

# FINAL PROGRAM

*Cutting Edge Topics in Transplant  
Infectious Disease for the Transplant Clinician*

11<sup>th</sup> International Transplant Infectious Disease Conference

# TID 2017

September 2 | Montevideo, Uruguay | [www.tts.org/tid/tid-2017](http://www.tts.org/tid/tid-2017)



TID is a Section of  
**The Transplantation Society**



# BECOME A TID MEMBER TODAY!

*"Throughout the years, I've watched TID grow and come "of age". I'm proud of what it has accomplished and feel in debt to TID and its leaders. For those of us coming from "the other end of the world", the TID section has been very generous in listening to our voices and in appreciating our input. The sense of belonging has been one of my most gratifying experiences. Getting together for different academic activities has allowed me to network, and now my infectious disease colleagues have become my friends."*

**Dr. Roberta Lattes, TID Consultant**  
Infectious Diseases, School of Medicine  
University of Buenos Aires  
Buenos Aires, Argentina

## BENEFITS OF MEMBERSHIP

- A free online subscription to the journal *Transplant Infectious Disease* (Full Members only)
- Ongoing TID webinars
- Access to TID meeting recordings
- TID membership directory
- Reduced registration fees at TID international conferences
- Nomination and voting privileges (Full Members only)
- Members receive a \$50 reduction off TTS dues when paying both at the same time

## HOW TO BECOME A MEMBER OF TID

- Visit TID online at: [www.tts.org/tid](http://www.tts.org/tid).
- Complete the online application.
- Submit your application for review.
- After your application has been approved, you will receive a TID member login.

For more information about TID membership, please email:

[membership@tts.org](mailto:membership@tts.org)

## TID MISSION:

**To promote research and education in the prevention, diagnosis, clinical consequences, and management of infectious diseases in transplant recipients.**

## TID MEMBERSHIP CATEGORIES

### Full Members

**\$85 / 1 year | \$150 / 2 years**

Clinicians, Allied Health Professionals and research investigators with an interest in infectious diseases and transplantation, and who are contributing to the advancement of knowledge in the field.

### Trainee Members

**\$75 / 1 year | \$130 / 2 years**

Individuals enrolled in pre- or post-doctoral training programs relevant to the science and clinical practice of transplant infectious disease, and individuals who have completed their training but have not yet qualified for full membership.

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Individuals who have demonstrated a sustained and continued interest in the field of infectious disease but who do not qualify for full or trainee membership.

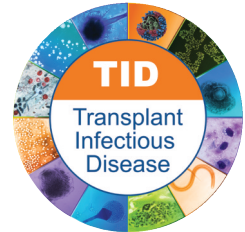


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The Transplant Infectious Disease Section of The Transplantation Society would like to thank Roche for supporting the 11<sup>th</sup> International Transplant Infectious Disease Conference through an unrestricted educational grant.



The mission of the Transplant Infectious Disease Section is to promote research and education in the prevention, diagnosis, clinical consequences, and management of the infectious disease problems of the transplant recipient.



## 2017–2019 Council Members

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- President-Elect:** Michael G. Ison
- Past President:** Michele I. Morris
- Secretary-Treasurer:** Ban Hock Tan
- Councilors:** John Baddley  
Silvia Vidal Campos  
Sharon Chen  
Hans H. Hirsch
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## Contact Information

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The  
**Transplantation**  
Society

**Clarisse M. Machado**

President, TID  
Chief of the Virology Laboratory,  
Institute of Tropical Medicine,  
University of São Paulo,  
São Paulo, Brazil

**Michele I. Morris**

Past-President, TID  
Associate Professor of Clinical Medicine  
Director, Immunocompromised Host  
Section Division of Infectious Diseases  
University of Miami  
Miller School of Medicine  
Miami, FL USA

## Dear Colleagues

Welcome to the 11<sup>th</sup> International Transplant Infectious Diseases Conference, "Cutting Edge Topics in Transplant Infectious Disease for the Transplant Clinician" and Bienvenidos a picturesque Colonial Montevideo, Uruguay. We are happy to have you join us for this full day meeting just prior to the XXIV Congreso Latinoamericano y del Caribe de Trasplante (STALYC 2017).

Today's meeting will include lectures by 13 physician experts from various continents, covering relevant topics such as donor management in developing countries, MDR spread and consequences in organ donor selection, polyomaviruses, Chagas disease, infection biomarkers in transplant recipients, strongyloidiasis, vaccination of pediatric transplant recipients, and emerging parasitic infections in transplantation. Challenging cases will also be discussed in special sessions led by a panel of experienced transplant ID specialists.

The conference is hosted by the Transplant Infectious Disease (TID) section of The Transplantation Society (TTS), and is intended to promote research and education in the prevention, diagnosis, and management of the infectious disease problems of the transplant recipient. We invite all attendees who are not already members of our TID section to join today and take advantage of the many opportunities to collaborate with specialists from around the globe who work in this challenging field.

Our annual TID conference always provides an excellent opportunity for colleagues to meet and for strangers to become friends. At the end of the day, the conference dinner reflects the spirit of friendship and cordiality that has always characterized our meetings.

We look forward to a wonderful conference and are happy you are joining us in beautiful Montevideo.

### John W. Baddley

University of Alabama  
Birmingham, AL, USA



### Per Ljungman

Karolinska Institutet  
Stockholm, Sweden



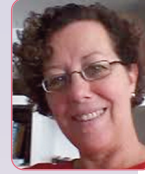
### Luis Fernando Camargo

Universidade Federal de São Paulo  
São Paulo, Brazil



### Clarisse M. Machado

Institute of Tropical Medicine  
University of São Paulo  
São Paulo, Brazil



### Silvia Vidal Campos

Faculdade de Medicina da  
Universidade de São Paulo  
São Paulo, Brazil



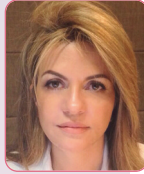
### Michele I. Morris

University of Miami  
Miller School of Medicine  
Miami, FL USA



### Wanessa Trindade Clemente

Hospital das Clinicas Federal  
University of Minas Gerais  
Belo Horizonte, Brazil



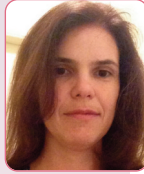
### Marcio Nucci

Hospital Universitario  
Clementino Fraga Filho  
Rio de Janeiro, Brazil



### Maristela Freire

Instituto do Câncer do  
Estado de São Paulo  
São Paulo, Brazil



### Ligia C. Pierrotti

Hospital das Clinicas  
University of São Paulo  
São Paulo, Brazil



### Natasha Halasa

Vanderbilt University  
School of Medicine  
Nashville, TN, USA



### Parmjeet Randhawa

University of Pittsburgh  
Medical Center  
Pittsburgh, PA, USA



### Michael G. Ison

Northwestern University  
Feinberg School of Medicine  
Chicago, IL, USA



### Tania M. Strabelli

Faculdade de Medicina da  
Universidade de São Paulo  
São Paulo, Brazil



## Languages

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The official language of the Conference will be English.

Spanish simultaneous translation is available. Please do not forget to return your device at the end of the day on September 2<sup>nd</sup>.

## Conference Evaluation

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### Your opinion counts!

A conference evaluation form is available in your registration folder.

**Please complete** and return to the registration desk at the end of the day on September 2<sup>nd</sup>.

## Certificate of Attendance

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The Certificate of Attendance will be sent via e-mail on September 15, 2017.

## TTS-TID Travel Grants

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The Transplantation Society and Transplant Infectious Disease Section awarded travel grants to assist young investigators and members from emerging economies in attending the 11<sup>th</sup> International Transplant Infectious Disease Conference. The awards ceremony will be held just before lunch break. Congratulations to this year's awardees.

- Paula Moreira da Silva, Brazil
- Patrick Trotter, United Kingdom

## Conference Dinner

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Saturday, September 02, 2017  
19:30–22:00

### Rara Avis

Buenos Aires 652  
Montevideo, Uruguay



07:30–08:30	Registration and Morning Coffee	Conference Room Foyer
08:30–08:40	<b>Welcome Message</b> <i>Clarisse M. Machado, Brazil</i> <i>Michele I. Morris, United States</i>	Conference Room - 4 <sup>th</sup> Floor
08:40–10:10	<b>Session 1: Post-Transplant Infections: Evaluating the Risks</b> <i>Chair: Dr. Michael G. Ison, United States</i>	Conference Room - 4 <sup>th</sup> Floor
08:40–09:10	1.1: Donor Management in Developing Countries <i>Luis Fernando Camargo, Brazil</i>	
09:10–09:40	1.2: MDR Spread and Consequences in Organ Donor Selection <i>Maristela Freire, Brazil</i>	
09:40–10:10	1.3: State of Art of Infection Biomarkers in Transplant Recipients <i>Marcio Nucci, Brazil</i>	
10:10–10:30	<b>Coffee Break</b>	Conference Room Foyer
10:30–12:00	<b>Session 2: Current Challenges of Regionally Restricted Infections I</b> <i>Chair: Ligia Pierotti, Brazil</i>	Conference Room - 4 <sup>th</sup> Floor
10:30–11:00	2.1: Arboviruses in Transplant Recipients: What is the Threat? <i>Clarisse M. Machado, Brazil</i>	
11:00–11:30	2.2: Endemic Mycosis in Transplant Populations <i>John Baddley, United States</i>	
11:30–12:00	<b>Exciting Cases in Transplant ID - Part 1</b> <i>Chair: John Baddley, United States</i>	Conference Room - 4 <sup>th</sup> Floor
11:30–11:45	Case 1 - <i>Michael G. Ison, United States</i>	
11:45–12:00	Case 2 - <i>Silvia Vidal Campos, Brazil</i>	
12:00–12:10	<b>Awards: TTS-TID Travel Awards</b>	Conference Room - 4 <sup>th</sup> Floor
12:10–13:15	<b>Luncheon</b>	





13:15–14:45	<p><b>Session 3: Current Challenges of Regionally Restricted Infections II</b></p> <p><i>Chair: Clarisse Machado, Brazil</i></p>	Conference Room - 4 <sup>th</sup> Floor
13:15–13:45	<p>3.1: Controlling TB in Highly Prevalent Areas: General Prophylaxis or LTBI Screening?</p> <p><b>Silvia Vidal Campos, Brazil</b></p>	
13:45–14:15	<p>3.2: Chagas Disease: Management of Reactivation in Heart Transplantation</p> <p><b>Tania M. Strabelli, Brazil</b></p>	
14:15–14:45	<p>3.3: Strongyloidiasis in Endemic Regions: Treat All? Stool Screening?</p> <p><b>Michele I. Morris, United States</b></p>	
14:45–15:00	<b>Coffee Break</b>	Conference Room Foyer
15:00–17:00	<p><b>Session 4: Viral Infections and Vaccines</b></p> <p><i>Chair: Michele I. Morris, United States</i></p>	Conference Room - 4 <sup>th</sup> Floor
15:00–15:30	<p>4.1: Epidemiology of Influenza in Tropical and Subtropical Regions</p> <p><b>Michael G. Ison, United States</b></p>	
15:30–16:00	<p>4.2: Management of BK Nephropathy: Current Recommendations</p> <p><b>Parmjeet Randhawa, United States</b></p>	
16:00–16:30	<p>4.3: New Drugs Against CMV: What's Coming on the Scene?</p> <p><b>Per Ljungman, Sweden</b></p>	
16:30–17:00	<p>4.4: Vaccination of Pediatric Transplant Recipients</p> <p><b>Natasha Halasa, United States</b></p>	
17:00–18:00	<p><b>Exciting Cases in Transplant ID - Part 2</b></p> <p><i>Chair: Silvia Vidal Campos, Brazil</i></p>	Conference Room - 4 <sup>th</sup> Floor
17:00–17:15	Case 3 - <b>Wanessa T. Clemente, Brazil</b>	
17:15–17:30	Case 4 - <b>Michele I. Morris, United States</b>	
17:30–17:45	Case 5 - <b>Luis Fernando Camargo, Brazil</b>	
17:45–18:00	Case 6 - <b>Ligia Pierrotti, Brazil</b>	
19:30–22:00	<b>Conference Dinner (\$)</b>	



08:40–10:10

**Session 1: Post-Transplant Infections:  
Evaluating the Risks****1.1:****Donor Management in Developing Countries****Luis Fernando Camargo**

Associate Professor, Infectious Diseases

Universidade Federal de São Paulo, São Paulo, Brazil

Graft-transmitted infectious diseases are being more frequently recognized due to increased awareness by physicians involved in transplantation. Clinical consequences from transmission may vary from asymptomatic infections to generalized disease and receptor death. However, several issues regarding management of both donor and receptor on potential transmission remain controversial.

The risk of disease transmission depends on several factors and there are specific infectious diseases risk according to the geographical location of the transplantation centers. Also, even within a single country, regional and seasonal factors may be linked to specific disease transmission.

The developing world, although a very heterogeneous group of countries, deals with specific diseases rarely affecting transplant patients in the developed world. Thus, specific and differential attention should be posed to donors in developing countries to address endemic and epidemic diseases. Such information will help improve national guidelines for donor management in developing countries, with potential significant impact on receptors survival.

## 1.2:

### MDR Spread and Consequences in Organ Donor Selection

#### Maristela Freire

Physician Assistance, Infection Control Team

Hospital das Clinicas, Medical School, São Paulo University, Brazil

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Solid organ transplant donors frequently have bacterial infections, whether they are diagnosed or not. It is estimated that 5% of donors have bacteremia at the moment of transplantation.

Usually, treatment of those infections in donors and in recipients significantly reduces the risk of transmission and symptomatic infection in recipients.

Deceased donors are at increased risk of acquiring MDR bacteria and with increasing incidence of multidrug-resistant bacteria, many reports of transmission of MDR bacteria to recipients have been published.

Donors with bacteremia by MDR bacteria have a high risk of risk of transmitting this microorganism to recipient and probably, donors colonized with MDR bacteria in sites other than the transplanted organ have lower risk of transmission. Also the time and duration of antibiotic are directly related to success of recipient treatment. Different species present different transmission risks.

Donor-derived infection by MDR bacteria are associated to high mortality, therefore it is important to elaborate strategies to identify donors with high risk of MDR bacterial infection or colonization and carry out a careful clinical and microbiological investigation in order to reduce the risk of transmission.

**1.3:****State-of-Art of Infection Biomarkers in Transplant Recipients****Marcio Nucci**Physician Assistant, Infection Control Team  
Federal University of Rio de Janeiro, Brazil

Invasive fungal diseases represent a major complication of transplant recipients. The outcome of these infections is usually poor because of a combination of severe immunosuppression and late diagnosis. Indeed, early diagnose of invasive fungal diseases may improve the outcome because treatment is initiated at an earlier disease stage, when the fungal burden is low. Major advances in the early diagnosis of invasive fungal diseases include the use of fungal biomarkers, such as cryptococcal antigen, Histoplasma antigen, Aspergillus galactomannan and 1,3-beta-D-glucan, In addition to early diagnosis, some of these biomarkers may be used to monitor treatment response



10:30–11:30

**Session 2: Current Challenges of Regionally Restricted Infections I****2.1:****Arboviruses in Transplant Recipients: What is the Threat?****Clarisse M. Machado**

Head of the Virology Laboratory

Institute of Tropical Medicine, University of São Paulo, Brazil

In the last decades, the scientific attention has been largely turned to a specific area of the clinical virology comprised by the emerging and reemerging viruses. The emerging infections are mainly represented by zoonotic viruses with exotic natural cycles, which are transmitted by insect vectors. In the tropical regions, dengue viruses have been the main cause of arbovirus outbreaks. More recently, chikungunya, Zika and yellow fever viruses, also transmitted by mosquitoes of the genus *Aedes*, have frightened health authorities of countries in the America Region.

Few prospective studies have evaluated the impact of arbovirus infection in transplant recipients. These pathogens can also be transmitted by blood transfusion, and some of them by organ or tissue transplantation. As the majority of the infected individuals are asymptomatic, those viruses can represent a threat to blood supplies in endemic countries.

## 2.2:

### Endemic Mycosis in Transplant Populations

**John Baddley**

Physician, Department of Medicine  
University of Alabama at Birmingham, United States

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The mycoses histoplasmosis, blastomycosis, coccidioidomycosis, paracoccidioidomycosis and talaromycosis (penicilliosis) are diseases prevalent in certain geographic regions. Although the epidemiologic and clinical features of these infections may be similar, there are important differences. These infections occur in all host types, but may be more severe among immunocompromised patients. Recently, reports of these endemic mycoses suggest an increasing incidence among transplant recipients, although they occur in fewer than 5% of patients. In addition, donor-derived infections are increasingly recognized. Due to the associated non-specific symptoms and the challenge of rapid diagnosis for these infections, morbidity and mortality is increased. This presentation will discuss the epidemiology, diagnosis and treatment of endemic fungal infections in transplant recipients.



13:15–14:45

**Session 3: Current Challenges of Regionally Restricted Infections II****3.1:****Controlling TB in Highly Prevalent Areas:  
General Prophylaxis or LTBI Screening?****Silvia Vidal Campos**ID Physician of the Lung Transplant Group InCor, Pulmonology Service  
Heart Institute (InCor) of São Paulo Medical School HCFMUSP, Brazil

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We will discuss tuberculosis incidence and clinical impact in transplant recipients population in highly prevalent areas to decide the best management of:

- Solid organ transplant recipients screening
- Difficulties of donors screening
- Best drug and duration of treatment considering risk of resistance and non-TB mycobacterial (MNTB) infection
- Special issues about Lung transplant recipients

## 3.2:

### Chagas Disease: Management of Reactivation in Heart Transplantation

**Tania M. Strabelli**

Director, Infection Control Unit

Heart Institute of São Paulo Medical School, Brazil

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Chagas cardiomyopathy is the third more common indication for heart transplantation in South America. The first cardiac transplant in a recipient with Chagas was performed in 1985 in Brazil.

Reactivation of chronic *Trypanosoma* infection can occur and has been associated with the potency of the immunosuppressive protocol and occurs more frequently after rejection episodes. *T. cruzi* organisms may be demonstrable in skin lesions; impression smears and/or stained biopsy specimens should be obtained. Patients have a good response to treatment.



## 3.3:

**Strongyloidiasis in Endemic Regions: Treat All? Stool Screening?****Michele I. Morris**

Professor of Clinical Medicine; Director, Immunocompromised Host Section  
Division of Infectious Diseases, Department of Medicine  
University of Miami Miller School of Medicine, United States

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*Strongyloides stercoralis* is an intestinal helminth that may infect up to 100 million people worldwide. It is estimated that between 10% and 40% of the population of some tropical and subtropical countries may harbor these parasites, often without symptoms. Changes in immigration patterns and increased access to transplantation worldwide have contributed to the increased exposure of this strongyloides infected population to immunosuppressive therapy, resulting in an increased appreciation of the risk of hyperinfection strongyloidiasis post-transplant.

Transplant centers must recognize the importance of this emerging infection and incorporate specific diagnostic testing and treatment into their pre-transplant screening programs and post-transplant management algorithms. This talk will review the epidemiology, diagnosis, and treatment of strongyloidiasis and present options for screening transplant donors, candidates, and recipients, with the ultimate goal of preventing life-threatening hyperinfection.



**15:00–17:00****Session 4: Viral Infections and Vaccines****4.1:****Epidemiology of Influenza in Tropical and Subtropical Regions****Michael G. Ison**

Professor, Infectious Diseases/Organ Transplantation  
Northwestern University, Chicago, IL, United States

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In this lecture, the speaker will review the epidemiology of respiratory viral infections in the immunocompromised patient population.

## 4.2:

### Management of BK Nephropathy: Current Recommendations

**Parmjeet Randhawa**

Professor, Pathology, Division of Transplantation

University of Pittsburgh, The Thomas E Starzl Transplantation Institute, United States

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This presentation will discuss currently accepted strategies to manage BKV nephropathy. The focus will be on different strategies to reduce immunosuppression, and to consider switching strategies, and anti-viral agents when that is not effective. Potential anti-viral agents to be covered will include off label use of cidofovir, brincidofovir, leflunomide, IVIG, and quinolones. For patients who lose their grafts options for re-transplantation and selection of appropriate second donors will be reviewed. Finally, since treatment is not particularly effective once nephropathy has become well established, screening programs to minimize its occurrence will be stressed.

## 4.3:

**New Drugs Against CMV: What's Coming on the Scene?****Per Ljungman**Adjunct professor, Celltherapy and Allogeneic Stem Cell Transplantation  
Karolinska University Hospital, Stockholm, Sweden

There have been for many years limited developments in the field of new drugs against CMV. However, there are currently three agents in late stages of development for different aspects of CMV infection and disease. These are maribavir, letermovir, and brincidofovir. Additional agents are in earlier phases of development. Maribavir failed as a prophylactic drug but is now being developed for treatment of resistant or refractory patients. Letermovir has been studied as a prophylactic drug in allogeneic stem cell transplant patients and the phase III study met its primary endpoint of reducing the risk for clinically significant CMV infection. A similarly designed study with brincidofovir failed mainly due to toxicity. Furthermore, there are vaccines in different stages of clinical development. These data will be reviewed.

## 4.4:

### Vaccination of Pediatric Transplant Recipients

**Natasha Halasa**

Associate Professor, Pediatric Infectious Diseases  
Vanderbilt University Medical Center, Nashville, TN, US

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This lecture will include a brief overview of the current vaccine recommendations in pediatric transplant recipients. A discussion will include gaps in knowledge in the field of vaccination in transplant recipients and new vaccine strategies.







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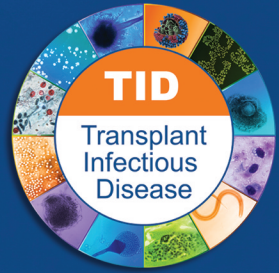


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# SAVE THE DATE!



## 12<sup>th</sup> International Transplant Infectious Disease Conference

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