



Winter 2017

Editor: Mike Ankcorn

# Newsletter



Welcome to the winter 2017 BIA newsletter. This month we have our usual selection of updates and reports to keep you posted about what's going on in BIA and we also have the first President's message from Albert Mifsud.

BIA continues to deliver high-quality education to trainees and consultants and you can find out about last years

Infection Dilemmas day on page 5 as you plan next years CPD. Do consider joining us for the HIV Dilemmas day on the 26th January 2018 or the Infection Dilemmas Day on the 25th January 2018.

Many of you will have been familiar with the Learn Infection website, popular amongst trainees preparing for exams. We are in the process of revisiting this website with a view to resurrecting it, particularly as we have had so many enquiries as to what has happened to it, so watch this space!

Finally, my tenure as Newsletter Editor has come to an end, so I wish the next editor the best of luck.

Why not follow BIA on twitter @biainfection

## President's message

This is the first edition of the newsletter since I became President of the Association at the spring AGM. I should therefore wish to take the opportunity, once again, to thank Martin Wiselka, outgoing President, and other demitting members of Council, namely Tom Evans and Steve Green. As Scientific and Research Secretary, Tom oversaw our trainee grants and prizes programme effectively and efficiently; these areas of activity are the principal areas of expenditure of the organisation and Tom has brought in renewed rigour to our awards with clarity on our financial investment in the upcoming generation of infection specialists. Steve has been the Association's Meetings Secretary since the dawn of BIA time and beforehand. He has organised numerous fascinating spring meetings and FIS conferences attracting brilliant guest speakers, and always to budget.

I should like to welcome incoming members of Council. Firstly, Martin Llewelyn who has been elected as Vice President and President-elect. Hiten Thaker is our new Meetings Secretary and Chris Chiu, Scientific and Research Secretary. Renewed welcome to colleagues who were previously interim members of Council and who have now been elected: Natasha Ratnaraja (Microbiology and Virology CSC), and Anna Checkley and Jo Herman (jointly ID CSC). Finally, I also welcome Louise Dunsmore, who we have co-opted as Interim Associate Member Secretary.

It has now been some eight years since BIA was formed from the merger of the Association of Medical Microbiologists and the British Infection Society. In this time, we have come a long way as a profession and as an organisation.

The clinical practice of microbiologists continues to increase with more demand for clinics, usually to manage OPAT. More and more hospitals are appointing infectious diseases consultants, often on the back of acute medicine service delivery needs, but having the added benefit of bringing in specialist ID expertise. Establishment of joint infection departments is progressing, albeit relatively slowly. Specialist ID commissioning is progressing, but at a glacially slow pace. BIA supports the establishment of specialised



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# President's message

centres for high risk infectious diseases, tropical diseases and rare imported diseases, as well as development of formalised networks along the lines of successful models for HIV and HCV. Time will tell whether these initiatives which are proposed by the profession will be accepted. In stark contrast, the third Carter report which is heralding another push towards centralisation of laboratory services has scant professional support; NHSI has been charged with ensuring implementation, presumably as they are working on the misapprehension (at least in my view) that this will lead to substantial cost reductions while maintaining quality. BIA is working in the background with the Royal College of Pathologists and the other pathology professional associations with the aim of bringing some clinical balance into NHSI's deliberations.

Regulatory requirements, in the form of laboratory accreditation continue to mount. We are aware that there has been much variation in UKAS assessor expectations in relation to demonstration of consultant competence. BIA has produced a position statement which is accessible on our website <https://www.britishinfection.org/professional-affairs/updates/>. We have kept this document in draft form in order to allow time and space for a harmonised approach between the RCPATH, UKAS and BIA to develop, however, we have reason to believe that the BIA recommended approach will be acceptable to UKAS.

The changing face of microbiology and infectious diseases service delivery has resulted in the establishment of Combined Infection Training for all those aspiring to become ID physicians, microbiologists or virologists, with training towards dual CCT in MM or MV with ID having become the principal pathway for aspiring microbiologists and virologists. I recognise that this development does have its problems, particularly in those areas where there is lack of ID training capacity, resulting in certain regions only being able to offer mono-specialty training. However, those of you with long memories will recall the near-impossibility of recruitment to mono-specialty microbiology or virology in some areas, a situation that has been turned around by dual ID and MM/MV training and we have therefore avoided the significant recruitment problems faced by some specialties. We continue to urge development of dual CCT training and increased flexibility of training pathways both at CIT and HST to facilitate this. In my view, establishment of joint Departments of Infection will facilitate such training delivery, to the benefit of future generations of doctors and our patients. The new Shape of Training proposals are still in gestation, but are likely to present new challenges to training delivery in all the infection training pathways.

In order to provide young doctors with maximal opportunities for mobility to and from continental Europe, despite the upcoming Brexit, we continue to work closely with UEMS (Union Européenne des Médecins Spécialistes) in the development of European training curricula and exit examinations. Indeed, a new medical microbiology and virology training curriculum has now been approved and it includes a substantial clinical component, admittedly not to the same extent as the current UK curriculum, but certainly well in excess of the previous run-through programme.

As an organisation, we have recognised that we could not continue to operate as both BIS and AMM had in the past, utilising Council members' NHS secretarial support to run the organisation. Increasing regulatory requirements on the one hand and the virtual abolition of experienced secretaries has meant that we have had to establish a standing arrangement for the running of the Association. We commissioned Hartley Taylor, with whom we have had a long, very positive working relationship, to provide our administrative support. Jo Wheeler, from that company has become the face of BIA, and I hope that you will all agree with me that this has been a positive, albeit rather expensive development.

The Journal continues to go from strength to strength under the Editorship of Rob Read, to whom we are most grateful, with improvement in the Journal's impact factor. Despite the Journal's success, due to the ongoing pressure to publish Open Access, Journal income has remained broadly static. Not all of you will know that the Journal provides the principal source of income for our Association's work, with members' subscriptions providing the remainder. Incidentally, after extended discussion with HMRC, subscriptions to BIA have now been formally approved as an allowable tax-deductible expense. Please see the website for further details.

At the last Council meeting, we began a careful review of our income and current and potential calls for expenditure. Aside from the fixed costs of running the Association, we consider that our expenditure broadly falls into the following categories:

- Conferences and continuing professional development for consultants;
- Supporting the training and education of trainees in infection specialties;
- Showcasing infection specialties to medical students and young doctors who are yet to make their career choices;
- Supporting the scientific development of the specialties through large and small grants, either on our own or in association with other funders such as MRC.

While we would wish to continue current investment in each domain and expand into newer areas, our income does not allow this, and difficult decisions have to be made. We shall be consulting you, the membership, to help inform Council's funding decisions.

## Guidelines update

We have been making progress on the prevention of infection in bone and joint infection guidelines and we have taken part in consultations on Lyme disease, sepsis, newborn screening for CMV, acute sinusitis, antimicrobial prescribing in sore throat and increasing uptake of flu vaccination amongst many others. We have had improved consultation responses from within the organisation with a maximum of 10 responses to the NICE Sepsis Quality Standard and 9 responses to the NICE Lyme consultation.

Of course with over 1600 members we would ideally have higher numbers though we recognise the time limitations of

**"If everyone responded to two topics of their interest per year this would improve the BIA's influence considerably."**

responding to such documents which can take a long time to read. Please do continue to respond, even with very brief comments which can be incorporated into a fuller response. If everyone responded to two topics of their interest per year this would improve the BIA's influence considerably. For those who respond there is now a certificate and I hope you are enjoying our new email format, thanks to Pat Leonard, which allows rapid and easy access to documents without filling your inbox.

**Anna Goodman**  
BIA Guidelines Secretary



## Scientific and Research Secretary Report

Having taken over earlier this year as Scientific and Research Secretary, I would first like to thank Tom Evans for his great work and continued support. One of the BIA's core aims is to improve patient care through promoting both basic and clinical infection research and we continue to do this through our grant schemes. Congratulations to the successful awardees, whose work encompasses the broad range of themes that reflects the interests of the membership:

- Barnett Christie Lecture:** Tim Rawson (Imperial College London)
- BIA Research Fellowship:** Anna Jeffery-Smith (Barts Health NHS Trust)
- BIA Research Project Grant:** Michael Marks (LSHTM)  
Kate el Bouzidi (University College London)  
Catherine Houlihan (LSHTM)
- BIA Travel Award:** Iain Page (University Hospital South Manchester)  
Aula Abbara (London NorthWest Healthcare NHS Trust)  
Laura Nellums (Imperial College London)  
Elvire Berthenet (University of Swansea)  
Mauricio Arias (St Helier's Hospital)  
Tehmina Bharucha (Royal Free Hospital)
- BIA Travel from Overseas:** Reetika Dhawar (Apollo Hospitals Delhi)

We are keen to understand how funding from the BIA has helped previous award winners progress and their impact on patients and otherwise. We will therefore be contacting these individuals and will hopefully be able to highlight the value of these awards in developing the careers of leading infection researchers in future reports.

**Christopher Chiu**  
BIA Scientific and Research Secretary

## Manpower and Training update

*Shape of Training:* The proposed new internal medicine stage 1 (IM1) curriculum was reviewed by the GMC's curriculum oversight group (COG) and curriculum advisory group (CAG) in September. Further to GMC approval (possibly later this year), IM stage 1 training will replace CMT and will be implemented in August 2019. The aims of the new model are to provide sufficient generalists and specialists to support future NHS front door and specialist services, to support trainees with more relevant training and to address the serious issue of rota gaps. Assessment of progress with the new curriculum will be based on "Capabilities in Practice (CiPs)" which aims to move away from the current tick box culture of work place based assessments. Instead of 120 competencies there will be 14 CiPs to be delivered over the training period. These cover the concept of 'entrustable professional activities' (EPAs) which can be signed off when the trainee is deemed competent. The training model will make more use of simulation training, increased exposure to outpatients, experience in ITU, training in geriatrics and a third year will be a step up to an acute medical registrar role. See the JRCPTB website for more details.

Medical specialties will be grouped into 2 groups for training. 1) those that have entry point after the three years of IM1 training (the majority) and 2) a small number that will allow entry after 2 years. The overall duration of training will not be lengthened. All trainees applying for specialty training (2 or 3

year entry) will still require MRCP. The Combined Infection, Microbiology, Virology and Infectious Diseases college training committees are looking at and consulting on options for the various (9) infection single and dual training pathways. New curricula (including infection based CiPs) will need to be written - for entry potentially in August 2021/22.

**"The aims of the new model are to provide sufficient generalists and specialists to support future NHS front door and specialist services, to support trainees with more relevant training and to address the serious issue of rota gaps."**

*Specialty Recruitment:* Round 1 (summer 2017) had 53 Combined Infection Training posts of which 42 were filled (79% fill rate) which is similar to previous years and to many other specialties. Looking at all specialties there were geographical differences ranging from 95% of London posts being filled but less than 65% of posts in East of England and in Wales. Round 2 has been completed and results awaited.

*Exams:* The last sitting of the infectious diseases specialty certificate exam (SCE) is now finished. The FRCPATH Part 1/CICE exam (run by the RCPATH) is up and running and occurs twice a year. FRCPATH Part 2 in Medical Microbiology has just had its first sitting as a 'dry' practical. Results and feedback from this are awaited.



**Bridget Atkins**  
BIA Manpower & Training Secretary

## Clinical Services Report Medical Microbiology & Virology

The Clinical Services Committee has worked with the BIA to produce guidance on how to assess clinical competencies for consultant microbiologists in order to meet the requirements of UKAS accreditation. The aim is to try and standardise competency assessment in a pragmatic way. Albert Misfud has been working with both the College and UKAS to enable this.

Increasing workload pressures amongst members has seen attendance at the Clinical Services Committee meetings

fall significantly, and the Autumn meeting has had to be postponed twice. It is hoped that a meeting can be convened at FIS in November. Discussions are underway as to how to improve attendance as the recent publication of the proposed Pathology Consolidation Networks requires close consideration.

**"The aim is to try and standardise competency assessment in a pragmatic way."**



**Natasha Ratnaraja**  
BIA Clinical Services Secretary,  
Microbiology & Virology.

## Review of..... 1st Infection Dilemmas BIA Day

The first BIA infection dilemmas day, held in January this year, was a great addition to the calendar of training opportunities for infection registrars and those interested in the management of infections. Following the format used for the long running HIV Dilemmas Day, a group of consultants from different regions presented a range of interesting patient cases. All prompted thought provoking discussions involving the audience, and highlighted some interesting perplexities encountered during the course of treating patients with infections. The breadth of topics covered was varied, tackling everything from complex orthopaedic infections, to obstetric medicine, and much else in between. Each presenter posed a diagnostic, management or ethical quandary for the audience to consider, emphasising the 'shades of grey' too often

encountered in clinical medicine. Where the evidence base to inform decisions was lacking the considerations upon which management decisions were made were openly and frankly discussed.

The use of interactive keypads helped maintain audience attention and added a pleasing pub quiz element to proceedings. In addition, the decision to use Manchester as the host city was a clincher guaranteeing good attendance from many of us: a day out in Manchester should never be turned down!

### Anna Jeffery-Smith

Trainee in Infectious Diseases & Virology  
on behalf of the Barts ID SpRs who attended.

\* Reproduced from a previous newsletter. The Second Infection Dilemmas will be held on 25th January 2018.

# BIA Grants & Awards

## Dr Robert Evans received a grant from BIA for part of his research and shares his experience with us:

*Cryptococcus neoformans* is a species of fungus that causes life threatening infections in humans, especially those who already have a weakened immune system. It is estimated that *C. neoformans* infection (cryptococcosis) kills around 180,000 people per year. During infection, the body defends itself by sending white blood cells called macrophages to eat and kill *C. neoformans*. Unfortunately, *C. neoformans* resists attempts to kill it and instead grows within the macrophage. By growing inside macrophages, *C. neoformans* is able to hide itself from other components of the immune system and continue causing disease.

The purpose of this fellowship was to investigate how *Cryptococcus* changes the immune response enabling it to grow better during infection, it focussed on a group of chemical messengers called eicosanoids that are used by the immune system to change macrophage activation. Eicosanoids are of interest because *Cryptococcus* is able to make these molecules, it is therefore possible that eicosanoids made by *Cryptococcus* stop macrophage activation by confusing chemical messages normally produced by the immune system.

My BIA fellowship allowed me to move to the University of Sheffield to work with Professor Stephen Renshaw and Dr Simon Johnston and to use a zebrafish model of cryptococcosis that Dr Johnston's group had recently developed. Zebrafish are a good organism to study infection as the larvae are small (~2mm head to tail) and develop from a fertilised egg to a larva with a circulation system and white blood cells such as macrophages within 2 days.

Using this model, I discovered that *C. neoformans* produces a novel eicosanoid based virulence factor called 15-keto prostaglandin E<sub>2</sub> (15-keto PGE<sub>2</sub>). I subsequently found that 15-keto PGE<sub>2</sub> activates a protein called peroxisome proliferator-activated receptor gamma (PPAR-γ) within macrophages leading to increased fungal growth. It is still not clear how PPAR-γ allows *C. neoformans* to grow better but it is possible that activation of PPAR-γ can lead to deactivation of macrophages, making them less able to kill the fungus. These findings are significant because by preventing PPAR-γ activation pharmacologically during infection we may be able to develop new treatments for the disease.

Dr Robert Evans, University of Sheffield.

# Workshop in Infectious diseases 11<sup>th</sup> HIV Dilemmas

Friday 26<sup>th</sup> January 2018

Manchester Conference Centre

78 Sackville St, Manchester, M13BB

## Topics Covered:

Complex ID & HIV  
Pregnancy & HIV  
Ethical/legal Dilemmas

Drug-drug Interactions  
Hepatitis & HIV  
Neurology & HIV

**Chairs:** Professor Rob Miller (*London*), Dr Mas Chaponda (*Liverpool*)

## Speakers:

Dr Margaret Kingston (Manchester), Dr Orla McQuillan (Manchester)  
Dr Matt Phillips (Cumbria), Prof Anna Maria Geretti (Liverpool)  
Dr Andrew Ustianowski (Manchester) and Dr Katherine Ajdukiewicz (Manchester)

Challenging cases are drawn from real life, presented by experts using interactive keypad voting throughout the day.

The day is suitable for consultants and trainees from all specialists who look after people with HIV and manage their infectious complications.

As previous years, the focus will be on infections and other complications of HIV and its treatment, but will also include relevant aspects of antiretroviral therapy changes, guidelines and protocols.

Previous meetings have been very highly rated.

## REGISTRATION:

Early bird fee (until 17<sup>th</sup> December): £90 inc VAT  
Standard fee (from 18<sup>th</sup> December): £120 inc VAT

Online registration available at [www.hartleytaylor.co.uk](http://www.hartleytaylor.co.uk)  
For further information please contact Aimee  
[aimee@hartleytaylor.co.uk](mailto:aimee@hartleytaylor.co.uk) or 01565 621967



**Rob Read**  
Editor in Chief

**Top 10 articles cited in 2017 YTD (published in 2015-2016) - Scopus**

Pub Year	Document Title	Authors	Vol	Issue	Article Type	2017 YTD cites
2016	Zika fever and congenital Zika syndrome: An unexpected emerging arboviral disease	Chan J.F.W., Choi G.K.Y., Yip C.C.Y., Cheng V.C.C., Yuen K.-Y.	72	5	Review	34
2016	First report of <i>Candida auris</i> in America: Clinical and microbiological aspects of 18 episodes of candidemia	Calvo B., Melo A.S.A., Perozo-Mena A., Hernandez M. et al	73	4	Research Article	32
2015	Genomic resolution of an aggressive, wide-spread, diverse and expanding meningococcal serogroup B, C and W lineage	Lucidarme J., Hill D.M.C., Bratcher H.B. et al	71	5	Research Article	24
2016	UK malaria treatment guidelines 2016	Laloo D.G., Shingadia D., Bell D.J., Beeching N.J., Whitty C.J.M., Chiodini P.L.	72	6	Research Article	12
2016	Human infection with a novel, highly pathogenic avian influenza A (H5N6) virus: Virological and clinical findings	Pan M., Gao R., Lv Q., Huang S., Zhou Z. et al	72	1	Research Article	12
2015	Varicella-zoster virus infections of the central nervous system - Prognosis, diagnostics and treatment	Grahn A., Studahl M.	71	3	Review	12
2016	The UK joint specialist societies guideline on the diagnosis and management of acute meningitis and meningococcal sepsis in immunocompetent adults	McGill F., Heyderman R.S., Michael B.D. et al	72	4	Research Article	11
2016	Comparison of six <i>Aspergillus</i> -specific IgG assays for the diagnosis of chronic pulmonary aspergillosis (CPA)	Page I.D., Richardson M.D., Denning D.W.	72	2	Research Article	11
2015	Etiology of diarrhea among children under the age five in China: Results from a five-year surveillance	Yu J., Jing H., Lai S., Xu W., Li M. et al	71	1	Research Article	11
2015	Resistance patterns and outcomes in intensive care unit (ICU)-acquired pneumonia. Validation of European Centre for Disease Prevention and Control (ECDC) and the Centers for Disease Control and Prevention (CDC) classification of multidrug resistant organisms	Martin-Loeches I., Torres A., Rinaudo M., Terraneo S. et al	70	3	Research Article	11

These are the top most downloaded articles published this year (publication date 2017) - as at mid October 2017

index	Article title	Authors	Vol	Issue	Article type	Cover date	Online date	Jan-Sept 2017 dwlds
1	Selective sensitization of human neutrophils to LukGH mediated cytotoxicity by Staphylococcus aureus and IL-8	Janesch, P.; Rouha, H.; Weber, S. et al	74	5	Full-length article	May-17	2/22/2017	1,279
2	Real-world persistence with antiretroviral therapy for HIV in the United Kingdom: A multicentre retrospective cohort study	Lewis, J.; Smith, C.; Torkington, A. et al	74	4	Full-length article	Apr-17	1/29/2017	1,234
3	Blood culture-PCR to optimise typhoid fever diagnosis after controlled human infection identifies frequent asymptomatic cases and evidence of primary bacteraemia	Darton, T.; Zhou, L.; Blohmke, C. et al	74	4	Full-length article	Apr-17	1/24/2017	1,155
4	Listeria monocytogenes meningitis in the Netherlands, 1985–2014: A nationwide surveillance study	Koopmans, M.; Bijlma, M.; Brouwer, M. et al	75	1	Full-length article	Jul-17	4/15/2017	1,091
5	No evidence for cross-protection of the HPV-16/18 vaccine against HPV-6/11 positivity in female STI clinic visitors	Woestenberg, P.; King, A.; van der Sande, M. et al	74	4	Full-length article	Apr-17	1/23/2017	877
6	Human infections with recently-emerging highly pathogenic H7N9 avian influenza virus in China	Zhang, F.; Bi, Y.; Wang, J.; Wong, G. et al	75	1	Correspondence	Jul-17	04/06/2017	860
7	Hospital-related cost of sepsis: A systematic review	Arefian, H.; Heublein, S.; Scherag, A. et al	74	2	Review article	Feb-17	11/21/2016	740
8	Meningococcal disease in the Middle East and Africa: Findings and updates from the Global Meningococcal Initiative	Borrow, R.; Caugant, D.; Ceyhan, M.; Christensen, H. et al	75	1	Review article	Jul-17	4/25/2017	673
9	Toxigenic Clostridium difficile colonization among hospitalised adults; risk factors and impact on survival	Behar, L.; Chadwick, D.; Dunne, A.; Jones, C. et al	75	1	Full-length article	Jul-17	4/21/2017	644





## BIA Professional Affairs trainee rep report

It has been a busy year for trainee professional affairs. Discussions are ongoing with regards to how the Shape of Training (SoT) Review will impact trainees in all infection specialties. An email with further detail on this was disseminated to all local trainee representatives in England, Scotland, Northern Ireland, and Wales. If you have not received this please contact me and I can forward it directly. As trainee representatives on the JRCPTB Specialty Advisory Committee Julia Colston and I will be surveying our colleagues early in 2018 to assess current opinion on the complex issues related to SoT. RCP and RCPATH will be helping to ensure widespread dissemination. Your input counts so please do complete this survey when you receive the email.

On a different topic, HMRC now permits trainees to claim for tax rebate on exams. For further information, please see the RCPATH website: <https://www.rcpath.org/trainees/cost-of-training1/tax-deductibility.html>.

### Sara Boyd

BIA Professional Affairs Trainee Representative, ID and CIT SAC trainee representative.



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## Affiliated societies: Hospital Infection Society (HIS) update



HIS have a number of events that trainees are invited to at FIS in Birmingham this year, please check the programme for full details. Below are events to be aware of:

### Trainee Social Event at FIS 2017 - Friday 1 December 2017 (Day 2), Executive Room 8, Birmingham International Convention Centre (FIS 2017).

The first HIS Trainee social event will take place on the Friday evening after the last lecture (18:45 – 20:15). This is free and there will be plenty of food and drinks. Plus we have invited super-friendly colleagues from various backgrounds to give trainees a chance to talk frankly about training, becoming a new consultant, developing specialist interests in infection prevention/medical education/academic medicine and anything else you would like to talk about (within reason!!).

### Foundation Course on Healthcare Infection Control 23-25 January 2018

Back by popular demand...the Foundation Course on Healthcare Infection Control is being held in January at the PHE Colindale, London. HIS members can attend at the reduced rate of £460 but places are limited so register soon! More information and links to registration can be found via the HIS website

### HIS trainee Slack group - <https://histrainee.slack.com/>

We have set up a group on Slack.com open to all HIS trainee members. Slack is a web and app based communication platform with the aim of keeping infection trainees talking through the country. To sign-up email [admin@his.org.uk](mailto:admin@his.org.uk) and join the conversation!

Luke Bedford  
HIS Trainee Committee Communications Representative

# 2<sup>nd</sup> Infection Dilemmas Day

Thursday 25<sup>th</sup> January 2018

Manchester Conference Centre

78 Sackville St, Manchester, M13BB

## Topics Covered:

Atypical Mycobacteria  
PUO & Complex TB  
Invasive Fungal Infection  
Aspergillosis

Infection in Pregnancy  
Dengue Fever and Tropical Infections  
Hepatitis Complications  
Sepsis

**Chairs:** Dr Albert Mifsud (*London*), Dr Anne Tunbridge (*Sheffield*)

## Speakers:

Dr Hiten Thaker (Hull & East Yorkshire), Prof Martin Wiselka (Leicester)  
Dr Pippa Newton (Manchester), Dr Mas Chavonda (Liverpool)

A mixture of difficult and challenging cases are drawn from real life, all presented by experts using interactive keypad voting throughout.

Cases will be presented for discussion from ID specialists and microbiologists dealing with a variety of immunocompromised patients, returning travellers and patients with unexplained PUO.

## Who should attend:

Consultants and trainees, microbiology, infection diseases & tropical medicine

## REGISTRATION:

This meeting is free of charge for BIA members  
E.mail [BIA@hartleytaylor.co.uk](mailto:BIA@hartleytaylor.co.uk) if you would like more  
information on how to become a BIA member

Online registration available at [www.hartleytaylor.co.uk](http://www.hartleytaylor.co.uk) or  
contact Aimee [aimee@hartleytaylor.co.uk](mailto:aimee@hartleytaylor.co.uk) or 01565 621967

## BIA Council (updated May 2017)

### Principal Officers:

President (Chair of Council): Dr Albert Mifsud (London)

Vice President (President Elect): Prof Martin Llewelyn (Brighton & Sussex)

Hon Secretary: Dr Katie Jeffery (Oxford)

Treasurer: Dr Mike Kelsey (London)

Meetings Secretary: Dr Hiten Thaker (Hull & East Yorkshire)

### BIA Council Members:

Membership Secretary: Dr Mark Melzer (London)

Clinical Services Secretary (ID): Dr Anna Checkley (London)

Clinical Services Secretary (ID): Dr Joanna Herman (Leeds)

Clinical Services Secretary (Microbiology & Virology): Dr Natasha Ratnaraja (Birmingham)

Guidelines Secretary: Dr Anna Goodman (London)

Communications Secretary: Dr David Partridge (Sheffield)

Manpower & Training Secretary: Dr Bridget Atkins (Oxford)

Scientific & Research Secretary: Dr Chris Chiu (London)

Trainee (Meetings) Secretary: Dr Rebecca Bamber (Cardiff)

Trainee (Professional Affairs) Secretary: Dr Sara Boyd (London)

Associate Members Secretary: Dr Louise Dunsmore (Oxford) - interim until 2018 elections

Editor - Journal of Infection: Prof Robert Read (Southampton)

Newsletter Editor: Dr Mike Ankcorn (London)

Devolved Administrations Secretary: Dr Ray Fox (Glasgow)

## Calendar of events

Topic	Location	Date
OPAT Conference	ICC	11 <sup>th</sup> - 12 <sup>th</sup> December 2017
The Encephalitis Society Conference 2017	London	4 <sup>th</sup> December 2017
BIA Infection Dilemmas Day	Manchester	25 <sup>th</sup> January 2018
11th HIV Dilemmas	Manchester	26 <sup>th</sup> January 2018
OBIC 2018: Oxford Bone Infection Conference	Oxford	22 <sup>nd</sup> -23 <sup>rd</sup> March 2018
Fourth Joint Conference of BHIVA with BASHH	Edinburgh	17 <sup>th</sup> - 20 <sup>th</sup> April 2018
BIA Spring Trainees' Day 2018	Cavendish Conference Centre, London	16 <sup>th</sup> May 2018
BIA Annual Spring Meeting and AGM	London	17 <sup>th</sup> May 2018
FIS 2018 Conference	SAGE, Newcastle	13 <sup>th</sup> - 15 <sup>th</sup> November 2018



British Infection Association

# British Infection Association 21<sup>st</sup> Annual Meeting

Thursday 17<sup>th</sup> May 2018

Cavendish Conference Centre,

## International Keynote Lecture

Current management and latest research on the Management of Drug resistant TB

Dr Francesca Conradie

Clinical Research Advisor, Clinical HIV Research Unit  
Wits Health Consortium, Department of Medicine,  
University of Witwatersrand  
Helen Joseph Hospital, Johannesburg South Africa

## UK State of the Art Lecture 1 Gut Microbiome

Professor Barry J Campbell

Department Director of Postgraduate Research, Gastroenterology Research Unit,  
Department of Cellular & Molecular Physiology  
Institute of Translational Medicine, University of Liverpool

## UK State of the Art Lecture 2 Clinical implications of HPV infection

Professor Charles Lacey

Hull York Medical School, University of York, and GU / HIV Medicine, York Teaching  
Hospital, York

Online registration is available at:

[www.hartleytaylor.co.uk](http://www.hartleytaylor.co.uk)

For further information or to request a registration form please contact  
Aimee on 01565 621967 or [aimee@hartleytaylor.co.uk](mailto:aimee@hartleytaylor.co.uk)

Registration

Free to BIA Members