ASTMH
AMERICAN SOCIETY OF TROPICAL MEDICINE & HYGIENE
ADVANCING GLOBAL HEALTH SINCE 1903

VOLUME 91 NOVEMBER 2014 NUMBER 5 SUPPLEMENT

# ASTMH

## 63rd Annual Meeting

## November 2–6, 2014

**#TropMed14**

Sheraton New Orleans Hotel
New Orleans Marriott Hotel
New Orleans, LA USA

# Abstract Book

Supplement to
**The American Journal of Tropical Medicine and Hygiene**

making that is important for environmental public health. These geospatial models can inform communities, regional land managers, government policymakers, other constituents and diverse stakeholders regarding the potential impacts of increased dust and sand storms on public health in Iraq.

## 1304

### PRELIMINARY RESULTS OF SENTINEL SURVEILLANCE OF UNDIFFERENTIATED FEBRILE ILLNESSES IN GEORGIA IN 2013

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This surveillance project seeks to determine the burden of infectious agents of undifferentiated febrile illnesses (UFI) and hemorrhagic fever syndrome (HFS). From June to December of 2013, patients≥4 years of age with a temperature of ≥38°C for ≥48 hours or HFS were enrolled. In addition to blood culture, serologic testing (ELISA) was conducted to detect antibodies against *Leptospira* spp., *Brucella* spp., *Coxiellaburnetii*, CCHF virus, hantavirus, Spotted Fever Group (SFGR), Scrub Typhus group (STG), and Typhus group (TG) *Rickettsiae.* Hantavirus ELISA results were confirmed by IgM/IgG IFA.There were 245 patients enrolled in the study; 30 (12%) returned for the voluntary follow-up visit. Blood culture was positive for only 7 (2.8%). Fourteen (5.7%) patients tested positive by both IgM and IgG against *Brucella* spp. and 29 (11.8%) demonstrated only IgG positivity. *Brucella melitensis* was isolated from one patient. Additionally, *Leptospira* spp. IgM, SFG IgG and *C.burnetii* IgM was positive in 23 (9%), 9 (3.6%) and 7 (2.8%) patients, respectively. Of patients positive for hantavirus, 17 (6.9%) were positive for IgM and 7 (2.8%) were positive for IgG using ELISA. Six of the IgM and 4 of the IgG hantavirus positive samples have been retested using IgM/IgG IFA and were negative. Three (1.2%) patients demonstrated both IgM/IgG and 8 (3%) only IgG positivity against CCHF virus, but none of them had a recent or present history of HFS.These initial results suggest that brucellosis is one of the leading causes of the UFI in Georgia. Additionally our findings suggest that leptospirosis, rickettsiosis and Q-fever are diseases requiring a high index of suspicion by physicians and improved laboratory capacity for correct diagnosis and treatment to take place. Initial ELISA findings on hantavirus and CCHF virus suggest that a more specific test is needed. Surveillance will continue until 2016 to improve the detection and treatment of selected diseases with an emphasis on developing capacity for diagnosis and laboratory confirmation.

## 1305

### A PRELIMINARY ANALYSIS OF THE QUALITY OF PEDIATRIC MEDICINES SUPPLIED BY PRIVATE WHOLESALERS IN KINSHASA, DRC

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The global pharmaceutical market is characterised by multiple qualitative standards. Low and middle-income countries are particularly permeable to poor quality products: the proportion of substandard medicines in sub-Saharan Africa ranges from 12% to 48%, though accurate figures are not available, especially for paediatric medicines. In the Democratic Republic of Congo, one of the prime objective of the national Health Development Plan 2011-2015 is the reduction of infant mortality and a transversal objective is to ensure that 80% of the medicines available is of good quality. In 2013, the introduction of Minilabs® revealed the presence of substandard products but the actual prevalence of poor-quality medicines in the country is unknown. In the context of a North-South bilateral cooperation program, a cross-sectional survey on the quality of products available in the private market in Kinshasa was carried out with the national medicine regulatory authority (DPM). Paediatric formulations of amoxicillin, artemether/lumefantrine and paracetamol were selected as tracers of medicine quality, based on 8 public health criteria and on the results of informal interviews. Covert shoppers purchased a defined quantity of packs of each brand available in all the licensed wholesalers of the city. To obtain a representative subsample of the most marketed products, the inspectors of the DPM collected the yearly distribution figures from the wholesalers. From all the purchased samples, a weighted subset of 100 for each molecule was randomly selected for analysis. The DPM performed the visual inspection on all the purchased products while the subsample was sent in Belgium and tested according to the United States Pharmacopoeia (USP) analyses. The Medicine Quality Assessment Reporting Guideline was followed for reporting and the information arising from visual inspection was used for identifying lacks in the current legislation. Between 7th and 16th April 2014, 417 samples were collected: 86 paracetamol tablets, 143 amoxicillin and 188 artemether/lumefantrine, both powders for suspension. The visual inspection will be performed in May and pharmacopoeial analyses in August 2014. The overall results are expected by October 2014 and will be presented.

## 1306

### GLOBAL IMMUNIZATION POLICY FORMATION FOR NEW VACCINES

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Stakeholder involvement in the immunization policymaking process is complex and occurs at many different levels. Similarly, the process from vaccine development to implementation and use in an immunization program has many different phases and is typically very lengthy. To ensure that vaccines are having the maximum impact, there is need for vaccine developers to incorporate public health use considerations into these early phases. Implementing vaccine policies can often prove challenging for many countries, yet vaccine developers often overlook these policy challenges In this review paper, international immunization policy is understood to be the immunization policy set by the World Health Organization (WHO) for the purpose of informing regional and national immunization practices and regional immunization policy is the immunization policy set by the six WHO regional offices. To understand