



european congenital cytomegalovirus initiative

2016

24th - 26th APRIL 2016

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Preliminary Program

July 14th, 2015

European Congenital Cytomegalovirus Initiative

April, 24th – 26th, 2016

San Servolo, Venice



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Sunday, April 24th

Session 1 1956-2016: 60 years is long enough.....

14:00 - 14:30 Get together

14:30 - 14:45 Introduction

14:45 - 15:15 CMV in Europe

15:15 - 15:45 The consequences of an imperfect immunity

15:45 - 17:00 CMV vaccine

17:00 - 18:00 Free communications

18:15 - 19:15 Growing up with congenital CMV

19:30 - 21:30 Welcome party



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Monday April 25th

Session 2 Can we do better than (not) screening in pregnancy?

8:00 - 8:30 Revisiting the screening dilemma

8:30 - 9:00 Prevention

9:00 - 10:00 Free communications

10:00 - 11:00 Coffee break and poster viewing

Session 3 The challenge of non-primary infections

11:00 - 11:30 Public health impact

11:30 - 12:00 Diagnosis and management

12:00 - 13:00 Free communications

12:45 - 14:00 Lunch and poster viewing

Session 4 CMV in the fetus

14:00 - 14:30 Prognosis of an infected fetus at 20 weeks

14:30 - 15:00 Therapeutic options for infected fetuses

15:00 - 16:00 Free communications



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16:00 - 17:00 Coffee break and poster viewing

Session 5 Basic science developments and opportunities for translational research

17:00 - 17:30 Sequencing data

17:30 - 18:00 KIR/HLA genotyping

18:00 - 18:30 Brain pathology and immunological interactions

18:30 - 19:30 Free communications

20:00 - 22:00 Dinner



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Tuesday April 26th

Session 6 CMV in the newborn and beyond

- 8:00 - 8:30 Options for CMV neonatal screening
- 8:30 - 9:00 The current evidence for neonatal treatment
- 9:00 - 9:30 The role of neuroimaging in the CMV-infected newborn
- 9:30 - 10:00 To treat or not to treat (CMV outside the newborn period)

10:00 - 10:45 Coffe break and poster viewing

- 10:45 - 11:45 Free communications

Session 7 Collaboration for the future

- 11:45 - 12:00 Lessons from HIV (PENTA-ID)
- 12:00 -13:30 Biobanks; European Registries

13:30 Conclusions and adjourn