

June 07-08, 2018 London, UK

Stef Stienstra, J Prev Infect Cntrol 2018, Volume 4 DOI: 10.21767/2471-9668-C1-002

8th Edition of International Conference on

Infectious Diseases

ZOONOTIC DISEASES THREAT NEEDS SHARING OF INFORMATION AND NEW DIAGNOSTIC SYSTEMS IN LESS DEVELOPED COUNTRIES

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Sharing public health threat information is a necessity for governments to prevent outbreaks of infectious diseases. Zoonotic diseases are the most dangerous for outbreaks running out of control, as the population does not have natural nor artificial (from vaccination) immune response to new emerging diseases. The recent Ebola virus disease outbreak in West Africa was such an example. New diagnostic methods, which can be performed in developing countries lacking critical infrastructure have to be developed to have an early response on (potential) outbreaks. It must be high tech with high reliability, which can be used in rural areas without proper infrastructure. The mitigation of highly infectious and deadly disease pandemics have to be recognized at the source. Sophisticated diagnostic equipment and good calibration, maintenance and interpretation of the results are essential. To identify pathogens at molecular level new technologies are under development. In developing countries military and civilian actors cooperate fruitfully in fighting potential biological threats. In this civilmilitary cooperation it is not only the biosafety, which has to be considered, but also the biosecurity, as misuse of extremely dangerous strains of microorganisms cannot be excluded. Several zoonotic infectious diseases, like anthrax, small pox and also the hemorrhagic fevers like Ebola virus disease are listed as potential bioweapons. With this extra threat in mind, both biosafety and biosecurity have to be implemented in all mobile or fixed clinical laboratories. An information/computer network with a cloud in which essential information can be traced, helps in early detection of outbreaks of new, mostly zoonotic, infectious diseases. The same technology helps in the forensic aspects in case of a bioterror attack.

Recent Publications

- 1. Kieny M P and Dovlo D (2015) Beyond Ebola: a new agenda for resilient health systems. Lancet 385:92.
- 2. Cenciarelli O et al. (2015) Viral bioterrorism: learning the lesson of Ebola virus in West Africa 2013-2015. Virus Research 210:318-326.
- 3. Abramowitz S A et al. (2015) Social science intelligence in the global Ebola response. Lancet 385:330.
- 4. Moon S et al. (2015) Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM independent panel on the global response to Ebola. Lancet 386:2204-21.

Biography

Stef Stienstra works internationally for several medical and biotech companies as Scientific Advisory Board Member and is also an Active Reserve Officer of the Royal Dutch Navy in his rank as Commander (OF4). For the Dutch Armed Forces he is CBRN specialist with focus on (micro) biological and chemical threats and medical and environmental functional specialist within the 1st CMI (Civil Military Interaction) Battalion of the Dutch Armed Forces. He is managing an EU CBRN CoE public health project in West Africa on behalf of Expertise France. In his civilian position, he is currently developing with MT-Derm in Berlin (Germany) a novel intradermal vaccination technology as well as a new therapy for cutaneous leishmaniasis for which he has won a Canadian 'Grand Challenge' grant. With Hemanua in Dublin, Ireland he has developed an innovative blood separation unit, which is also suitable to produce convalescent plasma for Ebola virus disease therapy. He has finished both his studies in Medicine and in Biochemistry in The Netherlands with a Doctorate and has extensive practical experience in Cell Biology, Immunohaematology, Infectious Diseases, Biodefense and Transfusion Medicine.

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