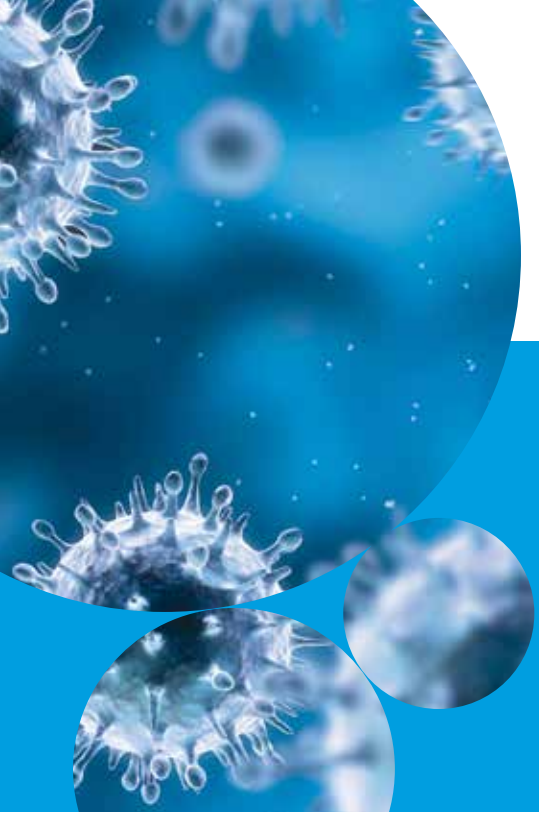


DZIF

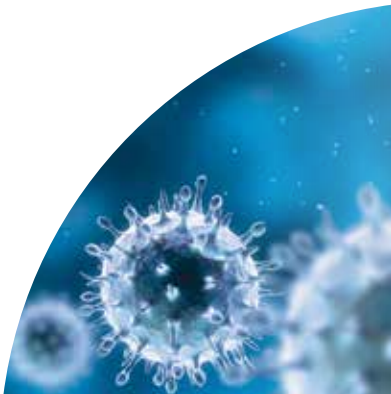
PROGRAMME

24 - 26 November 2016
Flora, Cologne

DZIF Annual Meeting
German Center for Infection Research

Conference Chairs:

Prof. Dr. W. Barchet, Bonn
Prof. Dr. J.F. Drexler, Bonn
Dr. J. Rybniker, Cologne
PD Dr. M. Vehreschild, Cologne



www.dzif-annual-meeting2016.de

* ≤95% Adhärenz **PREZISTA® wurde im Februar 2007 von der EMEA zugelassen. **1** Lathouwers E, et al. Week 192 resistance analysis of HIV-1-infected, treatment-naive patients with virological failure in ARTEMIS, poster presented 9th European Workshop on HIV & Hepatitis Treatment Strategies & Antiviral Drug Resistance, Paphos, Cyprus, March 23–25, 2011. Abstract O–07. **2** Orkin C, et al. Final 192-week efficacy and safety of once-daily darunavir/ritonavir compared with lopinavir/ritonavir in HIV-1-infected treatment-naive patients in the ARTEMIS trial. HIV Med. 2013 Jan;14(1):49–59. **3** Nelson M et al. Suboptimal adherence to darunavir/ritonavir has minimal effect on efficacy compared with lopinavir/ritonavir in treatment-naive, HIV-infected patients: 96 week ARTEMIS data J Antimicrob Chemother 2010;65(7):1505–09.

PREZISTA® 75 mg/- 150 mg/- 400 mg/- 600 mg/- 800 mg Filmtabletten/- 100 mg/ml Suspension zum Einnehmen. Wirkstoff: Darunavir. **Zusammensetz.:** *Filmtbl.:* 1 Filmtabl. enth. 75 mg, 150 mg, 400 mg, 600 mg bzw. 800 mg Darunavir (als Ethanolat). Sonst. Bestandt.: Jede Tabl. enth. 0,834 mg (400 mg Tabl.) bzw. 2,750 mg (600 mg Tabl.) Gelborange S (E110), mikrokristall. Cellulose, hochdisperses Siliciumdioxid, Crospovidon, Magnesiumstearat, Hypromellose (800 mg Tabl.), Polyvinylalkohol - teilhydrolysiert, Macrogol 3350, Titandioxid (E171), Talkum. ***Suspension:*** Jeder ml d. Susp. enth. 100 mg Darunavir (als Ethanolat). Sonst. Bestandt.: Hyprolose, mikrokrist. Cellulose, Carmellose-Natrium, Citronensäure-Monohydrat, Sucralose, Erdbeer-Sahne-Aroma, maskier. Aroma, Natrium-Methyl-4-hydroxybenzoat (E219) 3,43 mg/ml, Salzsäure (zur pH Wert-Einstellung), ger. Wasser. **Anw.geb.:** Zusammen m. niedrig dosiertem Ritonavir (rtv) in Kombination m. and. antiretrovir. Arzneim. zur Therapie v. Pat. m. Infekt. m. HIV-1. B. antiretroviral nicht vorbeh. Pat. (400 mg, 800 mg, Susp.).B. antiretrov. vorbeh. Erw., einschl. derer, d. mehrf. vorbeh. wurden (75 mg, 150 mg, 400 mg, 600 mg, 800 mg, Susp.). B. pädiatr. Pat. ab 3 J. u. mind. 15 kg KG (75 mg, 150 mg, 600 mg, Susp.) bzw. ab 12 J. u. mind. 40 kg KG (400 mg, 800 mg). Zus. m. Cobicistat in Kombination m. and. antiretrovir. Arzneim. zur Therapie v. erwachs. Pat. m. Infekt. m. HIV 1 (400 mg, 800 mg, Susp.). Dos.empf. s. jew. Fachinfo. **Gegenanz.:** Überempfindl. gg. Darunavir od. ein. sonst. Bestandt.; schw. Leberfunkt.störg. (Child-Pugh-Klasse C). Zutreff. f. Darunavir i. Kombination m. Ritonavir od. Cobicistat: gleichzeitige Anw. v. Rifampicin, Quetiapin, dem Kombinat. präp. Lopinavir/Ritonavir, Johanniskraut u. AM, deren Clearance in hohem Maße v. CYP3A abhängig ist u. bei denen erhöh. Plasmakonz. m. schwerwieg. u./od. lebensbedrohl. Ereign. einhergehen. Zutreff. f. Darunavir + Cobicistat: Anw. m. starken CYP3A4 Induktoren, wie z.B. Carbamazepin, Phenibarbital u. Phenytoin, da diese d. Exposit gg. Darunavir u. Cobicistat reduz. könnten. Wg. Unsicherheiten bzgl. d. Entwicklungsgr. d. Blut-Hirn-Schranke u. d. Leberenzyme b. Menschen ist PREZISTA® m. niedrig dos. Ritonavir nicht b. pädiatr. Pat. unter 3 J. od. weniger als 15 kg KG anzuw. Stillz. **Bes. Warnhinw. u. Vorsichtsmaßn.:** Regelm. Überprüfg. d. virol. Ansprechens empf., b. Fehlen od. Verlust Resistenztest durchführen. B. ART-vorbeh. Pat. m. einer od. mehr. DRV-RAMs od. ≥ 100.000 HIV-1-RNA Kopien/ml im Plasma od. einer CD4+-Zellzahl v. < 100 x 10^6 Zellen/l sollte PREZISTA® in Kombination m. Cobicistat od. niedrig dosiertem Ritonavir nicht angew. werden. Bhdlgs. abbruch b. schweren Hautreakt.; Hautausschlag b. ART-vorbeh. Pat. häufiger b. Komb.therapie m. Raltegravir. Vor u. währ. d. Bhdlg. Laborunters. d. Leberfunkt., insbes. b. Pat. m. chron. Hepatitis, Leberzirrh. od. b. Pat. m. initialer Transaminasenerhöhung. B. neu auftr. Leberfunkt.störg. od. Verschlecht. Unterbrech. od. Abbruch d. Bhdlg. erwägen. Vorsicht b.: leichter od. mäßiger Leberfunkts.störg. (Child-Pugh-Klasse A u. B), chron. Hep. B u. C, Alter über 65 J.; Sulfonamidallerg.; Hämophilie; Schwangersch. nur wenn d. potentielle Nutzen d. potentielle Risiko rechtfertigt; b. Schwang. m. Begleitmedik., die die Darunavirexposition weiter vermindern könnte. Möglichk. e. Immunrekonstitutionssndr.. Über lebensbedrohl. u. tödl. Interakt. wurde b. Pat. berichtet, die m. Colchicin u. starken Inhibit. v. CYP3A4 u. P Glykoprotein bhdlt. wurden. Efavirenz in Komb. m. PREZISTA/Ritonavir 800/100 mg 1x tgl. kann zu suboptimalen Darunavir C_{min} führen, daher b. Komb. m. Efavirenz Dosierung v. PREZISTA/rtv 600/100 mg 2x tgl. B. Wechsel d. pharmakokin. Verstärkers v. Ritonavir zu Cobicistat ist währ. d. ersten zwei Wo. d. Bhdlg. m. Darunavir/Cobicistat Vors. geboten, besond. wenn währ. d. Anw. v. Ritonavir d. Dosier. v. gleichz. angew. Arzneim. titriert od. eingestellt wurden. In diesen Fällen kann eine Dosisred. d. gleichz. angew. Arzneim. notw. sein. B. dialysepflicht. Pat. wurde Cobicistat nicht untersucht. Cobicistat senkt d. geschätzte Creatinin-Clearance durch Hemmung d. tubul. Sekretion. **Nebenwirk.: Erwachs. Pat.: Darunavir/Ritonavir: *Sehr häufig:*** Diarrhö. ***Häufig:*** Kopfschmerz, Erbrechen, Übelkeit, Bauchschm., Alaninaminotransferase erhöht, erhöhte Amylase i. Blut, Hautausschlag (inkl. makulärer, makulopapul., papul., erythemat. u. juckender Ausschlag), Pruritus, Hypertriglycerid., Hypercholesterin., Hyperlipid., Diab. mell., periph. Neuropathie, Schwindel, aufgeblähter Bauch, Dyspepsie, Flatulenz, Asthenie, Ermüdung (Fatigue), Schlaflosigkeit. ***Gelegentlich:*** Myokardinfarkt, Angina pect., im EKG verläng. QT-Intervall, Tachykardie, Thrombozytopenie, Neutropenie, Leukopenie, Anämie, Lethargie, Parästhesie, Hypästhesie, Schläfrigk., konjunkt. Hyperämie, trockenes Auge, Drehschwindel, Dyspnoe, Husten, Epistaxis, Reizungen i. Rachen, Pankreatitis, Gastritis, gastroösophag. Refluxkrankheit, aphtöse Stomatitis, Würgereiz, Mundtrockenh., Aufstoßen, Empfindungsstörung im Mund, abdominelle Beschwerden, Obstipat., erhöhte Lipase, (akutes) Nierenvers., Nephrolithiasis, erhöhtes Kreatinin i. Blut, Proteinurie, Bilirubinurie, Dysurie, Nykturie, Pollakisurie, Angioödem, generalis. Hautausschlag, allerg. Dermatitis, Ekzem, Erythem, Akne, trockene Haut, Nagelpigmentierung, Urtikaria, Hyperhidrose, Nachtschweiß, Alopezie, Myalgie, Osteonekrose, Muskelspasmen, Muskelschwäche, Arthralgie, Extremitätenschmerz., Osteoporose, erhöhte Kreatinin-Phosphokinase i. Blut, Insulinresistenz, Polydipsie, Gicht, Anorexie, Gewichtsabnahme, Gewichtszunahme, Hyperglykämie, Hypertonie, Pyrexie, Thoraxschmerz, periph. Ödem, Hitzegefühl, Reizbark., Schmerz, allg. Unwohlsein, Immunrekonstitutionssyndr., (Arzneimittel-)Überempf.keit, Hepatitis, zytolyt. Hepatitis, Steatosis hepatis, Transaminasen erhöht, Hepatomegalie, Bilirubin im Blut erhöht, alk. Phosph. im Blut erhöht, Gamma-glutamyltransferase erhöht, Aspartataminotransferase erhöht, erekt. Dysfunkt., Gynäkomastie, Depression, Desorientierth., Angstzust., Schlafstörg., anomale Träume, Hypothyreose, TSH-Blutspiegel erhöht, vermind. Appetit, vermehrter Appetit, vermind. HDL, Lactatdehydrogenase im Blut erhöht, Alpträume, vermind. Libido, Herpes simplex, Dysgeusie, Aufmerksamkeitsstörg., Einschränkg. d. Gedächtnisleistung, Erröten. ***Selten:*** Eosinophilie, muskuloskelettale Steifheit, Arthritis, Gelenksteifigkeit, Erythema multiforme, DRESS, Stevens-Johnson-Syndrom, Dermatitis, seborrh. Dermatitis, Hautläsionen, Xerodermie, Verwirrth.zust., Stimmungsveränd., Unruhe, Synkope, Krampfanfall, Ageusie, Storg. d. Schlafrhythm., Sehstörg., akuter Myokardinfarkt, Sinusbradykardie, Palpitationen, Rhinorrhö, Stomatitis, Hämatemesis, Cheilitis, trock. Lippen, belegte Zunge, vermid. renale Kreatinin-Clearance, Schüttelfrost, anomales Gefühl, Xerosis. ***Nicht bekannt:*** Toxisch Epidermale Nekrolyse, generalis. exanthemat. Pustulose. **Erwachs. Pat.: Darunavir/Cobicistat: *Sehr häufig:*** Kopfschm., Diarrhö, Übelk., Hautausschlag (inkl. makul., makulopapulär. papul., erythem., juckend., general. Ausschlag u. allerg. Dermat.). ***Häufig:*** Überemp., Anorexie, Diabetes mell., Hypercholesterin., Hypertriglycerid., Hyperlipid., anomale Träume, Erbr., Bauchschm., aufgebläh. Bauch, Dyspepsie, Flatulenz, Pankreasenzyme erhöht, Leberenzym. erhöht Angioödem, Pruritus, Urtikaria, Myalgie, Osteonekrose*, Ermüdung, Serumkreatinin erhöht. ***Gelegentlich:*** Immunrekonstitutionssyndr., akute Pankreatitis, Hepatitis*, zytolyt. Hepatitis*, Gynäkomastie*, Asthenie. ***Selten:*** DRESS*, Steven-Johnson-Syndr.* ***Nicht bekannt:*** Tox. epiderm. Nekrolyse*, akute general. exanthemat. Pustulose*. *: D. Nebenwirk. wurden nicht b. klin. Stud. m. Darunavir/Cobicistat berichtet, aber bei d. Bhdlg. mit Darunavir/Ritonavir beob., so dass sie auch m. Darunavir/Cobicistat erwartet werd. können. **Zusätzl. b. antiretrov. Komb. therapie:** Stoffwechselstörg. **(insbes. m. NRTIs):** Myositis, Myalgie, CPK-Wert-Erhöhung, selten Rhabdomyolyse. Berichte v. Spontanblutg. b. Hämophilie-Pat. **Pädiatr. Pat.:** Sicherheitsdaten v. Phase-II-Studien zeigten b. pädiatr. Pat. ein vergleichb. Sicherheitsprofil m. dem d. Erwachs.population. ***Filmtbl.:*** Enth. Gelborange S (E110) (nur 400 mg, 600 mg), das allerg. Reakt. hervorr. kann. ***Suspension:*** Enth. Natrium-Methyl-4-hydroxybenzoat, was allerg. Reakt. auslösen kann (manchm. verzögert). Verschreibungspflichtig. **Pharmaz. Unternehmer:** Janssen-Cilag International NV, 2340 Beerse, Belgien. **Örtl. Vertreter für Deutschland:** Janssen-Cilag GmbH, Johnson & Johnson Platz 1, 41470 Neuss. **Stand d. Inform.:** 01/16.

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PHARMACEUTICAL COMPANIES OF Johnson&Johnson

TABLE OF CONTENTS

Imprint

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Dear colleagues,

We would like to cordially invite you to this year's German Center for Infection Research Annual Meeting in Cologne.

Ebola and Zika viruses, dangerous hospital pathogens and extensively resistant tuberculosis bacteria have recently drastically demonstrated the kind of global challenges infection research has been confronted with over and over again.
The German Center for Infection Research (DZIF) has been taking up these challenges since 2012, and has compiled a programme for the 2016 Annual Meeting that does justice to the various topics of research.

All nine DZIF research fields (TTUs) will present their current findings and research highlights in a session each. For the first time, Academy scholarship holders will give talks to close each session. The DZIF Academy's declared goal is to educate and train the next generation of infection researchers and to continuously expand its programme. Besides this, the DZIF infrastructures that benefit all the research fields will be presented at the TI-Forum. As in previous years, an extensive poster exhibition will accompany the Annual Meeting's programme.

Lectures, discussions and the poster exhibition all provide opportunities for intensive information exchange which can be continued at the social evening in the Brauhaus Sion. Use this meeting to strengthen your network with colleagues from the other partner sites. The DZIF thrives through collaboration.

We would look forward to welcoming you in Cologne from 24 to 26 November 2016.

Best regards,

Your Conference Chairs

Prof. Dr.
Winfried Barchet

Prof. Dr.
Jan Felix Drexler

Dr.
Jan Rybniker

PD Dr.
Maria Vehreschild

Conference Chairs

Prof. Dr. Winfried Barchet, Bonn
Universitätsklinikum Bonn
Institut für Klinische Chemie und
Klinische Pharmakologie

Prof. Dr. Jan Felix Drexler, Bonn
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Institut für Virologie

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Klinik I für Innere Medizin

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Universitätsklinikum Cologne

Dr. Viktoria Linne, Cologne
Universitätsklinikum Cologne

Dr. Carolynne Schwarze-Zander, Bonn
Universitätsklinikum Bonn

Thursday, 24 November 2016

12:30 - 14:00	Registration & Snacks	
14:00 - 14:10	Welcome	S.08
14:10 - 14:40	**Invited Lecture 1: Sybille Matz** "New antiinfectives: EU regulations and DZIF-BfArM cooperation"	S.08
14:40 - 15:40	**TTU HIV**	S.08
15:40 - 16:10	Coffee Break	
16:10 - 17:10	**Poster Session**	S.09
17:10 - 18:10	**TTU Hepatitis**	S.09
20:00	Social Evening at Brauhaus Sion	S.09

Friday, 25 November 2016

09:00 - 10:00	**TTU Healthcare-associated and Antibiotic-resistant bacterial Infections**	S.10
10:00 - 10:30	Coffee Break	
10:30 - 11:30	**TTU Gastrointestinal Infections**	S.10
11:30 - 12:30	**TTU Infections of the immunocompromised Host**	S.11
12:30 - 13:30	Lunch Break **Lunchsymposium** S.12 MSD SHARP & DOHME GMBH	
13:30 - 14:30	**Poster Session**	S.12
14:30 - 15:00	**Invited Lecture 2: Seamus O'Brien** "New Antibiotics – Pathways to registration"	S.12
15:00 - 16:00	**TTU Tuberculosis**	S.12
16:00 - 16:30	Coffee Break	
16:30 - 17:30	**TTU Malaria**	S.13
17:30 - 17:40	**DZIF Poster Awards**	S.14
17:40 - 18:10	**DZIF Award Lecture**	S.14
18:10 - 19:10	Get Together with Wine and Cheese	S.14

SCIENTIFIC PROGRAMME – PROGRAMME AT A GLANCE

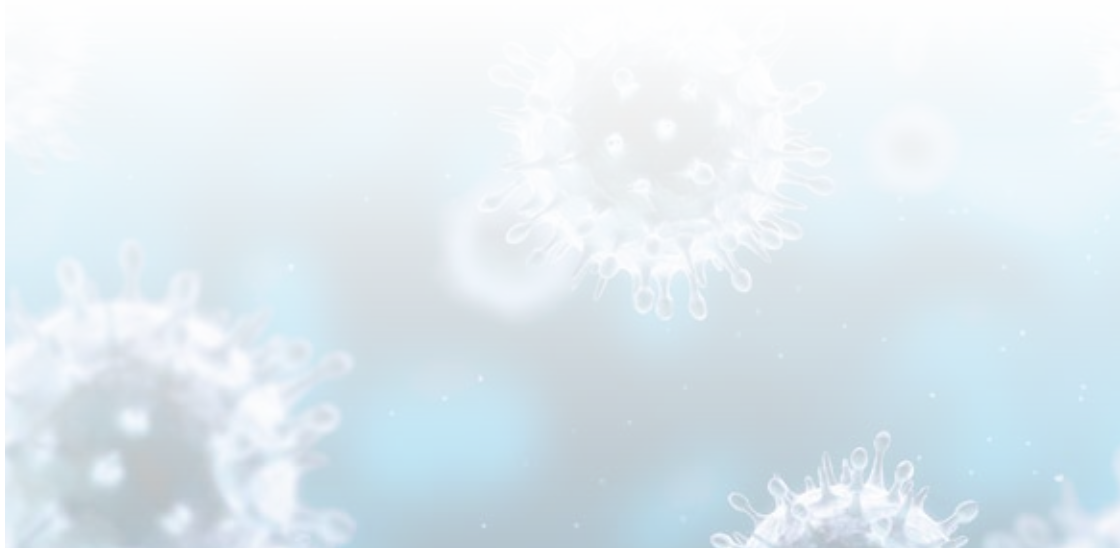
Saturday, 26 November 2016

09:00 - 10:00	**TTU Emerging Infections**	S.15
10:00 - 10:30	Coffee Break	
10:30 - 11:00	**Invited Lecture 3: Stephen Ward** "The critical importance of screen validation in drug discovery: The search for a new macrofilaricide"	S.15
11:00 - 12:00	**TTU Novel Antiinfectives**	S.16
12:00 - 12:10	Closing Remarks	S.16

TTU = Thematic Translational Unit

Rooms and Location

Scientific Programme and Poster = Festsaal
Lunchsymposium= Parksalon (2nd Level)
Coffee Break and Lunch = Bistro/Orangerie



ST = Short Talk, AT = Academy Talk

14:00 – 14:10 **Welcome**

Festsaal

14:10 – 14:40 **Invited Lecture 1**

Festsaal

14:10 **New antiinfectives: EU regulations and DZIF-BfArM cooperation**
S. Matz, Bonn

14:40 – 15:40 **TTU HIV**

Festsaal *Chairs: C. Lehmann, Cologne*
J. Schulze zur Wiesch, Hamburg

14:40
TTU Lecture 1 **Anti-HIV-1 antibody 10-1074 reduces viremia in HIV-1-infected individuals**
H. Gruell, Cologne

15:00
ST 1 **Translational Platform HIV: Implementation of the Primary HIV Cohort**
M. Stecher, Cologne

15:10
ST 2 **Compartment-specific distribution of human intestinal innate lymphoid cells is altered in HIV patients under effective therapy**
J. Nattermann, Bonn

15:20
ST 3 **Operational evaluation of HIV Point of Care Tests for very early infant HIV diagnostics in infants born from HIV infected mothers in Mbeya, Tanzania**
I. Sabi, Mbeya (Tanzania)

15:30
AT 1 **Human Immunodeficiency Virus (HIV)-1 and its Integration sites in Viral Latency**
W. Wang, Heidelberg

15:40 – 16:10 **Coffee Break**

SCIENTIFIC PROGRAMME
THURSDAY, 24 NOVEMBER 2016

16:10 – 17:10 **Poster Session**

Festsaal For further information please see page 17.

17:10 – 18:10 **TTU Hepatitis**

Festsaal *Chairs: S. Ciesek, Essen*
J. Nattermann, Bonn

17:10
TTU Lecture 2 **Functional characterization of HBV-specific T cell receptors for redirection of T cells against HBV infected hepatocytes**
K. Wisskirchen, Munich

17:30
ST 4 **A proof-of-concept Phase IIa clinical trial to treat chronic HBV/HDV with the entry inhibitor myrcludex B**
S. Urban, Heidelberg

17:40
ST 5 **Identification of host cell requirements and antiviral target for hepatitis D virus infection**
B. Buchmann, Hanover

17:50
ST 6 **Concerted harmonization efforts of HBV cccDNA quantification**
L. Allweiss, Hamburg

18:00
AT 2 **Profile of viral, biochemical and non-invasive fibrosis markers in a cohort of inactive European hepatitis B (HBV) carriers: 3 years follow-up of a prospective longitudinal study (ALBATROS Study)**
V. Knop, Frankfurt am Main

20:00 **Social Evening at Brauhaus Sion**

ST = Short Talk, AT = Academy Talk

09:00 – 10:00 **TTU Healthcare-associated and Antibiotic-resistant bacterial Infections**

Festsaal

Chairs: M. Vehreschild, Cologne
M. Willmann, Tübingen

09:00
TTU Lecture 3

Human commensals producing a novel antibiotic impair pathogen colonization
B. Krismer, Tübingen

09:20
ST 7

Significant Decrease of Admission Prevalence of 3rd Generation Cephalosporin Resistant Enterobacteriaceae Colonisation in one University Hospital
A. Rohde, Berlin

09:30
ST 8

Comparison between a core-genome MLST scheme and rep-PCR typing schemes to investigate the epidemiology of Klebsiella pneumoniae isolated as part of the CONTAIN study
P. Higgins, Cologne

09:40
ST 9

Genomic landscape of the new colistin resistance gene mcr-1 in Germany
L. Falgenhauer, Giessen

09:50
AT 3

Impact of contact isolation on nosocomial colonization and infection with ESBL-producing Escherichia coli in a high-risk setting – preliminary results from the CONTAIN study
L. Biehl, Cologne

10:00 – 10:30 **Coffee Break**

10:30 – 11:30 **TTU Gastrointestinal Infections**

Festsaal

Chairs: O. Bachmann, Hanover
M. Schütz, Tübingen

10:30
TTU Lecture 4

Engagement of CEACAM receptors by Helicobacter pylori modulates cellulcar responses
M. Gerhard, Munich

10:50
ST 10

Identification of small-molecule inhibitors targeting Cag type IV secretion or respiration in Helicobacter pylori
F. Schindele, Munich

SCIENTIFIC PROGRAMME
FRIDAY, 25 NOVEMBER 2016

11:00
ST 11

Fucosyltransferase-2 Expression in the intestine influences susceptibility to intestinal Salmonella infections
G. Graßl, Hanover

11:10
ST 12

Novel natural compound inhibitors for the New Delhi Metallo-beta-Lactamase 1
H. Meyer, Munich

11:20
AT 4

Screening for a small molecule inhibitor targeting the biogenesis of outer membrane virulence factors in gram-negative Enterobacteriaceae
J. Schweers, Tübingen

11:30 – 12:30 **TTU Infections of the immunocompromised Host**

Festsaal

Chairs: C. Könecke, Hanover
C. Zielinski, Munich

11:30
TTU Lecture 5

Epstein-Barr Viral miRNAs inhibit antiviral T cell responses early in infection
W. Hammerschmidt, Munich

11:50
ST 13

Determining the structure of herpesviral capsid proteins as a basis for rational inhibitor design
T. Krey, Hanover

12:00
ST 14

High-resolution analysis of the CMV-specific T cell receptor repertoire
A. Mossmann, Munich

12:10
ST 15

Tyrosine kinase activity of KSHV thymidine kinase can be targeted by FDA-approved kinase inhibitors to reduce lytic reactivation
G. Beauclair, Hanover

12:20
AT 5

In vitro evaluation of CAR T cells targeted with a high affinity scFv against the HCMV glycoprotein gB
H. Olbrich, Hanover

12:30 – 13:30 **Lunch Break**

13:00 – 14:00	**Lunchsymposium MSD**
Parksalon (2nd Level)	**Neue antiinfektive Konzepte: From bench to bedside** *Chair: M. Vehreschild, Cologne*
13:00	**Identifizierung neuer Substanzen: Welche Optionen haben wir?** *T. Schneider, Bonn*
13:20	**Anti-Antibiotische Konzepte (Phagen, Probiotika, Antikörper)** *M. Vehreschild, Cologne*
13:40	**Der lange Weg zur Entwicklung neuer TB Kombinations-therapien von bench to bed to policy** *M. Hölscher, Munich*

This Symposium is organized by MSD SHARP & DOHME GMBH, Munich.

13:30 – 14:30	**Poster Session**
Festsaal	For further information please see page 17.
14:30 – 15:00	**Invited Lecture 2**
Festsaal	
14:30	**New Antibiotics – Pathways to registration** *S. O'Brien, Macclesfield (United Kingdom)*
15:00 – 16:00	**TTU Tuberculosis**
Festsaal	*Chairs: A. Rachow, Munich* *J. Rybniker, Cologne*
15:00 TTU Lecture 6	**Phenotypic profiling of MTB-specific CD4 T cells allows accurate differentiation between active, treated Tuberculosis (TB) disease and latent infection** *C. Geldmacher, Munich*
15:20 ST 16	**Multidrug-resistant Mycobacterium tuberculosis outbreak strains in Gabon** *P. Beckert, Borstel*
15:30 ST 17	**Impact of molecular drug resistance testing in multidrug-resistant tuberculosis** *J. Heyckendorf, Borstel*

SCIENTIFIC PROGRAMME
FRIDAY, 25 NOVEMBER 2016

15:40 ST 18	**Lipids are Promising Diagnostic Molecules for Monitoring Antimycobacterial Therapy** *D. Schwudke, Borstel*
15:50 AT 6	**M. bovis BCG vaccination induces mycobacteria-specific immune responses but lacks protection from infection of human alveolar macrophages from tuberculosis** *J. Radloff, Borstel*
16:00 – 16:30	**Coffee Break**
16:30 – 17:30	**TTU Malaria**
Festsaal	*Chairs: B. Mordmüller, Tübingen* *A.-K. Müller, Heidelberg*
16:30 TTU Lecture 7	**Controlled human malaria infection as a tool for the development of novel malaria vaccine candidates** *B. Mordmüller, Tübingen*
16:50 ST 19	**Malaria co-infections: a diagnostic challenge in malaria endemic regions of sub-Sahara Africa** *D. Eibach, Hamburg*
17:00 ST 20	**Etiology of fever in hospitalized Children in Gabon: preliminary results** *J. Fernandes, Tübingen*
17:10 ST 21	**A randomized, controlled, double-blind, single-center phase 1 clinical trial to evaluate safety, tolerability, immunogenicity and efficacy of CAF01 and aluminum hydroxide as adjuvants for the malaria vaccine candidate GMZ2 in African volunteers** *U. Ateba Ngoa, Lambaréné (Gabon)*
17:20 AT 7	**Chlorotonil A: A potent antimalarial macrolactone with a pronouced antibacterial activity** *T. Abou Fayad, Saarbrücken/Braunschweig*

17:30 – 17:40 **DZIF Poster Awards**

Festsaal

17:40 – 18:10 **DZIF Award Lecture**

Festsaal

18:10 – 19:10 **Get Together with Wine and Cheese**

ST = Short Talk, AT = Academy Talk

09:00 – 10:00 **TTU Emerging Infections**

Festsaal

Chairs: J. F. Drexler, Bonn
A. Volz, Munich

09:00
TTU Lecture 8

rVSV-ZEBOV: Investigation of intrinsic immunity to the vaccine vector VSV and its Ebola GP insert
J. Pötsch, Hamburg

09:20
ST 22

Potential target for broad spectrum antiviral drugs
E. Acosta, Heidelberg

09:30
ST 23

Evidence for widespread infection of African bats with Crimean-Congo hemorrhagic fever-like viruses
M. Müller, Bonn

09:40
ST 24

p53 regulates SARS-CoV replication via interaction of SUD and PLpro with E3 ubiquitin ligase RCHY1
A. von Brunn, Munich

09:50
ST 25

Development of MVA-MERS-S for phase I clinical evaluation: A candidate vaccine against middle east respiratory syndrome coronavirus
A. Volz, Munich

10:00 – 10:30 **Coffee Break**

10:30 – 11:00 **Invited Lecture 3**

Festsaal

10:30

The critical importance of screen validation in drug discovery: the search for a new macrofilaricide
S. Ward, Liverpool (United Kingdom)

11:00 – 12:00	**TTU Novel Antiinfectives**
Festsaal	*Chairs: W. Barchet, Bonn* *N. Ziemert, Tübingen*
11:00 TTU Lecture 9	**Mechanism-of-action of the cyclic depsipeptide antibiotic telomycin** *J. Herrmann, Saarbrücken/Braunschweig*
11:20 ST 26	**Exploiting underexplored translation inhibitors and combinations thereof** *A. Berscheid, Tübingen*
11:30 ST 27	**Genome mining-guided drug discovery: new avenues to protease and proteasome inhibitors from bacterial sources** *L. Kaysser, Tübingen*
11:40 ST 28	**Development of new treatments against filariasis using antibiotics** *U. Klarmann-Schulz, Bonn*
11:50 ST 29	**Antimicrobial action of Corallopyronin A against Orientia tsutsugamushi in vitro and in vivo** *C. Keller, Hamburg*
12:00 – 12:10	**Closing Remarks**
Festsaal	

TI Forum

At the same time of the poster sessions, representatives of the DZIF Translational Infrastructures (TI) will present their services. Take advantage of the opportunity to find out how the TIs can support your research.

DZIF TIs:

- Product Development Unit
- Clinical Trial Unit
- African Partner Institutions
- Natural Compound Library
- Biobanking
- Bioinformatics Platform
- Pathogen Repository
- Epidemiology

The DZIF Academy will also present its programmes. The aim of the DZIF Academy is to educate and train the next generation of researchers in infectious diseases. Highly attractive educational programmes for students and postgraduates are fundamental for excellent basic, translational and clinican scientists.

Poster Sessions

Posters shall be prepared in DIN A 0 size (841 x 1189 mm), portrait format, in English language. The dimensions of the poster walls are 1m x 2m, material to fix the posters will be provided.

All posters should be mounted on Thursday, 24 November 2016 from 10:00 – 13:00. Please remove your poster after the congress on Saturday, 26 November 2016 from 12:00 – 13:00. It is not possible to send remaining posters back to you after the congress. Unfortunately remaining posters have to be disposed of.

Poster authors are kindly asked to be present at their posters during the poster sessions on Thursday, 24 November 2016, from 16:10 – 17:10 and on Friday, 25 November 2016, from 13:30 –14:30 for questions and discussion.

DZIF Poster Awards

The three best posters will be awarded with EUR 500,- each. The awards will be presented on Friday, 25 November 2016 from 17:30 – 17:40 in “Festsaal”. All potential awardees will be informed in time and are kindly asked to attend. Please check your poster board for notification as well as your e-mail account.

The prizes are kindly sponsored by the MSD SHARP & DOHME GMBH.

HIV

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Imaging platform under enhanced biosafety conditions
V. Laketa, Heidelberg

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HIV-1 infection increases the frequency of inflammatory slanDCs that produce high levels of IL-1
F. Ahmad, Hanover

P 3
Mi(cro)RNAs as clinically relevant host factors and target molecules in HIV-1 infection
R. Müller, Heidelberg

P 4
Env-specific IgG responses induced by identical and none-identical immunogen prime-boost vaccination strategies target different antigenic region.
C. Geldmacher, Munich

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Functional inactivation of the HIV-1 provirus using AAV-delivered CRISPR/Cas
M. Nickl, Heidelberg

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Is persistent HIV viremia still an ongoing problem of antiretroviral treatment?
D. Schmidt, Berlin

P 7
HIV-1 latency reversal and HIV-1 infection measured by a novel flow-based technique
G. Martrus, Hamburg

P 8
Efficient and Safe Genome Editing by AAV-mediated Delivery of HIV-1 LTR-specific Recombinase Brec1 into Human Hematopoietic Stem Cells
N. Beschorner, Hamburg

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Assessment of the HIV-1 reservoir in CD4+ T cell populations (including regulatory T cells) by a novel Droplet Digital PCR based approach
J. Schulze zur Wiesch, Hamburg

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I. Kroidl, Munich

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A. Ritter, Munich

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C. Kreer, Cologne

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P. Schommers, Cologne

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Dual inhibition of the thioredoxin and glutathione antioxidant pathways selectively kills latently HIV-infected cells and shows HIV eradication potential
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M. Muenchhoff, Munich

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J. Dietz, Frankfurt am Main

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B. Langhans, Bonn

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SPEAKERS, CHAIRS AND PRESENTING AUTHORS

Venue

Flora Köln
Am Botanischen Garten 1a
50735 Cologne, Germany
www.koelnkongress.de

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Opening Hours Registration Desk

Thursday, 24 November 2016	10:00 – 18:30
Friday, 25 November 2016	08:00 – 19:30
Saturday, 26 November 2016	08:00 – 12:30

Social Evening

Thursday, 24 November 2016, from 20:00
Brauhaus Sion
Unter Taschenmacher 5-7
50667 Cologne, Germany

A registration for the participation in the social evening is absolutely essential – The number of participants is limited. There will be no extra charge.

Certification

A certification of the Ärztekammer Nordrhein and of the ICME is requested.

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You can choose your favorite hotel in Cologne from a wide range of hotel offers. Please make your reservation either via internet or via phone:

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Please note that COCS GmbH is only acting as an intermediary and takes no responsibility. Rebooking or cancellation must be made directly with the hotel.

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For the purposes of the FSA codex we kindly ask for clinicians/scientists as employed to obtain an authorization from your employer to participate in the conference if necessary. The congress is supported by pharmaceutical/medical companies. The sponsors have no influence on the scientific programme.
The special sponsor symposium is clearly marked.

Registration

Please register until 10 November 2016 via our website www.dzif-annual-meeting2016.de

The fee includes all visits to the lectures as well as the participation in the social evening on Thursday, 24 November 2016 and your ticket for the public transport KVB (Kölner Verkehrs-Betriebe GmbH).

After 10 November 2016 registration and payment is only possible at the conference office on-site in Cologne. You will receive your ticket for the public transport there as well.

Registration fee

Participation	EUR 80,-
Student*	free entry

*) Verification by fax to +49 (0)89/890677-77. Otherwise the full price will be charged.

Payment

Please indicate on your bank transfer „DZIF2016“ and the name of the participant. After 10 November 2016, payments can only be accepted on-site.

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After your registration you will receive a confirmation and payment request immediately.

Cancellation

For written cancellation until 10 November 2016 there will be a cancellation fee of EUR 30,-. After this closing date, no refund of the participation fee is possible.
Please contact Ms. Felicitas Molnar for cancellation via felicitas.molnar@cocs.de

Congress Ticket

Provided that registration and payment are received until 10 November 2016, your ticket for the public transport will be sent to you in advance.

From 24-26 November 2016 you may use the regional train and all buses, trams and metros within the fare zone1b.

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Congress venue
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Am Botanischen Garten 1a
50735 Cologne, Germany
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Arrival by car
From the motorway crossing the Zoobrücke (bridge) follow the signposts in the direction of “Zoo/Flora”. After turning right into “Alter Stammheimer Weg”, you will see the Flora on the left.

From the city center drive along the Konrad-Adenauer-Ufer and then follow the signposts to “Zoo/Flora” as described above.

Parking
On the left-hand side from the Flora you will find a small car park in front of the Flora. Pass the Flora and turn left into “Im Botanischen Garten”.

Further car parks can be found below the Zoobrücke and in the car park „Zoo-Flora“. You can reach it via „Riehler Straße“ or „Niederländer Ufer“.

Arrival by rail
On arrival at Cologne Central take the tram 18 (=subway) to the stop “Zoo/Flora”.

Arrival by public transport
Take the tram 18 (=subway) or the bus line 140 to the stop “Zoo/Flora”.

Arrival by airplane
On arrival at the Airport Cologne/Bonn take the tram 3 or 19 to the stop „Cologne Central Station“. Change here to the tram 18 (=subway) until the “Zoo/Flora” stop.

WIR SIND INFIZIERT

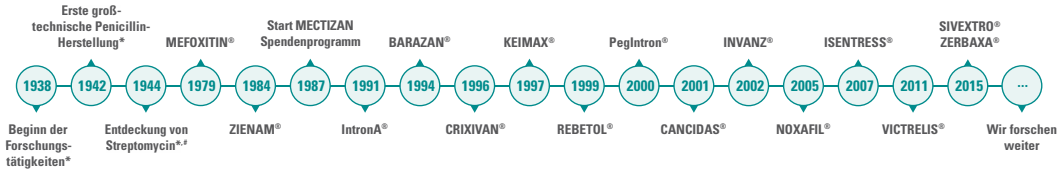
VON DER LEIDENSCHAFT

MENSCHEN MIT INFEKTIONSKRANKHEITEN ZU HELFEN.

MSD Antiinfektiva

www.msd-antiinfektiva.de

MSD



MSD engagiert sich seit nahezu 80 Jahren umfassend auf dem Gebiet der Antiinfektiva. Die Entwicklung innovativer Produkte hat dabei höchste Priorität. Ganz aktuell wurden die Ergebnisse der Phase-III-Studie eines Impfstoffes gegen Ebola von MSD präsentiert. Bereits seit 1987 verfolgt das weltweit am längsten laufende Medikamentenspenden-Programm MECTIZAN von MSD mit Erfolg die Ausrottung der Flussblindheit und der Elefantiasis in betroffenen Ländern wie z. B. Kolumbien, Ecuador und Mexiko. Trotz aller Erfolge sterben jährlich weltweit immer noch bis zu 15 Mio. Menschen an Infektionskrankheiten – verursacht durch Viren, Bakterien, Pilze und Parasiten. Ihnen zu helfen war und ist unser Antrieb.

Zulassungsdaten der Präparate beziehen sich auf Deutschland.
* Daten beziehen sich auf das Unternehmen Merck & Co., Inc., Kenilworth, N.J., USA.
# In Kooperation mit der Rutgers Universität.

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