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Ergasilus anchoratus Markewitsch, After returning to Kiev in Markevich continued his ichthyoparasitological investigations. In he published an extensive monograph on the parasite fauna of freshwater fishes of the Ukrainian SSR. This monograph received a strong response in the USSR and abroad. Proceeding from a series of solid scientific works on fish parasites ichtyoparasitology he formulated some theoretical fundamentals after complex studies on parasites of aquatic animals hydroparasitology. As part of a scientific program, he identified studies needed on the ecology and development of the parasites of aquatic animals, studies on their influence on their host and vice versa, and studies on their dependence on abiotic and biotic factors. The theory of parasitocenosis, formulated by E. Pavlovsky, found a follower in A. He also made outstanding contributions to the research of parasite fauna of fish in Egypt, where he worked as expert and professor at Cairo University periodically to In visited Bulgaria , lecuturing on practical questions of the phylogeny of invertebrate animals in the University of Sofia. In appointed an honoured member of the Polish Society of Parasitologists. In selected member of Academy of Zoology of India. In appointed member of the International Commission of Protozoology. Bibliography[edit] Markevich, A. English and Chinese ; Markevich, A. Ukrainskoj SSR , pp. Parasitic fauna of freshwater fish of the Ukrainian S. Translated from Russian by N. Rafael, Israel Program for Scientific Translations. Office of Technical Series, U. Department of Commerce, Washington, D. Proceedings of the XV. International Congress of Zoology London , Volume: ", .

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Chapter 2 : Academy & the Internet - Monroe Edwin Price - Google Books

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Highlight and copy the desired format. Emerging Infectious Diseases, 10 9 , Abstract Creutzfeldt-Jakob disease CJD surveillance relies on autopsy and neuropathologic evaluation. Addressing obstacles to autopsy is necessary to improve CJD surveillance. Transmissible spongiform encephalopathies TSEs are rare, progressively fatal, neurodegenerative illnesses. The recent identification of bovine spongiform encephalopathy in the United States underscores the importance of maintaining enhanced surveillance to monitor for the possible occurrence of variant CJD in this country 2 , 3. In California, CJD is not reportable. Currently, pathologic review of brain tissue obtained by biopsy or autopsy is the only means of confirming a diagnosis of CJD. Autopsy remains the preferred method for obtaining tissue, as brain biopsy can result in serious complications e. The main role of brain biopsy is to exclude other, potentially treatable conditions 4. In this article, we describe results from analysis of California mortality data from through We also summarize responses generated from a statewide survey of neurologists and pathologists regarding the challenges to diagnosing CJD and variant CJD, including obtaining autopsy in suspected cases. Deaths among California residents with an International Classification of Diseases, 9th Revision, code Both data files included report of autopsy as a variable, with the exception of the Multiple Cause-of-Death Data for to , when autopsy performance was not recorded. From July to December , questionnaires regarding experience with diagnosing CJD were sent to 1, California neurologists identified as members of the American Academy of Neurology and pathologists identified as members of the California Society of Pathologists and the American Association of Neuropathologists. Review of mortality data identified CJD-related deaths in California from through Of these, were identified from the â€" Multiple Cause-of-Death Data, and an additional 19 deaths were identified from the â€" Death Public Use File. For two deaths, autopsy performance was not recorded. Tables 1 and 2 summarize the responses. The results of our surveys, which attempted to discern the reasons for this low rate, imply that both neurologists and pathologists have similar perceptions of the value of obtaining histopathologic evaluation for CJD but for different reasons. Most neurologists appeared to be comfortable clinically diagnosing CJD, with more than one third reporting they had never considered pursuing autopsy for CJD cases. In contrast, pathologists appeared to be less comfortable making a histopathologic diagnosis, indicating that autopsy performance was limited by infection control concerns, lack of experience with CJD cases, and institutional restrictions. Our results have some limitations. To the extent that these cases are misdiagnosed and not autopsied, they could contribute to overestimation of the autopsy rate. On the other hand, death certificate analysis can be an insensitive indicator of the true rate of autopsy, and autopsy performance information was unavailable for to from the Multiple Cause-of-Death Data. Both factors could lead to possible underestimation of the true autopsy rate. Given that some CJD cases will have had confirmatory brain biopsy or strongly suggestive clinical features and diagnostic studies, the autopsy rates cited may apply mostly to patients for whom a satisfactory antemortem diagnosis could not be made. Interpreting survey results is limited by the low response rate; neurologists and pathologists who are experienced in diagnosing CJD may be more likely to respond, which would introduce bias. The public health benefits of performing autopsy on patients with suspected CJD should not be underestimated. Autopsy and histopathologic analysis remain important ways to confirm a diagnosis of CJD and help define the usual occurrence of subtypes of classic CJD, thereby facilitating the recognition of emerging TSEs 1 , 6 , 7. The reasons for the decline are multifaceted and include escalating cost of autopsy borne by hospitals and county medical examiners, lack of direct reimbursement, fear of litigation, and increasing reliance on modern technology to determine a diagnosis antemortem Our survey results suggest that infection control concerns play a role in low autopsy rates for CJD, whether because of fears about the risk of acquiring CJD from handling contaminated tissue or because of liability considerations at the institutional level. More realistically,

brain autopsy can be performed safely as long as CJD-specific infection control guidelines are strictly followed 12 , Nonetheless, concerns about potentially acquiring CJD through autopsy procedures should be acknowledged and recognized as an opportunity to address proper infection control techniques. Enhancing surveillance for variant CJD and other emerging prion diseases will require educating neurologists and pathologists, addressing the perceived obstacles to obtaining autopsy, and encouraging the use of available resources that provide expertise and technical assistance in evaluating CJD. The availability of a national center of expertise may facilitate obtaining tissue evaluation; since the inception of NPDPSC, the number of referrals to the facility has more than doubled, from in to in , and the number of TSE cases confirmed from those referrals increased from 60 in to in Regional academic institutions, such as the University of California, San Francisco, Memory and Aging Center, can also provide expertise and assistance with diagnostic testing. Her research interests include the study of emerging infectious diseases. Monitoring the occurrence of emerging forms of Creutzfeldt-Jakob disease in the United States. Risk of transmission of bovine spongiform encephalopathy to humans in the United States. Preliminary investigation suggests BSE-infected cow in Washington state was likely imported from Canada [monograph on the Internet]. Infectious and sporadic prion diseases. Prion biology and disease. Cold Spring Harbor NY: Cold Spring Harbor Laboratory Press; Center for Health Statistics. California Department of Health Services; Creutzfeldt-Jakob Disease Surveillance Unit. Investigations undertaken in possible CJD cases [monograph on the Internet]. Am J Med Qual. How can hospital autopsy rates be increased? Arch Pathol Lab Med. PubMed WHO infection control guidelines for transmissible spongiform encephalopathies: World Health Organization; Mar 26 [cited Jul 10].

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