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Abstract Book

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making that is important for environmental public health. These geographic 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.

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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 (UIF) 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, Coxiella burnetii, CCHF virus, hantavirus, Spotted Fever group (SFG), Scrub Typhus group (STG), and Typhus group (TG) Rickytsaia. Hantavirus ELISA results were confirmed by IgM/G/G FA. There were 245 patients enrolled in the study; 30 (12.1%) 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 were 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/G/G FA and were negative. Three (1.2%) patients demonstrated both IgM/G/G and 8 (3.3%) 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 UIF 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.

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 tested 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