCV) is a major global public health problem. Worldwide, ~184 million people are infected, with a higher prevalence in developing countries compared to developed countries in North America and Europe. However, vulnerable populations (e.g., people who inject drugs (PWID), Aboriginal people, and incarcerated individuals) account for >80% of new infections and most of the onward transmission. In Bangladesh, PWID account for the vast majority of HCV infections.