

Best-of neuro-infectieux

Marion Le Maréchal
9 juin 2023

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10

Risk of Alzheimer's Disease Following Influenza Vaccination: A Claims-Based Cohort Study Using Propensity Score Matching

Avram S. Bukhbinder^{a,1,*}, Yaobin Ling^{b,1}, Omar Hasan¹, Xiaoqian Jiang^b, Yejin Kim^b,
Kamal N. Phelps^a, Rosemarie E. Schmandt^a, Albert Amran^a, Ryan Coburn^a, Srivathsan Ramesh^a,
Qian Xiao^c and Paul E. Schulz^a

Vaccination et Maladie d'Alzheimer

Table 3
Frequency of Incident AD Among Propensity-Score-Matched
Vaccinated and Unvaccinated Patients

	Incident AD (+)	Incident AD (-)
≥1 flu vaccinations during follow-up	47,889	887,998
No flu vaccinations during follow-up	79,630	856,257

Vaccination et Maladie d'Alzheimer

Table 3
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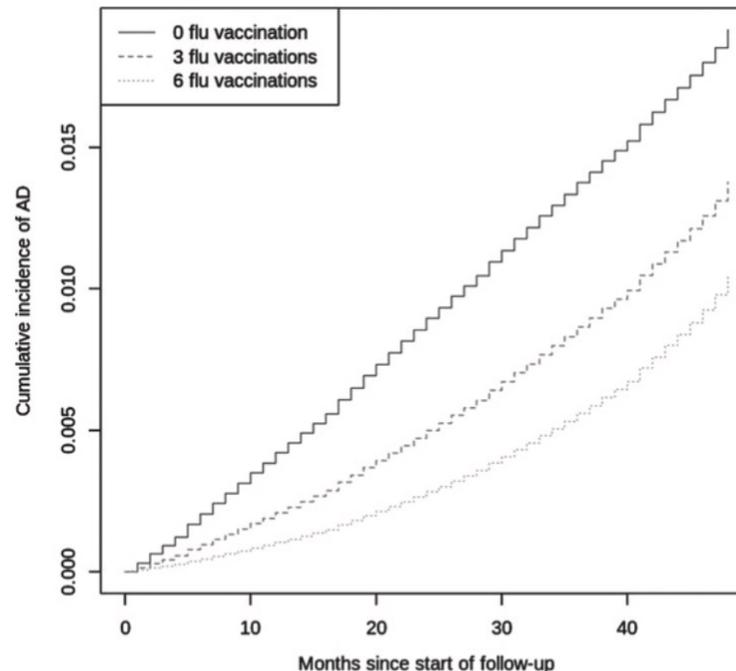


Fig. 3. Estimated CIF Curve of Incident AD by Number of Influenza Vaccinations. Quantitative results from the regression model are presented in Supplementary Table 3.

Méningites à HSV-2

Clinical Infectious Diseases

MAJOR ARTICLE



OXFORD

Herpes Simplex Virus 2 Meningitis in Adults: A Prospective, Nationwide, Population-Based Cohort Study

Anna Jakobsen,^{1,a} Marie Thaarup Skov,^{1,a} Lykke Larsen,^{2,3} Pelle Trier Petersen,⁴ Christian Brandt,^{4,5} Lothar Wiese,⁵ Birgitte Rønde Hansen,⁶ Hans Rudolf Lüttichau,⁷ Malte Mose Tetens,⁸ Jannik Helweg-Larsen,⁸ Merete Storgaard,⁹ Henrik Nielsen,^{1,10} and Jacob Bødilsen^{1,*}; for the DASGIB study group

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Méningites à HSV-2

Characteristic	Patients, No. (%) ^a
Age, median (IQR), y	35 (27–49)
Female sex	156 (76)
Predisposing conditions	
History of genital herpes	83/175 (47) (n = 175)
Previous viral meningitis	63 (31)
Immunocompromise ^b	19 (9)

Méningites à HSV-2

Characteristic

Patients, No. (%)^a

Rekommandationer for udredning og behandling af viral meningitis hos voksne

Ved overgang til peroral behandling anbefales:

HSV meningitis: Valaciclovir 1 gram x 3 dgl. til samlet 7 dages behandling.

VZV meningitis: Valaciclovir 1,5 -2,0 gram x 3 dgl. til samlet 7 dages behandling.

Empiric antibiotics for bacterial meningitis 113/204 (55)

Empiric dexamethasone for bacterial meningitis 93/204 (46)

Méningites à HSV-2

Characteristic	Patients, No. (%) ^a
Treatment	
Acyclovir or valacyclovir treatment	197 (96) ^e
Time to antiviral treatment, median (IQR), h	4.9 (2.3–11.8) (n = 181)
Intravenous followed by oral antiviral treatment	145/197 (74)
Intravenous acyclovir only	20/197 (10)
Valacyclovir only	32/197 (16)
Total duration of antiviral treatment, median (IQR), d	10 (7–14) (n = 169)
Empiric antibiotics for bacterial meningitis	113/204 (55)
Empiric dexamethasone for bacterial meningitis	93/204 (46)

Méningites à HSV-2

Table 3. Outcome in 205 Adult Patients With Herpes Simplex Virus 2 Meningitis Diagnosed at Danish Departments of Infectious Diseases, 2015–2020

Outcome by GOS or GOSE Score	Patients, No./Total No. Assessed (%) by Time of Outcome Assessment			
	Discharge	1 mo	3 mo	6 mo
GOS score				
1 (Dead)	0	0	0	0
2 (Vegetative state)	0	0	0	0
3 (Severe disability)	1/205 (0.5)	1/197 (0.5)	1/192 (0.5)	1/181 (0.6)
4 (Moderate disability)	62/205 (30)	43/197 (22)	35/192 (18)	18/181 (10)
5 (Good recovery)	142/205 (69)	153/197 (78)	156/192 (81)	162/181 (90)

Méningites à HSV-2

Table 5. Adjusted Analyses of Prognostic Factors for Unfavorable Outcome Among 205 Adult Patients With Herpes Simplex Virus 2 Meningitis Diagnosed at Danish Departments of Infectious Diseases^a

Prognostic Factors	RR (95% CI)	
	Crude	Adjusted ^b
Sex		
Male	Reference	Reference
Female	1.12 (.68–1.85)	1.08 (.65–1.79)
Age, y		
<35	Reference	Reference
≥35	1.33 (.88–2.01)	1.28 (.83–1.97)
Immunocompromise ^c		
No	Reference	Reference
Yes	1.20 (.64–2.25)	1.07 (.57–2.03)
CSF leukocyte count, $\times 10 \times 6/L$		
0–99	Reference	Reference
100–499	0.94 (.53–1.66)	1.00 (.56–1.77)
500–999	0.74 (.38–1.45)	0.81 (.41–1.62)
≥1000	0.73 (.31–1.71)	0.78 (.33–1.84)

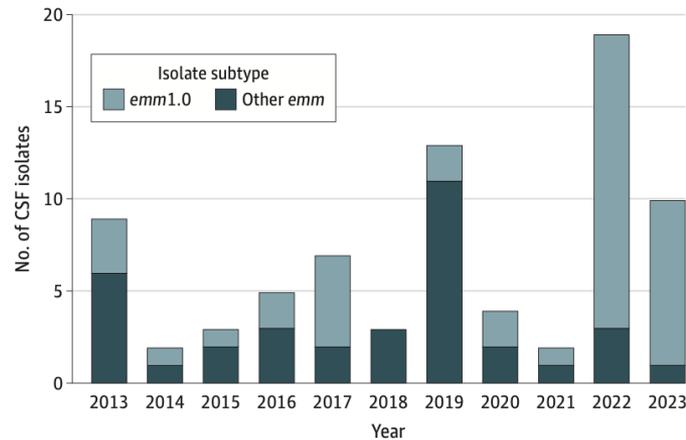
Méningite à streptocoque A

RESEARCH LETTER

Group A Streptococcal Meningitis With the M1_{UK} Variant in the Netherlands

Méningite à streptocoque A

Figure. Number of Received *Streptococcus pyogenes* CSF Isolates With Proportion of *emm1.0* Subtype, the Netherlands



Data for 2023 reported through March 13. CSF indicates cerebrospinal fluid.

- Séquençage de *emm1.0* pour retrouver le variant M1UK
- 2019 – 2022 : 75% de M1UK
- Depuis mai 2022 : 15/15 M1UK

Troubles neuro-cognitifs chez le PVVIH

Clinical Infectious Diseases

MAJOR ARTICLE

Antiretroviral Therapy Intensification for Neurocognitive Impairment in HIV

Scott L. Letendre¹, Huichao Chen², Ashley McKhann², Jhoanna Roa³, Alyssa Vecchio⁴, Eric S. Daar⁵, Baiba Berzins⁶, Peter W. Hunt⁷, Christina M. Marra⁸, Thomas B. Campbell⁹, Robert W. Coombs⁸, Qing Ma¹⁰, Shobha Swaminathan¹¹, Bernard J.C. Macatangay¹², Gene D. Morse¹⁰, Thomas Miller³, David Rusin³, Alexander L. Greninger⁸, Belinda Ha¹³, Beverly Alston-Smith¹⁴, Kevin Robertson (posthumous)⁴, Robert Paul¹⁵, Serena Spudich¹⁶, and the A5324 Study Team.

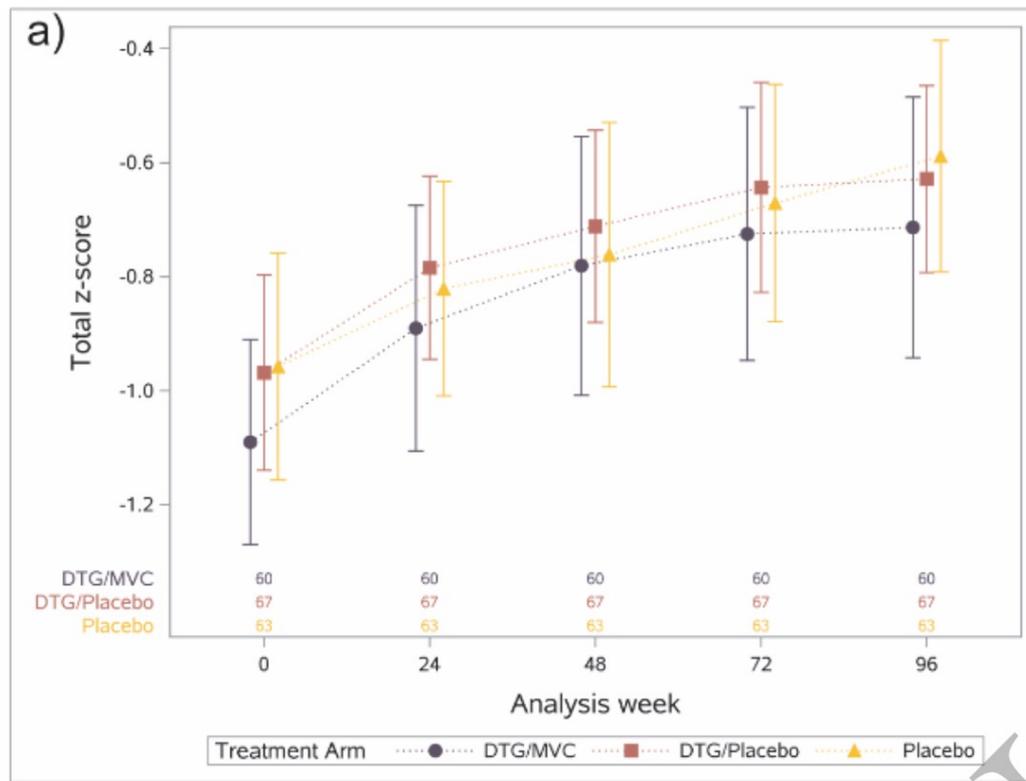
Troubles neuro-cognitifs chez le PVVIH

- **Trois bras :**
 - Double placebo
 - DLT + placebo
 - DLT + MVC

- **Stratification sur le taux de CD4 et les troubles neurocognitifs**

- **OP à à 12 mois.**

Troubles neuro-cognitifs chez le PVVIH



Corticothérapie et *Listeria*

Adjunctive dexamethasone treatment in adults with listeria monocytogenes meningitis: a prospective nationwide cohort study

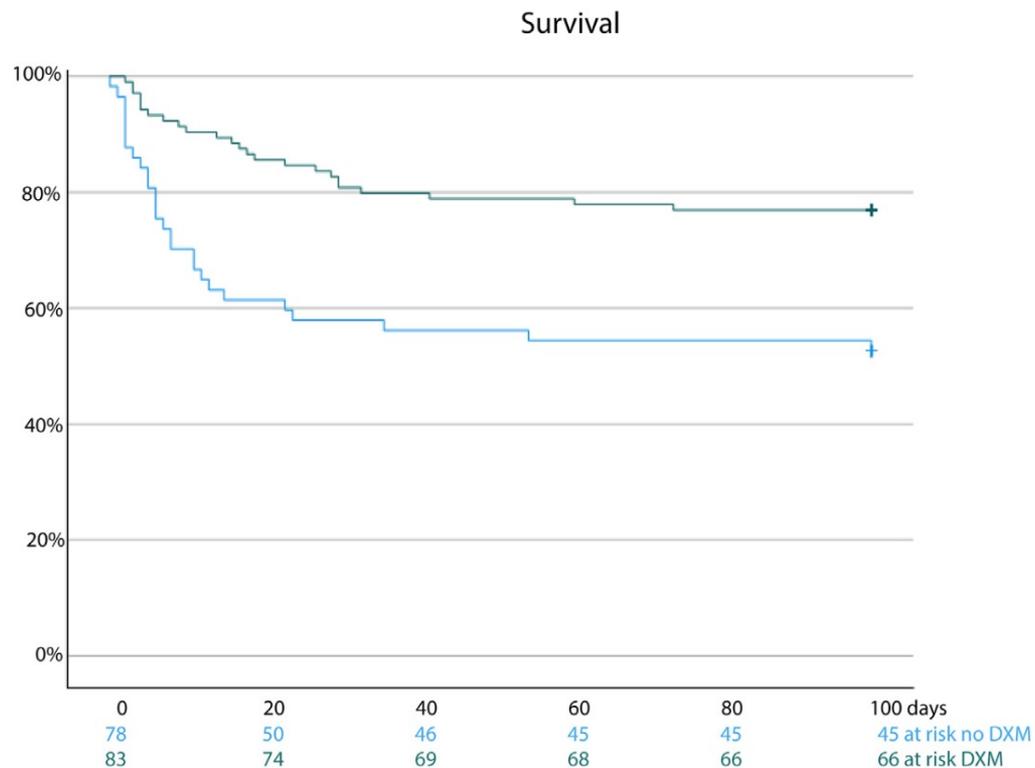


Matthijs C. Brouwer* and Diederik van de Beek**

Department of Neurology, Amsterdam UMC, University of Amsterdam, Amsterdam Neuroscience, Amsterdam, the Netherlands



Corticothérapie et *Listeria*



TBE encephalitis



Contents lists available at [ScienceDirect](#)

Journal of Infection

journal homepage: www.elsevier.com/locate/jinf



Tick-borne encephalitis: Acute clinical manifestations and severity in 581 cases from Germany, 2018–2020



Teresa M. Nygren ^{a,*}, Antonia Pilic ^a, Merle M. Böhmer ^{b,c}, Christiane Wagner-Wiening ^d, Simone-Beatrice Went ^e, Ole Wichmann ^a, Wiebke Hellenbrand ^a

^a Immunization Unit, Robert Koch Institute, Berlin, Germany

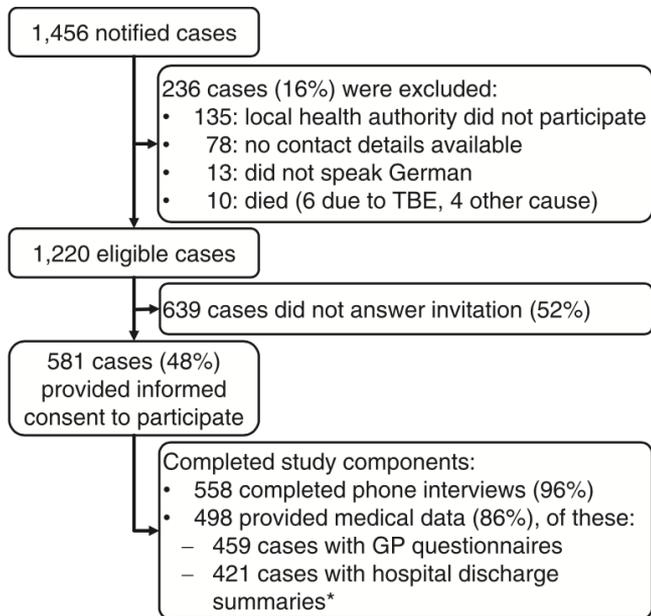
^b Bavarian Health and Food Safety Authority (LGL), Munich, Germany

^c Institute of Social Medicine and Health Systems Research, Otto-von-Guericke-University Magdeburg, Magdeburg, Germany

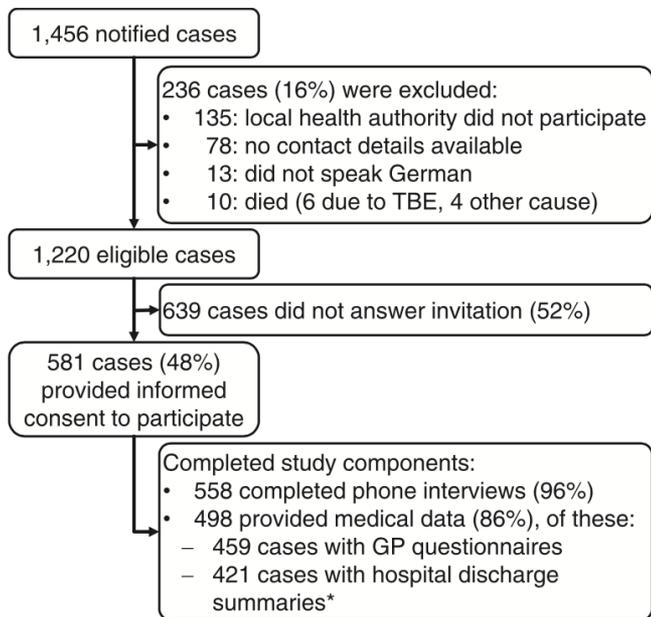
^d State Health Office Baden-Wuerttemberg (LGA), Stuttgart, Germany

^e Praxis Dr. med. Monika Went, Berlin, Germany

TBE encephalitis

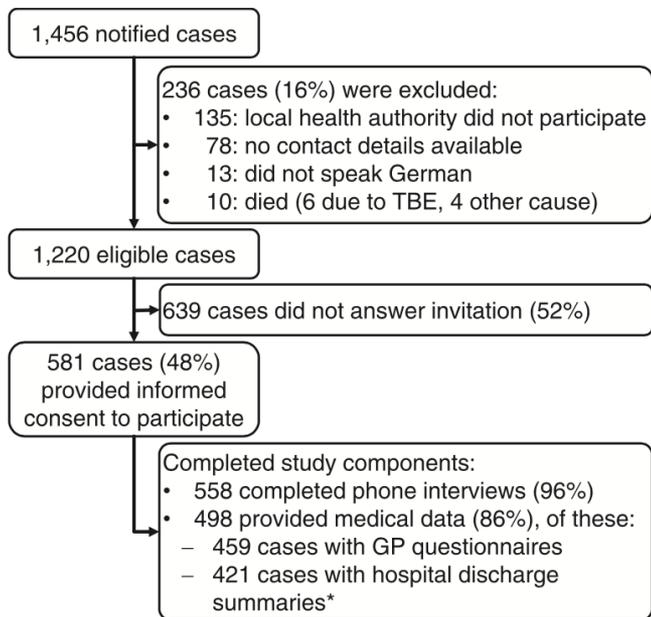


TBE encephalitis

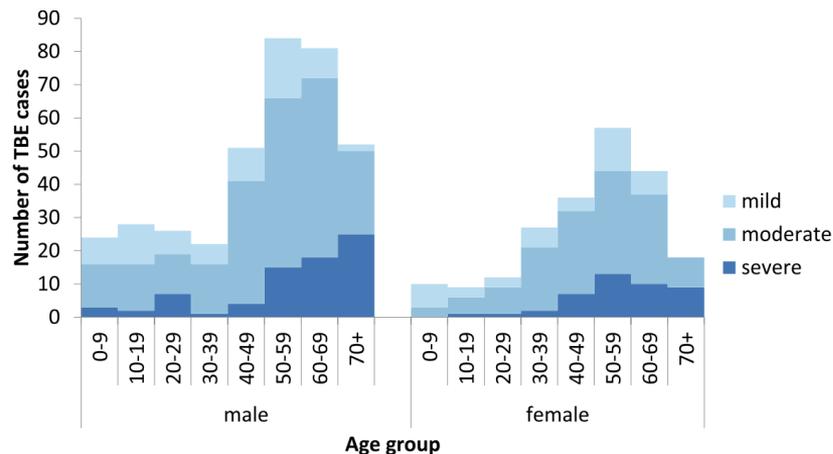


Severity was initially categorized as “mild” or “moderate” based on absence or presence of neurological symptoms. Next, the duration of hospital stay was considered, so that e. g. patients with neurological symptoms but ≤ 3 days in hospital were moved from “moderate” to “mild.” The definition of “severe” required either > 20 days in hospital, ICU admission, or reporting of the specific severe diagnoses of myelitis or radiculitis in hospital discharge summaries (see [Appendix 1](#) for details).

TBE encephalitis



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TBE encephalitis

Clinical characteristics and symptoms	0–17 years		18–64 years		65–90 years		p for difference (bold if < 0.001)
	n	%	n	%	n	%	
Biphasic course*	54	82%	238	60%	45	37%	< 0.001

TBE encephalitis

Clinical characteristics and symptoms	0–17 years		18–64 years		65–90 years		p for difference (bold if < 0.001)
	n = 66		n = 394		n = 121		
	n	%	n	%	n	%	
Biphasic course							
Biphasic course*	54	82%	238	60%	45	37%	< 0.001
Neurological symptoms							
Impaired balance	37	56%	328	83%	106	88%	< 0.001
Concentration deficit	34	52%	315	80%	93	77%	< 0.001
Memory deficit	16	24%	239	61%	87	72%	< 0.001
Impaired coordination (ataxia)	25	38%	215	55%	88	73%	< 0.001
Dysphasia (speaking)	11	17%	193	49%	74	61%	< 0.001
Impaired consciousness	28	42%	183	46%	81	67%	< 0.001

Neurosyphilis



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Journal of Infection

journal homepage: www.elsevier.com/locate/jinf



Neurosyphilis among people with and without HIV infection: A Danish nationwide prospective, population-based cohort study 2015–2021



Christina Carolina Steenberg Schnohr ^{a,1}, Fie Welling Paulsen ^{a,1}, Lykke Larsen ^b,
Merete Storgaard ^c, Micha Phill Grønholm Jepsen ^d, Hans Rudolf Lüttichau ^e, Lothar Wiese ^f,
Birgitte Rønde Hansen ^g, Jacob Bodilsen ^{h,i}, Henrik Nielsen ^{h,i}, Anne-Mette Lebech ^{a,j},
Lars Haukali Omland ^{a,*}

Neurosyphilis

Table 5
Unfavorable outcome and RPR at different timep

	Score	Functional status	Scale (GOS).		P value ^a
			HIV-infected n = 88	HIV-uninfected n = 88	
Unfavorable outcome according to GOS					
Unfavorable outcome at discharge, n (%)	1	Good recovery	23 (26)	20 (23)	0.01
Unfavorable outcome 1 month after discharge, n (%)			14 (16)	14 (16)	0.05
Unfavorable outcome 3 months after discharge, n (%)			14 (16)	14 (16)	0.05
Unfavorable outcome 6 months after discharge, n (%)					
RPR 6 months after discharge, n (%)	2	Moderate disability	1 (1)	3 (4)	0.25
Increased, n (%)			1 (1)	3 (4)	
Same level, n (%)			3 (4)	5 (7)	
2-fold decrease, n (%)			5 (7)	59 (87)	
4-fold decrease or more (incl negative), n (%)	3	Severe disability	59 (87)	0 (0)	0.90
CSF leukocytes 6 months after discharge					
≥ 5 × 10 ⁶ cells/L and ≥ 50% of initial value, n (%)			0 (0)	7 (28)	
≥ 5 × 10 ⁶ cells/L < 50% of initial value, n (%)	4	Persistent vegetative state	7 (28)	18 (72)	
< 5 × 10 ⁶ cells/L			18 (72)	0 (0)	
CSF WR 6 months after discharge versus initial WR					
WR still elevated and ≥ 50% of initial value, n (%)	5	Death	2 (13)	0 (0)	0.50
WR still elevated and < 50% of initial value, n (%)			0 (0)	0 (0)	
WR = 0, n (%)			0 (0)	13 (87)	
			16 (89)	3 (100)	

Neurosyphilis

Table 5
Unfavorable outcome and RPR at different timepoints during follow up. Outcome is categorized using the Glasgow Outcome Scale (GOS).

	No. of patients with registered result	All patients n = 108	PLWH n = 20	HIV-uninfected n = 88	P value ^a
Unfavorable outcome according to GOS					
Unfavorable outcome at discharge, n (%)	107	23 (21)	0 (0)	23 (26)	0.01
Unfavorable outcome 1 month after discharge, n (%)	107	20 (19)	0 (0)	20 (23)	0.02
Unfavorable outcome 3 months after discharge, n (%)	106	14 (13)	0 (0)	14 (16)	0.05
Unfavorable outcome 6 months after discharge, n (%)	106	14 (13)	0 (0)	14 (16)	0.05
RPR 6 months after discharge, n (%)	87				
Increased, n (%)		2 (2)	1 (5)	1 (1)	0.25
Same level, n (%)		6 (7)	3 (16)	3 (4)	
2-fold decrease, n (%)		6 (7)	1 (5)	5 (7)	
4-fold decrease or more (incl negative), n (%)		73 (84)	14 (74)	59 (87)	
CSF leukocytes 6 months after discharge	29				0.90
≥ 5 × 10 ⁶ cells/L and ≥ 50% of initial value, n (%)		0 (0)	0 (0)	0 (0)	
≥ 5 × 10 ⁶ cells/L < 50% of initial value, n (%)		8 (28)	1 (25)	7 (28)	
< 5 × 10 ⁶ cells/L		21 (72)	3 (75)	18 (72)	
CSF WR 6 months after discharge versus initial value	18				0.50
WR still elevated and ≥ 50% of initial value, n (%)		2 (11)	0 (0)	2 (13)	
WR still elevated and < 50% of initial value, n (%)		0 (0)	0 (0)	0 (0)	
WR = 0, n (%)		16 (89)	3 (100)	13 (87)	

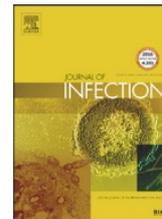
Infection du SNC chez les transplantés d'organe



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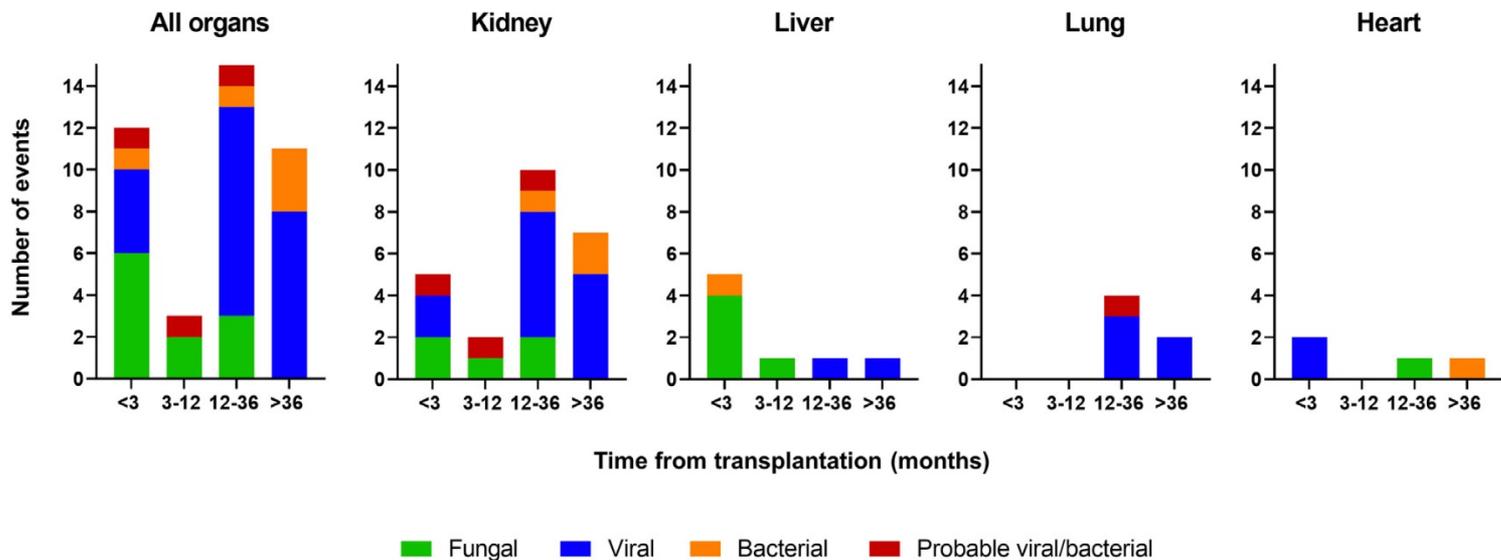


Central nervous system infections in solid organ transplant recipients: Results from the Swiss Transplant Cohort Study

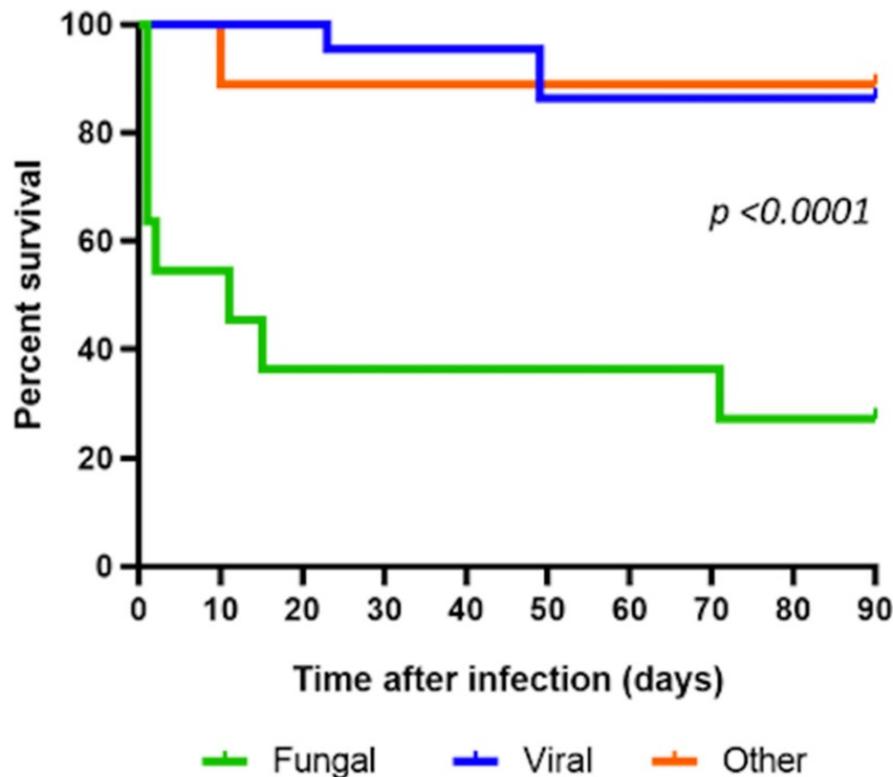


Lorena van den Bogaart^{a,*}, Brian M. Lang^b, Simona Rossi^b, Dionysios Neofytos^c,
Laura N. Walti^d, Nina Khanna^e, Nicolas J. Mueller^f, Katia Boggian^g, Christian Garzoni^h,
Matteo Mombelli^{a,1}, Oriol Manuel^{a,1}, and the Swiss Transplant Cohort Study²

Infection du SNC chez les transplantés d'organe



Infection du SNC chez les transplantés d'organe





Clinical features and prognostic factors in adults with brain abscess

© Jacob Bodilsen,¹ Lærke Storgaard Duerlund,¹ Theis Mariager,¹ Christian Thomas Brandt,² Pelle Trier Petersen,² Lykke Larsen,³ Birgitte Rønne Hansen,⁴ Lars Haukali Omland,⁵ Malte Mose Tetens,⁵ Lothar Wiese,⁶ Rasmus Langelund Jørgensen,⁷ Steffen Leth^{8,9} and Henrik Nielsen^{1,10}; the DASGIB study group

Abcès cérébraux

Table 2 Clinical presentation of 485 adults hospitalized with brain abscess in Denmark from 2007 through 2020

Symptoms and findings	Observations N = 485	n (%) or median (IQR)
Triad of headache, history of fever, and any neurological deficit	485	97 (20)

Abcès cérébraux

Table 2 Clinical presentation of 485 adults hospitalized with brain abscess in Denmark from 2007 through 2020

Symptoms and findings	Observations N = 485	n (%) or median (IQR)
Triad of headache, history of fever, and any neurological deficit	485	97 (20)
Abscess characteristics ^d		
Multiple	471	139 (30)
Size, cm	444	2.8 (2.0–3.7)

Abcès cérébraux

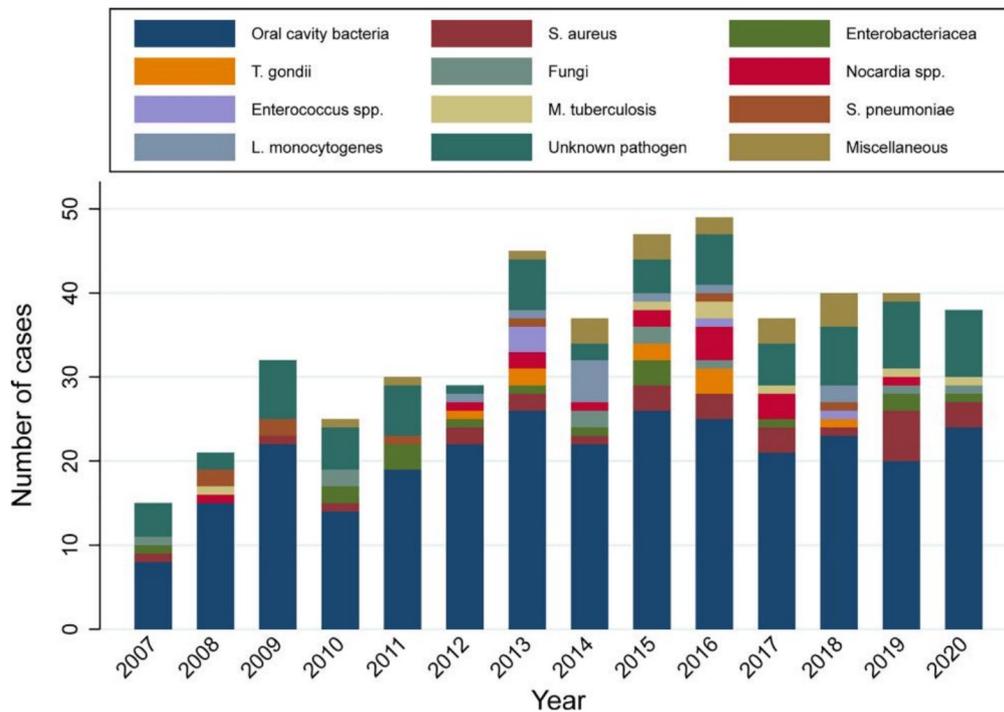


Figure 3 Causative pathogens among 485 adults hospitalized with brain abscess in Denmark from 2007 through 2020. Of 485 patients, 298 (61%) were polymicrobial. Abscesses caused by oral cavity bacteria ($n = 287$) were categorized as polymicrobial.

Article

Bacteria hijack a meningeal neuroimmune axis to facilitate brain invasion

<https://doi.org/10.1038/s41586-023-05753-x>

Received: 22 March 2022

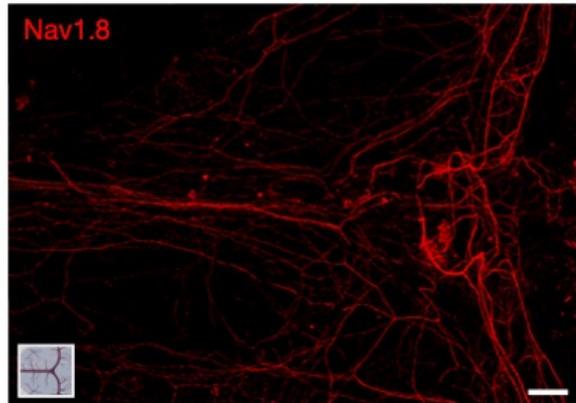
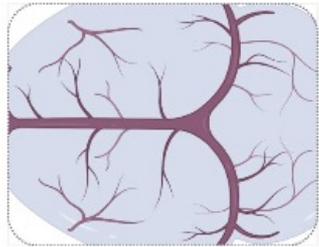
Accepted: 23 January 2023

Felipe A. Pinho-Ribeiro^{1,2}, Liwen Deng¹, Dylan V. Neel¹, Ozge Erdogan³, Himanish Basu¹, Daping Yang¹, Samantha Choi¹, Alec J. Walker^{4,5,6}, Simone Carneiro-Nascimento⁷, Kathleen He¹, Glendon Wu¹, Beth Stevens^{4,5,6,8}, Kelly S. Doran⁹, Dan Levy^{5,7} & Isaac M. Chiu¹✉

Méningite

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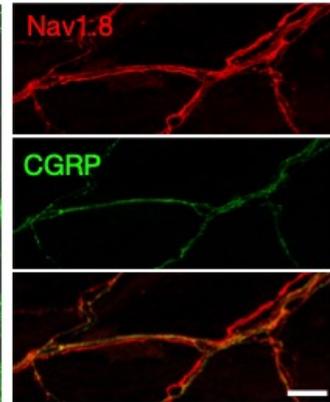
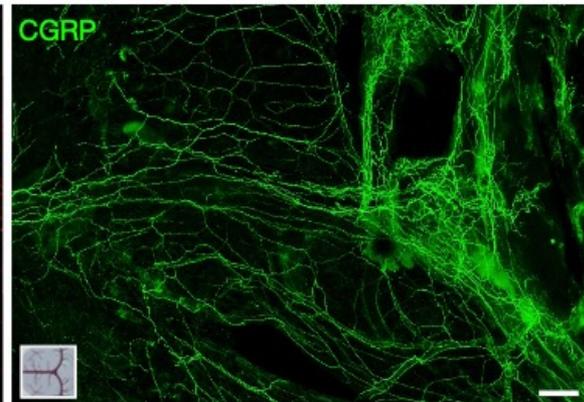
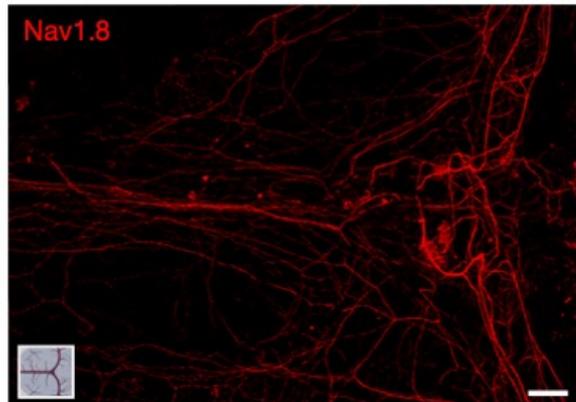
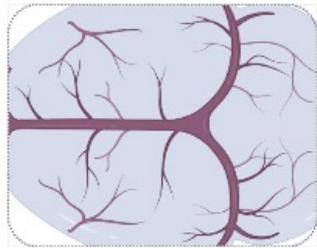
Dura mater



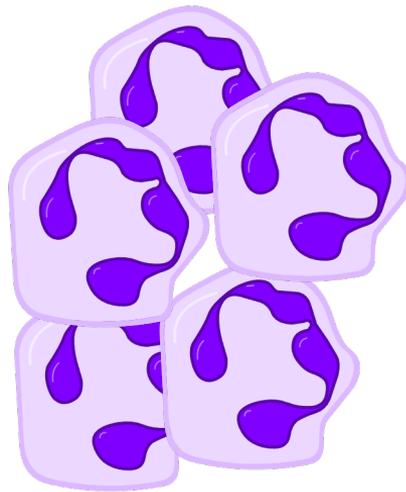
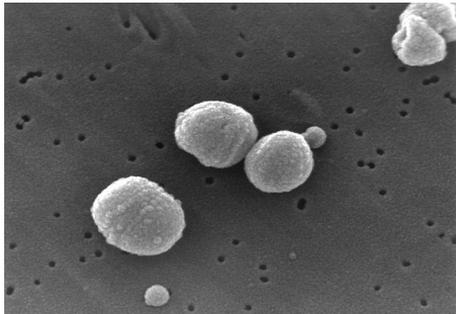
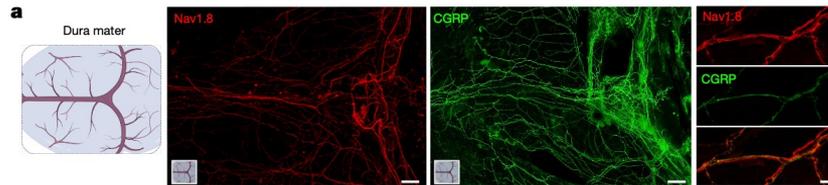
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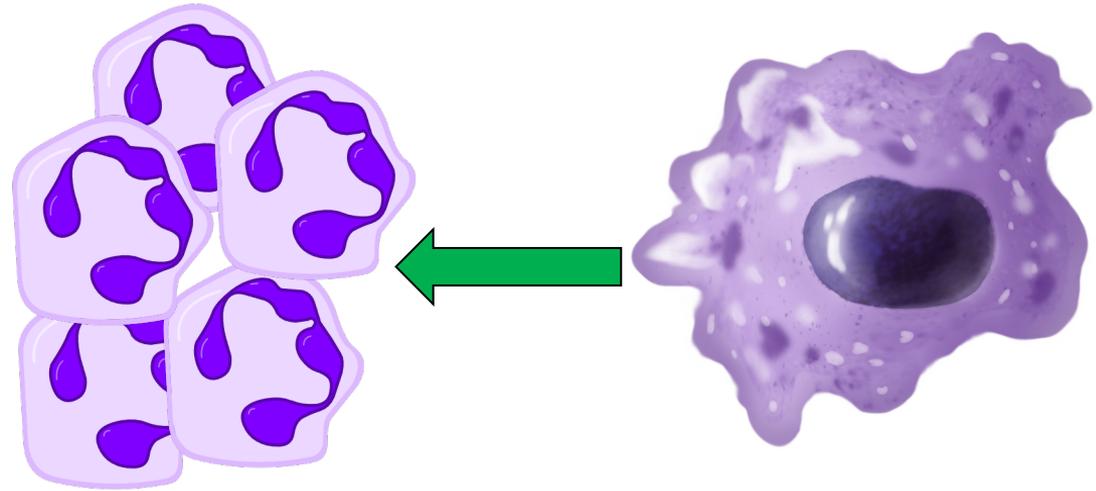
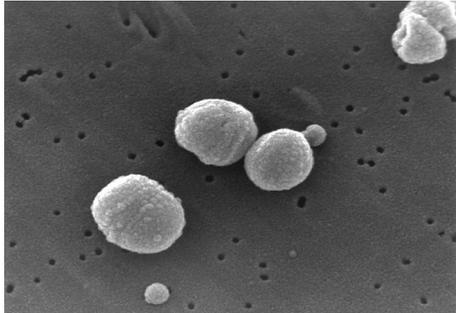
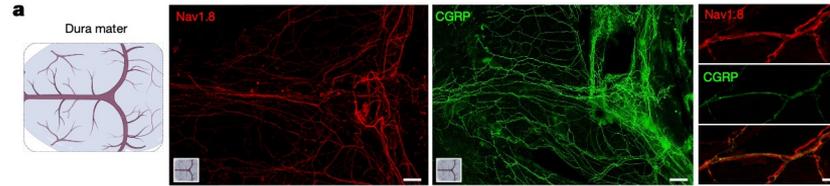
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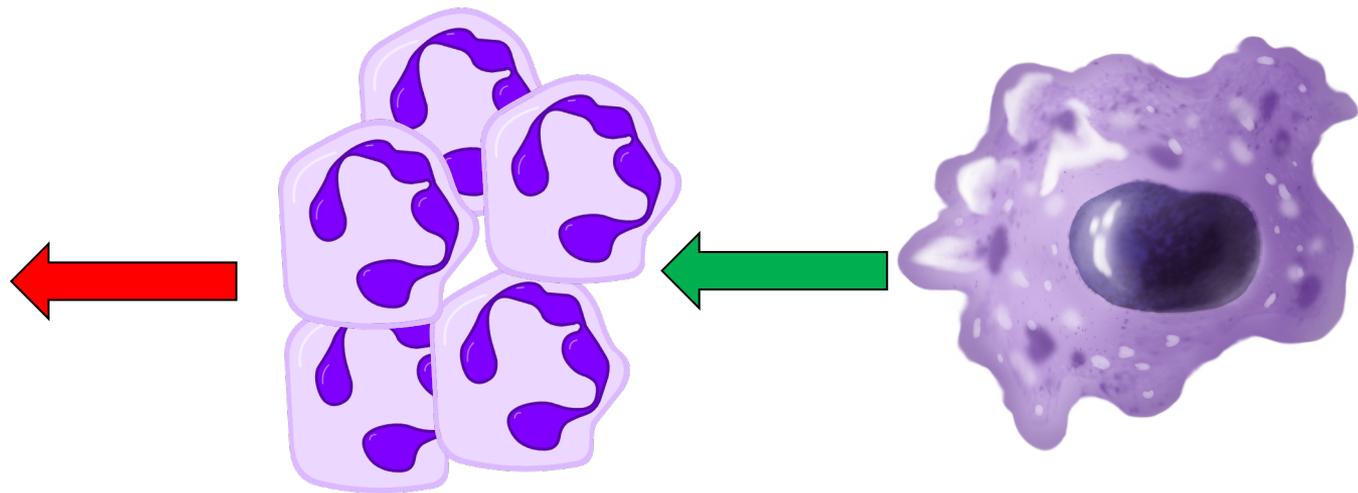
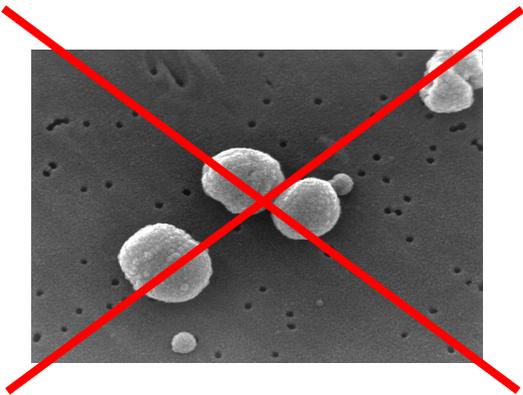
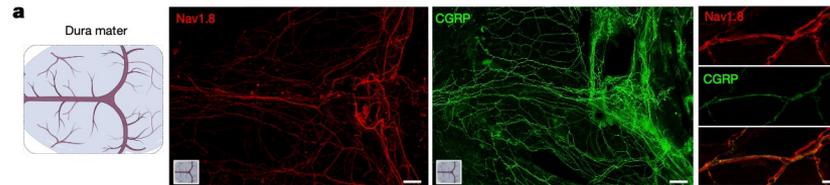
Méningite



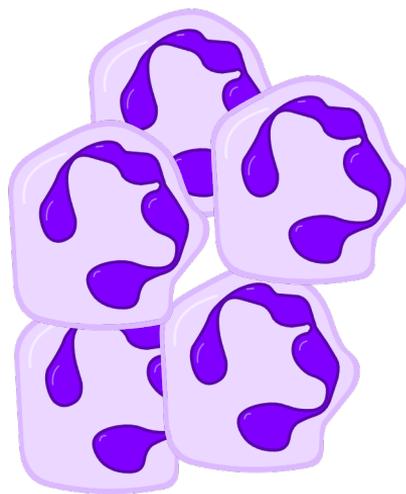
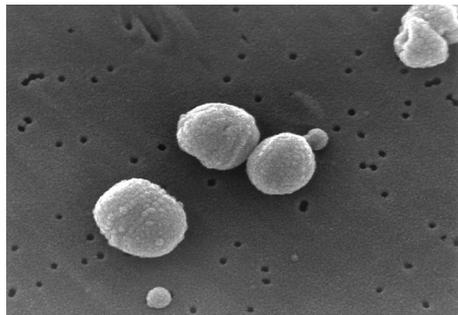
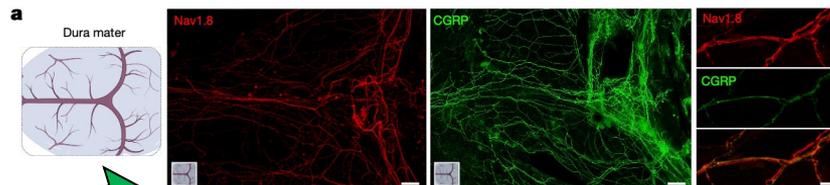
Méningite



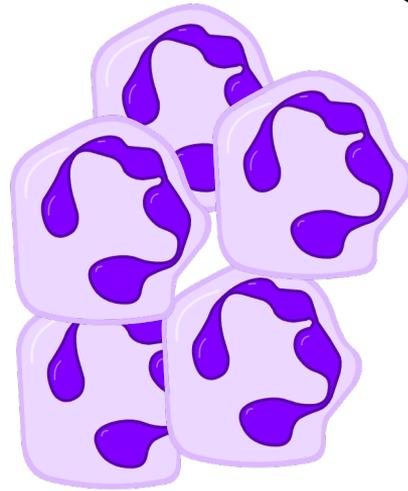
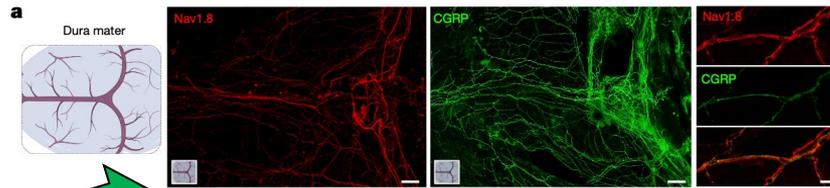
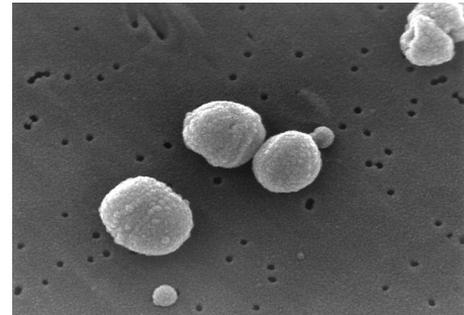
Méningite



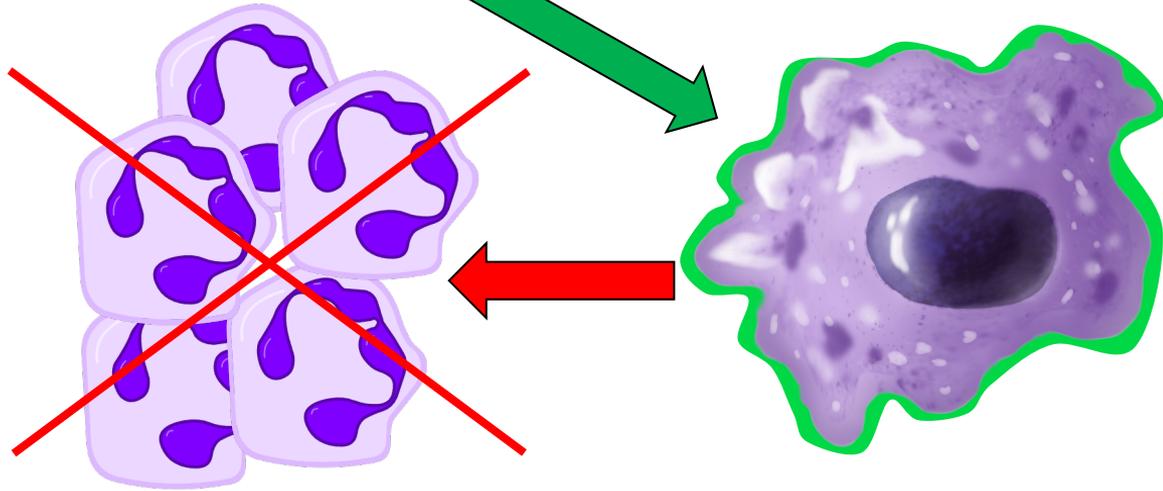
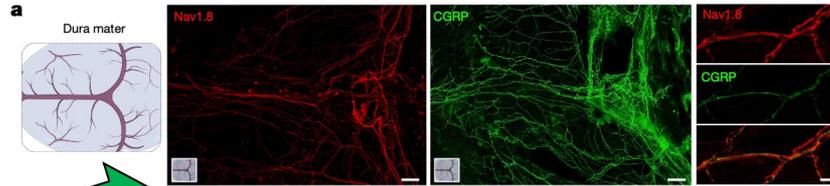
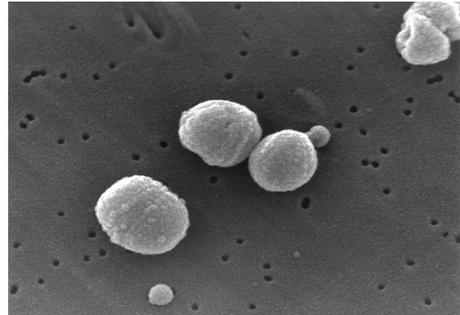
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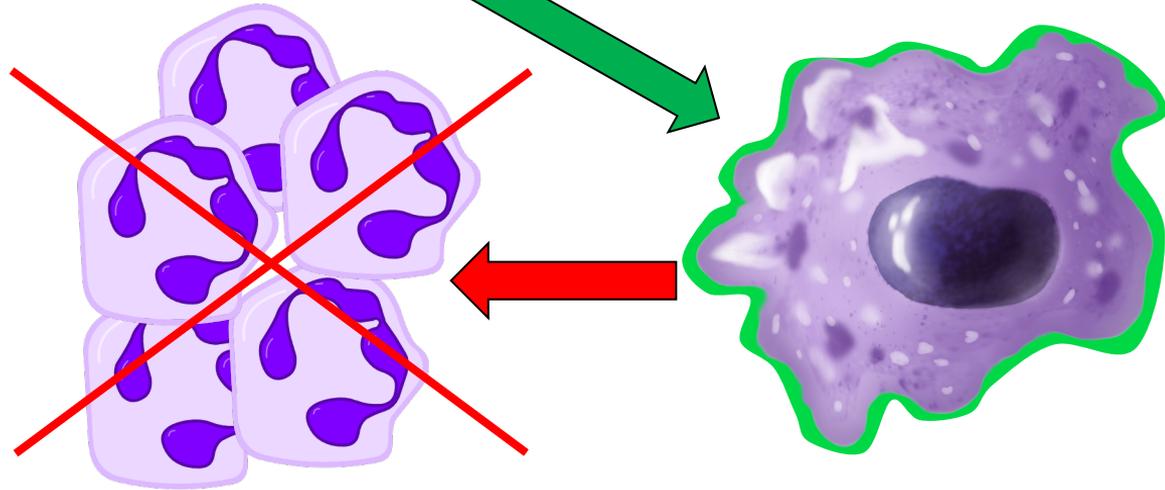
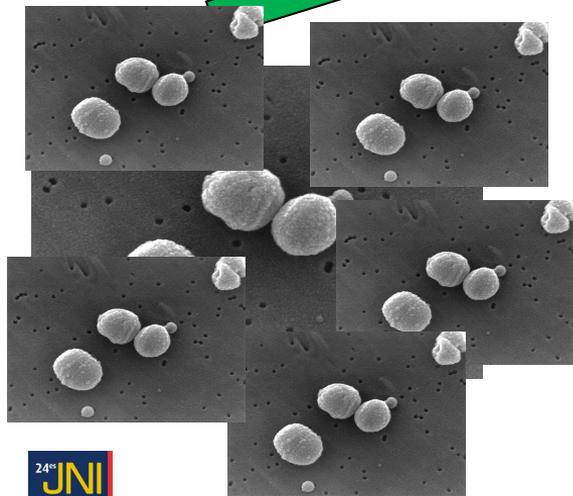
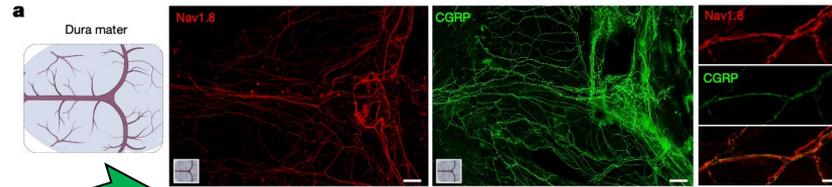
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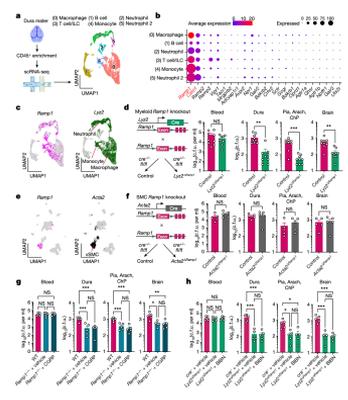
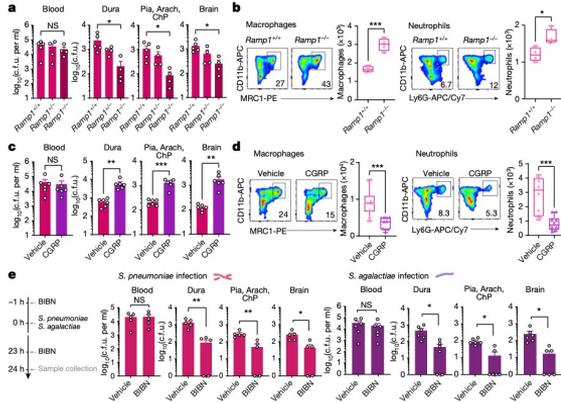
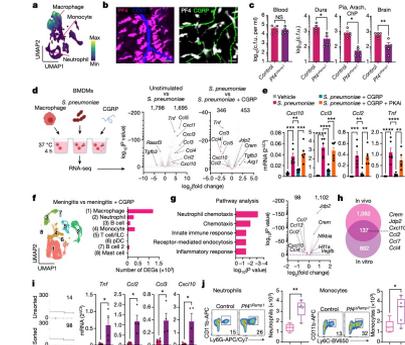
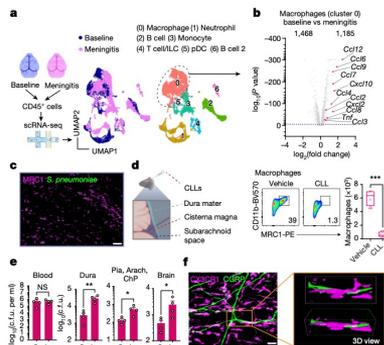
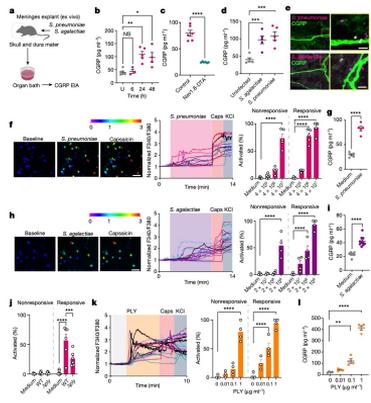
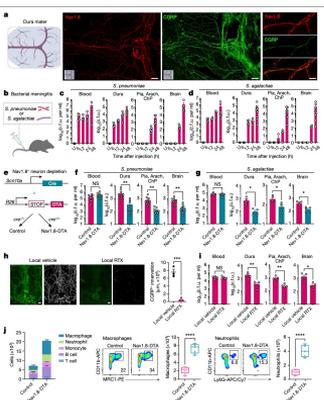
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Merci de votre attention