



Journal Menu

- Abstracting and Indexing
- Aims and Scope
- Article Processing Charges
- Articles in Press
- Author Guidelines
- Bibliographic Information
- Contact Information
- Editorial Board
- Editorial Workflow
- Free eTOC Alerts
- Reviewers Acknowledgment
- Subscription Information

- Open Focus Issues
- Focus Issue Guidelines

- Open Special Issues
- Published Special Issues
- Special Issue Guidelines

Streptococcus Pneumoniae

Call for Papers

Infections caused by *S. pneumoniae* are considered by the World Health Organization (WHO) as the number one vaccine-preventable cause of death in children younger than 5 years of age, and is particularly devastating in children in developing countries with 1 million deaths in this population in 2005. This pathogen causes a variety of illnesses that include invasive pneumococcal infections (IPD) such as, meningitis, bacteremic pneumonia, sepsis, bacteremia, and in addition, mucosal infections such as nonbacteremic pneumonia, the most common pulmonary infection in children, otitis media, and sinusitis.

Currently 93 pneumococcal serotypes have been identified. Pneumococcal conjugate vaccines have been developed and are protective in young children. After 10 years of use, the heptavalent PCV (PCV7) has demonstrated effectiveness against IPD, pneumonia, and otitis media in children < 5 years of age. Additionally, it has had a dramatic impact on the unvaccinated population by the herd effect and on antimicrobial resistance.

Despite the success of PCV7, serotypes 1, 3, 5, 7F, and 19A continue to be important causes of pneumococcal disease. New generation conjugate vaccines (PCV10, which includes the PCV7 serotypes and adds serotypes 1, 5 and 7F, and PCV13, which includes the PCV10 and adds serotypes 3, 6A, and 19A) have been recently licensed by regulatory agencies based on WHO criteria of immunogenicity, safety, and concomitant administration with other paediatric vaccines.

We are interested in manuscripts that describe the epidemiology of *S. pneumoniae* and susceptibility patterns. We also welcome manuscripts describing common antimicrobial therapy against *S. pneumoniae* infections and data following the implementation of PCV7 into different regions describing the potential added benefits of PCV10 and/or PCV13. Potential topics include, but are not limited to:

- ▶ Epidemiology, disease burden, and serotype evolution of *S. pneumoniae* infections in regions with PCV 7 or without PCV 7
- ▶ Epidemiology and disease burden of *S. pneumoniae* infections in high risk populations such as children with HIV and sickle cell anemia
- ▶ Impact of *S. pneumoniae* infections during the Influenza A H1N1 pandemic
- ▶ Nasopharyngeal colonization among children under different conditions (day care centers, immunocompromised state, and/or healthy children)
- ▶ Antimicrobial susceptibility rates among *S. pneumoniae*
- ▶ Antimicrobial guidelines for the treatment of invasive and mucosal *S. pneumoniae* infections
- ▶ Impact following the routine application of PCV7
- ▶ Recommendations regarding the implementation of PCV10 or PCV13

Before submission authors should carefully read over the journal's Author Guidelines, which are located at <http://www.hindawi.com/journals/ijped/guidelines.html>. Prospective authors should submit an electronic copy of their complete manuscript through the journal Manuscript Tracking System at <http://mts.hindawi.com/> according to the following timetable:

Manuscript Due	April 15, 2011
First Round of Reviews	July 15, 2011
Publication Date	October 15, 2011

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