

ABSTRACT BOOK



British Infection Association

**TRAINEES'
DAY**

Thursday 14th November 2013

**The Studio
7 Cannon Street, Birmingham**

CONTENTS

BIA Corporate Sponsors	3
Programme	4
Speaker Abstracts	5
Biographies	
Speakers	8
Chairs.....	10
Trainee Membership & Representative	11
Trainee Spring Meeting Details.....	11
HIV Dilemmas Day 2014	12
Notes Pages	13

CORPORATE SPONSORS



ViiV Healthcare is a global specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer dedicated to delivering advances in treatment and care for people living with HIV. The company's aim is to take a deeper and broader interest in HIV/AIDS than any company has done before and take a new approach to deliver effective and new HIV medicines as well as support communities affected by HIV.



Syner-Med has been providing innovative pharmaceutical and medical devices to Healthcare Professionals for over 20 years. We have most recently launched Zonis®, a silver alginate antimicrobial catheter dressing to prevent exit site infections around any vascular and non-vascular percutaneous medical device.

Zonis® complements our range of catheter management products, Syner-Kinase®, to treat catheter occlusions and Citra-Lock™ is a prophylactic lock solution to both reduce infections and occlusions.

Our Company is dedicated to providing the NHS with cost savings with products like Syner-Med Veratemp™+, a CE marked and ASTM approved non-contact thermometer.

For more information please see our website www.syner-med.com



A Solution for Infection

Biocomposites is a privately held orthobiologics company that designs, manufactures, markets and sells ground breaking products. Our leading technology, Stimulan®, is a patented biomaterial used internationally by surgeons to combat infection associated with osteomyelitis, diabetes, surgery and haematogenous complications.

Stimulan is producing patient outcomes previously unachievable with pre-existing materials in the fields of infection and bone regeneration.

The company's expertise in developing calcium and polymeric composite technologies is unrivalled and has led to many world firsts. Biocomposites has purpose designed and built, sales training and manufacturing, laboratory and administration facilities at its international headquarters in Keele, UK. Sales and distribution of the infection treatment and bone graft products are also directed through group operations in Wilmington, North Carolina and Shanghai, China.



Astellas is a global pharmaceutical company dedicated to improving the health of people around the world. Committed to research in anti-infective care, Astellas is focusing on saving the lives of critically ill patients with systemic fungal infections, *Clostridium difficile* infection and community or hospital acquired pneumonia.



AstraZeneca is a global, innovation-driven biopharmaceutical business with a primary focus on the discovery, development and commercialisation of prescription medicines for gastrointestinal, cardiovascular, neuroscience, respiratory and inflammation, oncology and infectious disease. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information please visit: www.astrazeneca.co.uk



RSTMH promotes and advances the study, control and prevention of disease in humans and other animals in the tropics and plays a leading role in increasing awareness throughout the world of tropical medicine and international health issues.

Throughout our international network of Fellows we facilitate training, education and exchange of information between clinicians, health-related scientists, to non-governmental development organisations and students across all disciplines in the fields of tropical medicine and international health.

PROGRAMME

09.00 Coffee & Registration

Session 1 Chair: Dr Fiona McGill

09.30 Update on MDR/XDRTB

Dr Martin Dedicoat
*Consultant in Infectious Diseases
Birmingham Heartlands Hospital*

10.10 vCJD - the current situation

Dr Adam Fraise
*Consultant Medical Microbiologist
University Hospitals Birmingham*

10.50 Coffee & tea

Session 2 Chair: Dr Paul Collini

11.20 Carbapenemases - all you need to know

Dr David Wareham
*Clinical Senior Lecturer/Honorary
Consultant Medical Microbiology
Centre for Immunology and
Infectious Diseases, Blizard Institute*

12.00 Update on training issues

Dr Thushan de Silva
*BIA Trainee Representative
Professional Affairs*

12.15 Lunch

Session 3 Chair: Thushan De Silva

13.30 Management of suspected VHF in the UK -
lessons learnt from Glasgow

Dr Alisdair MacConnachie
*Consultant in Infectious Diseases
Brownlee Centre, Glasgow*

14.10 Update on Ventilator Associated Pneumonia &
Hospital Acquired Pneumonia

Prof Robert Masterton
*Director of the Institute of Healthcare
Associated Infection University of the
West of Scotland*

14.50 New antimicrobials in the pipeline

Dr Robert Hill
Head of Antibiotic Resistance Evaluation, PHE

15.30 Summary & close

Session 1: Chair - Dr Fiona McGill

Title	Update on MDR/XDRTB
Author	Dr Martin Dedicoat
Address	<i>Birmingham Heartlands Hospital</i>

Abstract

The talk will cover the current management of drug resistant tuberculosis illustrated by a series of cases

Title	vCJD - the current situation
Author	Dr Adam Fraise
Address	<i>University Hospitals Birmingham</i>

Abstract

vCJD was first described in 1996 and was linked to BSE in cattle. vCJD differs from sporadic CJD in that it affects a younger age group and has characteristic clinical features. Sporadic CJD has been transmitted by dura mater grafts and stereo-tactic neurosurgical instruments whereas vCJD has been transmitted by blood products. Prion proteins are resistant to both chemical and physical decontamination which means that surgical instruments used on infected patients cannot be reliably decontaminated. As a result the DH has developed comprehensive guidance to prevent transmission. Although the incidence and prevalence of vCJD are both falling in the UK, there is the risk that a proportion of the population could be carrying prion protein in their lymphatic tissue. If this is the case there is the possibility of a second wave of cases.

Session 2: Chair - Dr Paul Collini

Title	Carbapenemases - all you need to know
Author	Dr David Wareham
Address	<i>Centre for Immunology and Infectious Diseases, Blizard Institute, Queen Mary University of London</i>

Abstract

Multi-drug resistant (MDR) Gram-negative bacteria represent a significant threat to modern healthcare systems. The emergence and spread of carbapenem resistant (CRO) strains of *E. coli*, *K. pneumoniae* (KPC / NDM), *Acinetobacter* (OXA) and *Pseudomonas* (IMP/ VIM) pose unique challenges for the effective management of hospital and community acquired infections. An current overview of the epidemiology, laboratory detection and control strategies available to tackle the problem of CROs will be provided as well as practical advice on how these organisms can best be treated..

Session 3: Chair - Dr Thushan de Silva

Title	Management of suspected VHF in the UK - lessons learnt from Glasgow
Author	Dr Alisdair MacConnachie
Address	<i>Brownlee Centre, Glasgow</i>

Abstract

A recent case of Congo Crimean Haemorrhagic fever in a returning traveller highlighted a number of issues in the management of patients with suspected and proven viral haemorrhagic fever. The case history and clinical management will be presented. This was the first time that the newly published guidance on the identification and management of suspected VHF was used for an actual case. The issues that were dealt with and the resultant lessons will be discussed in order to allow other units in the UK to prepare for further cases of VHF.

Title	Update on Ventilator Associated Pneumonia / Hospital Acquired Pneumonia
Author	Professor Robert Masterton
Address	<i>The Institute of Healthcare Associated Infection, University of the West of Scotland</i>

Abstract

There are a few infections that have changed their character so dramatically over the last 20 years as hospital-acquired pneumonia. At the start of that time zone this condition was the scourge of critical care units with up to 50% of patients suffering from ventilator associated pneumonia and, within that group, up to 50% of patients dying. Thanks to significant improvements in infection control and prevention some units now view ventilator associated pneumonia as potentially a “never-never” event. Similarly the spectrum of organisms has altered with many more, and indeed the more difficult cases, now being due to organisms with multiple antibiotic resistance patterns. Over the same time our understanding of how to improve the management of these conditions has also developed significantly so that both cost and clinical effectiveness data are now better able to inform care in these cases. This presentation will review the issues lying behind these epidemiological and treatment changes pointing to current best practice and opportunities for further betterment into the future.

Title **New antimicrobials in the pipeline**

Author Dr Robert Hill

Address *Public Health England*

Abstract

The prescription mass of any given antibiotic, results in selective pressure. Darwinian evolution of naturally occurring resistance genes or mutational variations that can resist antimicrobial action, ensures that new antimicrobial agents will always be needed. Antibiotic R & D is producing new entities, many of which are based on existing classes of drugs. The object is to improve the spectrum of activity and side-step current resistance; this makes commercial sense to the drug industry. There are some good developments aimed at burgeoning clinical problems. For example, new agents with the potential to target *C. difficile* infection are being developed and should provide additional therapeutic options. Promising new developments aimed at multi- and pan-resistant Gram-negative rods could be forthcoming: these include broad spectrum protein synthesis inhibitors and polymyxins, which may even provide new possibilities for some difficult non-fermenters. Rifaximin launched for hepatic encephalopathy in February 2013, is a potential gut de-contaminant. Inhibitors of various beta-lactamases that could be combined with existing or new beta-lactams are being sought. However, the holy grail of an inhibitor that could widely target beta-lactamases, or even just the main carbapenemases (OXA-48, KPC, NDM and VIM) is unlikely to be achieved. Could existing agents be combined with multiple inhibitors? It is noteworthy that one of the most useful inhibitors of ESBLs, clavulanate, has not been licensed in combination with a third generation cephalosporin. Clinical need and pharmaceutical business does not automatically agree on priorities.

Speaker Biographies

Dr Martin Dedicoat
Consultant in Infectious Diseases
Birmingham Heartlands Hospital

Dr Martin Dedicoat is an Infectious Diseases Consultant in Birmingham. He trained in London, Ecuador, Birmingham and South Africa. His main clinical interests are in tuberculosis and non tuberculous mycobacteria.

Dr Adam Fraise
Consultant Medical Microbiologist
University Hospitals Birmingham

Dr Adam Fraise graduated in Medicine at the University of Newcastle-upon-Tyne, England in 1983. He obtained membership of The Royal College of Pathologists in May 1990 and was elected as a fellow in February 1998. In 1994 he was appointed as Director of the Hospital Infection Research Laboratory, Birmingham. He is currently a Consultant Medical Microbiologist at University Hospital, Birmingham.

Dr David Wareham
Clinical Senior Lecturer/Honorary Consultant Medical Microbiology
Centre for Immunology and Infectious Diseases, Blizard Institute, Queen Mary University of London

David Wareham qualified from the London Hospital Medical College in 1994 and trained in general medicine in and around London before specialist training in Medical Microbiology in North East Thames. He was awarded a Clinical Training Fellowship to study aspects of *Pseudomonas aeruginosa* pathogenicity at Queen Mary University London in 2002 and was appointed as Senior Clinical Lecturer in Microbiology in July 2005. He founded and now leads the Antimicrobial Research Group within the Centre for Immunology and Infectious Diseases at Barts and The London School of Medicine and Dentistry, whose research interests include the molecular epidemiology, mechanisms of resistance and pathogenicity of multi-drug resistant Gram-negative pathogens. David is also an Honorary Consultant Microbiologist at Barts Health NHS Trust, Newham University and Homerton NHS Trusts where he is responsible for aspects of intensive care microbiology and chairs the trust Antimicrobial Review Group.

Dr Alisdair MacConnachie
Consultant in Infectious Diseases
Brownlee Centre, Glasgow

Dr Alisdair MacConnachie is an Infectious Diseases Consultant in Glasgow. His professional interests include travel medicine, the management of recurrent *clostridium difficile* infection and improving recognition and diagnosis of HIV.

Prof Robert Masterton
Director of the Institute of Healthcare Associated Infection
University of the West of Scotland

Bob Masterton is Professor and Director at the Institute of Healthcare Associated Infection at the University of the West of Scotland and until 1 May 2013 he was a consultant microbiologist and Executive Medical Director at Ayrshire & Arran NHS Board. Bob is a Fellow of three Royal Colleges in the United Kingdom is as a strong believer in evidence-based medicine. Professor Masterton has participated in six United Kingdom guideline groups. He chaired the British working party that published guidelines on hospital-acquired pneumonia in 2008 and was a national lead for the Scottish programme of MRSA screening. Professor Masterton led the development of quality performance indicators in Scotland and continues to write and present widely on infection control issues and antimicrobial stewardship. He has been a regular lecturer internationally over the last two decades at a variety of events from local hospital presentations to major global scientific programmes. Professor Masterton has written over 90 peer reviewed papers and in addition to acting as reviewer for many publications he sits on the editorial Boards of 3 international journals.

Speaker Biographies

Dr Robert Hill
Head of Antibiotic Resistance Evaluation
PHE

Robert Hill has worked in clinical microbiology for 31 years although originally joined the NHS in 1976 as a hospital physicist, undertaking ultrasound (particularly cardiac and O & G) and various other investigations. In microbiology he was responsible for the first clinical study to show the effectiveness of intranasal mupirocin for control of EMRSA-1 on the isolation ward at the London Hospital, Whitechapel, in 1984. Robert holds an MEd and subsequently taught medical students as a lecturer in medical microbiology and member of the abdominal team at King's College Hospital. He also carried out antibiotic studies, clinical trials and worked part-time in the diabetic foot clinic. He is currently Head of Antibiotic Resistance Evaluation within AMRHAI, a WHO collaborating and PHE national reference laboratory, responsible for the investigation of antibiotic resistance, detection of emerging resistances and providing therapeutic guidance.

Chair Biographies

Dr Fiona McGill
Trainee Representative, BIA

Fiona graduated from the University of Aberdeen in 2000. She moved South of the border one year later to take up an SHO rotation in Middlesbrough. After 2 and half years there she pursued her interest in Infectious Diseases and took up a clinical fellow post in Newcastle-Upon Tyne. After a year in New Zealand and the diploma in tropical medicine she moved back to Newcastle-Upon-Tyne where she started her SpR training in Infectious Diseases as a LAT. Within the year she obtained a training number in the Yorkshire and The Humber region in ID and Microbiology. Since April 2011 she has been out of programme working as a Clinical Research Fellow in the Liverpool Brain Infections Group with Prof Tom Solomon and his team working on an epidemiological study on meningitis in the UK.

Dr Paul Collini
Newsletter Editor, BIA

Paul Collini is an MRC clinical training fellow in the department of Infection and Immunity of the University of Sheffield. Since 2006 he has been a clinical lecturer and honorary specialist registrar in Infectious Diseases and General Internal Medicine based at the Royal Hallamshire Hospital, Sheffield. Dr Collini qualified from Edinburgh University Medical School in 1998 and trained in general medicine at St George's Hospital London. He was involved in the roll out programme for ARV in Africa, setting up and running an HIV-1 treatment clinic in Ghana from 2003-2005 while a clinical lecturer at the Kwame Nkrumah University of Science and Technology, Kumasi, Ghana. He is a fellow of the Higher Education Academy and lectures on the MPH and MBChB courses at the University of Sheffield. Dr Collini's research interest is in the innate immune response to pneumococcal infection in HIV-1, with a specific focus on the role of the macrophage.

Dr Thushan De Silva
Trainee Representative, BIA

Thushan is currently the BIA Trainee Professional Affairs Secretary and represents trainees on groups such as the Infectious Diseases Specialist Advisory Committee and the Infection Training working group. Having qualified from Bristol and completed SHO jobs in Oxford and London, he moved to Sheffield to take up a post as an SpR in Infectious Diseases & Microbiology. He took time out to complete BIS and MRC Clinical Research Training Fellowships based at the MRC Laboratories, the Gambia, working with HIV-1 and HIV-2 infected cohorts in the Gambia and Guinea Bissau. He is now an NIHR Clinical Lecturer in Infectious Diseases & Microbiology in Sheffield.

Trainee Membership and Trainee Representatives

The BIA actively encourages the participation of trainees within the Society, with 3 trainee members being elected to the Council every two years. Their roles are overlapping with some specific responsibilities.

Joint responsibilities

- Attend (up to) four council meetings a year, including one to coincide with the Spring Meeting of the BIA and one to take place at the Federation of Infection Societies Meeting in the winter.
- Contribute to and update the trainees' section of the BIA website.

Individual responsibilities

- Organise trainees' meetings twice a year (Spring and Autumn)
- Responsibility for training issues including the following:
 - ✦ Attend meetings of the Infectious Diseases Specialist Advisory Committee (SAC) and Joint Committee for Infectious Diseases and Tropical Medicine Training meetings (4-6 per year).
 - ✦ Update trainees on relevant matters via the trainees' e-mail list and to keep the list up to date.
 - ✦ Respond to any other training issues that arise.

Trainee members of the BIA have the option of free membership with benefits that include trainees' meetings and the BIS newsletter.

Any individuals interested in forming part of the training sub-committee please contact

Fiona McGill fi.mcgill@googlemail.com
Thushan De Silva thushandesilva@hotmail.com

For further information, please visit the trainees' section of the British Infection Association website at: www.britishinfection.org



SPRING TRAINEES' MEETING

Thursday 12th June 2014

Brunei Gallery, School of Oriental and African Studies
(SOAS) Thornhaugh St, nr Russell Square, London

For further information or to request a registration form please contact
anne@hartleytaylor.co.uk



7th HIV Dilemmas (Back by popular demand...)

Friday 31st January 2014 (10.00 am - 4.30 pm)

Midland Hotel, 16 Peter Street, Manchester M60 2DS

Co-Chairs: Dr Nick Beeching (Liverpool) & Professor Rob Miller (London)

Speakers:

Dr Nick Beeching

Prof Rob Miller

Dr Ed Wilkins

Dr Yvonne Gilleece

Prof David Laloo

Dr John White

Topics to be covered:

- Hepatitis
- Hepatitis co-infection
- Perinatal issues
- Medical complications; bone, kidney, metabolic
- Elderly HIV patients
- Ethical issues
- Transitional care for adolescents

The programme:

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

Suitable for consultants and trainees from all specialties who look after people with HIV

As in 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

Previous meetings have been very highly rated and audience feedback is used to improve further

Early Bird Registration Fee: £65.00 (until 3rd January)

Registration Fee: £95.00 (from 4th January)

Fee includes lunch and refreshments

Online registration available at www.hartleytaylor.co.uk

For further information or to request a registration form please email aimee@hartleytaylor.co.uk or telephone 01565 632982

NOTES

NOTES

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