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Surveillance of enteroviruses from sewage water and clinical samples in North India

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Enterovirus causes mild to severe diseases in all over world. It is very serious public health problem more or less in the world. Enteroviruses surveillance systems are scarce in densely populated cities in India. Enteroviruses can be shed in feces for several weeks; these viruses are not effortlessly inactivated and may perhaps persist in sewage for extensive periods. Acute flaccid paralysis suspected 401 clinical and 109 sewage samples were collected during July 2007 to September 2009; tissue culture method was used for isolation of virus and serotype confirmed by *Enterovirus* neutralization test. A total 98 clinical and 44 sewage samples were *Enterovirus* positive. In sequencing, few Untyped, were identified as echovirus 9, 11, 25 and 30 which may be mixture as they remained Untyped in neutralization. The confined *Enterovirus* season began from July and crest activity generally arises in September. During each epoch, numerous clinical enteroviruses serotypes were detected, among them three or four serotypes were predominating. There is a smashing concordance among the serotypes of enteroviruses shed in stools and isolates from the environment.

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In vivo formation of *Candida* biofilms on catheters surfaces: The nosocomial fungal infectivity

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The invasive nosocomial infections due to *Candida* species are responsible for increasing the length of stay, cost of hospitalization and morbidity in immunocompromised patients. Their severity and rapid progressivity are owed to the difficulty of diagnosis. Various catheters, which are often used to train a body fluid (blood, urine, infusion, parenteral nutrition, medication) inside the body of the patient or vice versa, are susceptible to be altered by *Candida* spp. and promote the formation of biofilms which consolidates the risk of invasive nosocomial infections i.e., these structures are considered as a nest for disease because it is not easily eradicate by conventional antifungal therapy. Such as the diagnosis of candidiasis related to catheter is difficult, the differentiation between catheter infection and a simple contamination is essential to establish an antifungal treatment. Our study aimed adapts to yeasts the Brun-Buisson (1987) method which only concerned by bacteria, that's why we conducted our study between February 2011 and January 2012 at the Hospital University Center of Sidi Bel Abbès-Algeria that aims to evaluate the various types of fungal catheters infectivities (contaminations, colonization and infections) and their corresponding rates, as well as the responsible yeast species. At the end, the ability to form biofilms was checked. The results showed that three types of fungal infectivities of catheters were identified. On the other hand, SEM images showed clearly *Candida* biofilms on the surfaces of catheters.

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