

Spring 2021

Editor: Naomi Meardon

Newsletter

I am currently listening to my favourite band's new album on repeat - 'Good Woman' by The Staves, if you're wondering. The last song features the lyric "So you're waiting on me to change. What are you doing that for? I'll change when I want to". It struck me that, as humans and organisations, we can often be very slow to enact change. Sometimes we don't recognise the need for it, sometimes we fear it and often we feel restricted by external sources of inertia and red tape. Then there are times when change just floods in around us and "on such a full sea we are now afloat".

If the past year has demonstrated anything, it is that we are not only capable of tolerating periods of immense change, but that when we capitalise on the opportunity and momentum change gives us, we can improve the way we do things for the future. Alongside the usual updates, the reports in this edition of the BIA newsletter give an insight into some of the ways in which positive change has been driven by the SARS-CoV-2 pandemic and the commitment BIA has to continuing this going forward.

It would be remiss not to acknowledge that it has also been a period of anguish, fear, exhaustion and grief. We have all been touched by loss of one form or another. I have been immensely grateful to have worked within such a kind and supportive team during this period of turbulence, but I have missed seeing colleagues and friends from other parts of the country and the world. I know we are all looking forward to a time when we can all see each other in person again. I hope that by our next update we might even know when this can happen!



Naomi Meardon
BIA Newsletter Editor

Why not follow BIA on twitter @biainfection

President's message

Dear Colleagues,

With what feels like the blink of an eye I find myself writing what will be my last President's message! What a time it has been to work in infection medicine. There has been little space in any of our lives professionally this last year for more than fire-fighting the day job. Although I keep trying to remind myself of the saying that events happen 'for us' not 'to us', it still feels way too soon to think about what progress can come out of the terrible pandemic we are still wrestling with.

Nevertheless, the updates in this newsletter set out just how much the Association has achieved. Almost as soon as the first data around the emergence of SARS-CoV2 emerged last spring we asked our publishers, Elsevier, to make all journal content related to COVID-19 freely available. They, along with most other leading publishers, have provided this invaluable access ever since. The BIA eList which was reconfigured and relaunched this year has been a huge success. It has facilitated rapid and open communication between us all as we have grappled with the daily changing issues thrown up by the virus and, dare I say it, the various public, professional, governmental agencies with which we work. Through the continued efforts of colleagues on council and the various subcommittees, the Association has developed and broadened what it offers its members. I would particularly draw attention to two areas of work: that of the Education subcommittee developing initiatives such as LearnInfection and NITCAR and the new working relationship we have established with the Healthcare Infection Society and the Microbiology Society to enhance the value of FIS, starting with the autumn meeting we will host this year.



Contents

BIA Council Reports

President's message.....	1/2
BIA Honorary Secretary update.....	2
Meetings Secretary Report.....	3
Guidelines Update.....	3
Clinical Services Committee Report.....	3
Manpower & Training update.....	4/5
Scientific and Research Report.....	5
Communications Update.....	5

BIA 23rd Annual Meeting.....	6
-------------------------------------	----------

BIA Spring Trainees Meeting.....	7
---	----------

Trainees section.....	8
------------------------------	----------

NITCAR Spring Newsletter.....	9
--------------------------------------	----------

Updated Council Members List...10	
--	--

Calendar of Events.....	10
--------------------------------	-----------

It is widely said that the world will be a very different place after COVID-19. Within our own area of work, BIA must do all it can to ensure that the right lessons are learned and the right changes are made. We have already submitted evidence to the parliamentary inquiry into lessons from the response to the Coronavirus Pandemic, using views the membership expressed about COVID-19 testing in our short survey earlier this year. This is just one of the conversations we will need to have over the coming months. Discussions with NHSE have made it clear to me that there is perhaps an opportunity to develop a more strategic, national approach to provision of infection expertise. With this in mind, our secretary and others are developing a survey to take a snapshot of the provision of core infection services in the NHS. This will go beyond data previously gathered by the RCPATH or RCP. It will underpin the arguments we will be making about how to achieve the core standards of service provision that the Clinical Services Committee has set out ([link](#)) to ensure equality of access for patients to high quality services in prevention, diagnosis and treatment of infection in the NHS. We will be asking for your help in contributing to this very soon.

Every one of us has been dealing with COVID in our daily work lives and the impact of lockdowns in our family lives. I know that several members of council have experienced the terrible direct effects of this infection in their own lives. Nevertheless, numerous colleagues have somehow found time to contribute to the Association's work this year. On behalf of the membership my heartfelt thanks to you all.

With best wishes

Martin Llewelyn
President BIA

BIA Honorary Secretary update

Ranked firmly at the trivial end of the list of disruption caused by the pandemic was the postponement of the 2020 BIA Annual General Meeting. The event was eventually held virtually in September and the Association appreciates the time given by its busy members who joined on the day or viewed the content afterwards ensuring quoracy to pass the necessary business. At the meeting we welcomed the following new or re-elected council members:

- **Meetings Secretary** Dr Rajeka Lazarus
- **Scientific & Research Secretary** Dr Chris Chiu
- **Clinical Services Secretary (Microbiology & Virology)** Dr Natasha Ratnaraja
- **Clinical Services Secretary (ID)** Dr Anna Checkley & Dr Joanna Herman (shared post)
- **Training Grade Member (Meetings)** Dr Francesca Knapper
- **Training Grade Member (Professional Affairs)** Dr Dinesh Aggawal

We are grateful for the conscientious work of our retiring council members including Hiten Thaker who has delivered consistently excellent meeting content and organisation over the past 3 years and Farnaz Dave, Sara Boyd and Gus Hamilton, who similarly ensured that trainees' meetings remained popular and of high quality alongside wider representation of the needs of infection trainees.

A minor change to section 4 of the constitution was ratified by the AGM ensuring that existing council posts are filled by those familiar with the training, development and delivery of infection services in the UK, given that these represent the core aims and business of the BIA. This section now reads:

"The Council of the Association will manage the affairs of the Association in the furtherance of its aims. The Council of the Association shall comprise elected members from among the general membership based in the United Kingdom or Republic of Ireland."

A recognised potential adverse consequence of this change is diminished representation of our significant number of overseas members and there was majority support for a motion to add an Overseas Secretary to Council to be tabled at the 2021 AGM. Such a role has, of course, been made viable by the advances in virtual meeting technology with which we are all now so familiar.

As we look forward to a future when our time is more evenly shared between pathogens, let's also hope that we have the opportunity to share some of it with our friends and colleagues across the specialty before too long.

Dr David Partridge
Honorary Secretary

Meetings Secretary Report

I have taken over from Hiten Thaker as the BIA meetings secretary. Hiten has done a tremendous job in this role during his term and I hope to carry on his great work. This has been an (un)eventful year for meetings as we are all so acutely aware. The Spring Meetings were cancelled, but as the year progressed and we all started to feel more at home online, meetings were back on the agenda. FIS went ahead fully online and had the largest registration numbers ever recorded! The COVID-free BIA sessions were all well planned (thanks to Hiten) and executed (thanks to all chairs and speakers). Overall FIS- online was well received with most feedback suggested that hybrid meetings are the way forward. We are in the initial stages of planning meetings for 2021 which are likely to have a hybrid flavour with the final format yet to be decided. Unfortunately the popular Infection Dilemmas meeting in January will not be going ahead this year due to the events of this year not allowing enough time to prepare, but may be run at a later date in 2021.

Dr Rajeka Lazarus

MRCP, FRCPath, DPhil
Consultant in Infectious Diseases and Microbiology
University Hospital of Bristol NHS Foundation Trust

Guidelines Update

The CTAG COVID-19 therapeutics support and advice group has been supporting clinicians (<https://www.ctag-support.org.uk/>).

Members have attended NICE scoping meetings on subjects including the use of Remdesivir and novel methods of assessing the cost effectiveness of new antibiotics.

The MRSA treatment guidelines joint with BSAC have been accepted for publication so do look out for these in the new year.

We have various other national guidelines awaiting responses to consultation. Please do send us your comments and let us know if you'd like to support the team reviewing national guidelines and responding from the BIA.

Anna Goodman

BIA Guidelines Secretary



Clinical Services Committee Report

2020 brought obvious challenges for the CSC to meet due to travel restrictions and high levels of work pressures. The Clinical Services Committee Best Practice Standards document has now been endorsed by the Royal College of Physicians and is available on their website, as well as on the BIA website (under Clinical Services Committee). The document is currently awaiting endorsement from the Royal College of Pathologists.

Given the attention the current pandemic has brought to infection services there is an appetite to capture and appropriately fund the work undertaken by infection specialists. The BIA is in the process of compiling a workforce survey which will be sent out to all Trusts.

Work on the joint SMI documents has slowed due to other work commitments for both parties, but continues in the background.

The CSC is keen to support members during this pandemic and would like to hear from members if they have any ideas on how we can do this. Please email any suggestions to Laura@hartleytaylor.co.uk

Natasha Ratnaraja, Anna Checkley and Joanna Herman

Manpower and Training

COVID-19

In the last newsletter I described some effects of the COVID-19 pandemic on manpower training in infection. There was some return to normality after the first wave, however there were knock on effects on non-COVID clinical services, clinical training and research projects. In addition there continued to be massive expansion of SARS-CoV-2 testing nationally and now vaccination. Face to face meetings did not resume and everyone got very expert at virtual platforms such as Teams, Zoom and Google Meet. The second wave of COVID-19 has felt even harder as healthcare workers are weary plus, this time, every effort has been made to keep non-COVID clinical work going where possible. Health Education England and the British Medical Association have provided guidance on medical staff and medical student re-deployment. In the meantime the infection specialities have been part of a steep learning curve but have had an amazing collective response, gaining new scientific knowledge almost weekly and leading therapeutic and vaccine trials at impressive pace. It can in some ways be regarded as a huge (hopefully once in a lifetime) educational opportunity, albeit tainted by all the grief and suffering.

Societies and Royal Colleges have continued to support front line services and training.

- The RCP has set nine priorities for rebuilding the NHS post COVID and six priorities for COVID waves: <https://www.rcplondon.ac.uk/projects/rcp-and-covid-19?src=carousel>
- The RCPATH provides guidance for trainees and a COVID resources hub: <https://www.rcpath.org/profession/coronavirus-resource-hub.html>
- Health Education England provides guidance and help for doctors in training: <https://www.hee.nhs.uk/covid-19/information-doctors-train-ing-october-2020-onwards>
- The HealthCare Infection Society provides a wealth of guidance on Infections Prevention: and Control <https://www.his.org.uk/resources-guidelines/novel-coronavirus-resources/>
- And of course the British Infection Association continues to contribute to consultations and provide COVID-19 resource: <https://www.britishinfection.org/>

BIA Infection Training Resources

The British Infection Association continues to support education and training in the infection specialities. The educational subcommittee (ESC) meets regularly to develop resources. It has recently added a junior trainee representative to the group. ESC has supported the following activities;

- Further development of an online learning resource for trainees: LearnInfection <https://learn.britishinfection.org/>. This has a large bank of clinical scenarios and other resources and is free to BIA members. More contributions from consultants and senior trainees are welcomed - contributors can earn BIA Bronze to Platinum recognition certificates!
- Trainee Meetings – see meetings report.
- Links with the National Infection Trainee Collaborative for Audit and Research (NITCAR).

ESC is also building links with the British Paediatric Allergy, Immunity and Infection Group (BPAIG) to improve national resources for paediatric microbiology and infectious diseases training.

Speciality recruitment

Interviews for recruitment to Combined Infection Training were cancelled in March 2020 due to the Coronavirus outbreak but appointments were made by scoring applications. Recruitment using interviews has now resumed. For Round 1 of 2021, evidence verification will occur in early February and interviews on teams will be on 19th and 20th April 2021. There will not be any ID/GIM recruitment for August 2021 due to the change of curricula and the requirement from August 2022 for Year 3 of Internal Medicine to be eligible. ID/MM and ID/MV recruitment will be as normal this year. The JRCPTB provides advice to trainees includes an FAQ page about IMT training and application to speciality training. <https://www.jrcptb.org.uk/training-certification/new-internal-medicine-curriculum/new-im-curriculum-faqs>

Shape of Training

A new Infectious Disease and Tropical medicine curriculum has been approved by the GMC. A full decision is awaited on Medical Microbiology and Medical Virology pending a few minor queries. The content of learning (syllabus) for these specialities has not changed significantly but the assessment system has moved to assessing high level Capabilities in Practice (CiPs), which are generic and speciality specific and for which trainees will need to provide evidence to achieve levels 1-4 in each. The plan is for all new trainees to start on the new curriculum but that infection trainees already in programme will transfer to the new curricula in August 2022 (unless in their final year of training). A 'rough' guide to the new infection curricula is being prepared by the colleges and a (virtual) launch event is being planned.

ARCPs

In the face of the COVID-19 outbreak many training programmes have been interrupted and examinations cancelled. This has been acknowledged by the regulatory authorities (GMC, colleges) who do not want to disadvantage any trainee who has to change course because of COVID-19. The GMC have approved changes to annual ARCP requirements which includes 3 new possible outcomes:

- **10.1** Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee can progress.
- **10.2** Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is at critical point and additional training time is required.
- **N3** It was not possible to convene any meeting that could be considered an ARCP panel.

This plan will now extend to at least March 2021.

Examinations

The FRCPPath/CICE and FRPath Part 2 examinations were

cancelled in Spring 2020 due to the COVID-19 outbreak. They resumed in Autumn 2020. For the spring sittings of the CICE exam and FRCPPath Part 2 exams the RCPPath will deliver the written components of these examinations through a virtual platform (TestReach). Oral components (including oral OSPE stations) will be delivered using a videoconferencing platform such as Zoom or Microsoft Teams.

For any questions about Manpower and Training please e-mail Dr Bridget Atkins via the BIA.

Dr Bridget Atkins
Manpower and Training Secretary



Scientific and Research Report

The unprecedented events of the past year have obviously led to a pause in some of BIA's research-related activities. Inability to have face-to-face meetings has been a particular loss, as these have always been terrific opportunities for research work to be presented and discussed, as well as networking to generate new ideas and projects. Nevertheless, it is clear that many of our members have contributed greatly to efforts to understand COVID-19 and many achievements have been made scientifically as well as in clinical care.

The revised BIA research strategy was published last Spring and refocused our efforts in promoting the development of future leaders in clinical infection research. This includes not only doctors but also nurses, pharmacists and other patient-facing specialties. We have subsequently reopened our grant programme with a refreshed Research Project call and Travel Awards will restart when in-person conferences can again take place. In addition, plans to form a scientific subcommittee to develop a new workshop and mentorship programme are progressing well. We will be contacting consultant members again shortly to check if they are willing to act as members.

Chris Chiu
BIA Scientific and Research Secretary



Communications Update

Well, if you hadn't used the eList before, you certainly are now. Coronavirus saw an explosion in its use as we exchanged experiences, ideas and alerted each other to important and useful documents. We are also very grateful to those at the heart of policy making who have been and remain active on the eList, listening to the experiences of those working in healthcare settings across the country and tirelessly answering our questions. The volume of traffic prompted a move to a more sophisticated platform that allows multiple groups (currently "Covid" and "everything else") as well as a searchable archive. If you haven't yet used this feature go to discussions.britishinfection.org

Many thanks to Richard Pavey, our IT expert for managing a seamless shift in platforms. We remain active on Twitter and the website has had a revamp with the content undergoing an update.

Ed Moran
BIA Communications Secretary



British Infection Association
23rd Annual Clinical and Scientific Meeting
Thursday 20th May 2021
Virtual Meeting

This year will be different as the meeting is virtual, and we are very fortunate that the programme includes two distinguished invited speakers

Professor Sharon Peacock, University of Cambridge
Professor Ravindra Gupta, University College London

Abstract Submissions

You are invited to submit abstracts for the 23rd Annual BIA Spring Meeting.

Abstracts should be submitted as free papers or clinical lessons.

To submit an abstract please [click here](#)

The deadline for submission of abstracts is **5pm, 12th April 2021**

Please note that you will not receive any reminders before this date. Authors will be notified of acceptance by the 3rd May 2021

Registration

Fee: £24

Online registration is available at:

<https://hartleytaylor.co.uk/biaa-home/>

**For further information please contact Anne on 01772 681333
or via anne@hartleytaylor.co.uk**



British Infection Association

Spring Trainees' Meeting

Wednesday 19th May 2021

Virtual Meeting

Programme includes:

Lyme disease and tick-borne infection

Dr Matthew Dryden, Consultant Microbiologist, Hampshire Hospitals NHS Trust,
Rare and Imported Pathogens Laboratory

Travel, vaccines and special considerations

Dr Nicky Longley, Consultant in Infectious Diseases, Hospital for Tropical Medicine and Hygiene

Procalcitonin; how to use this biomarker in clinical practice

Dr Kordo Saeed, Consultant Microbiologist, University of Southampton NHS Foundation Trust

National Infection Trainee Collaboration for Audit and Research (NITCAR) Annual Meeting

Viral meningitis

Dr Fiona McGill, Consultant in Infectious Diseases & Microbiology, University of Liverpool

Sequencing and managing the Public Health threat from variants of concern

Dr Derren Ready, Consultant in Public Health Infection, Public Health England Southwest

Registration

Fee: £24

Online registration is available at:

<https://hartleytaylor.co.uk/biaa-home/>

For further information please contact Anne on 01772 681333

or via anne@hartleytaylor.co.uk

Trainees Section

BIA Newsletter
Spring 2021

LearnInfection update Bethany Davies

There has been further development of our online learning resource for trainees: LearnInfection. <https://learn.britishinfection.org/>. This has a large bank of clinical scenarios and other resources and is free to BIA members. Have a go at the question included below and head to the website for the rationale behind the answer, key learning points and other questions to test yourself with!

More contributions from consultants and trainees are welcomed - contributors can earn BIA Bronze to Platinum recognition certificates! We would also especially like to know areas that you find tricky so that we can target these as we develop new material for understanding and learning. Please get in touch at learninfection@britishinfection.org.

Question: A 43-year-old man presents with a 2-day history of fever, marked myalgia, diarrhoea and headache. He returned 5 days ago from a 1-month trip visiting his family in Romania. He has been staying with his family on their farm, but had no direct contact with animals. He has eaten locally prepared foods. Nobody else has been unwell on the farm.

On examination his temperature is 38.4 C and his heart rate is 104 bpm. His face looks swollen, and he has multiple splinter haemorrhages. His power scores on peripheral neurological exam were reduced due to pain rather than true weakness.

Results:

Total white cell count 18.5 x 10⁹/L [neutrophils 6.5 x 10⁹/L, lymphocytes 2.1 x 10⁹/L, eosinophils 8.7 x 10⁹/L, monocytes 1.2 x 10⁹/L]

What is the most likely diagnosis?

Choices:

- A. Cysticercosis
- B. Infective endocarditis
- C. Strongyloidiasis
- D. Trichinellosis
- E. Visceral larva migrans

*Answer on page 10

Bethany Davies

LearnInfection Lead

Trainee Meetings

With Covid-19 it has been disappointing that we have not been able to offer our usual face to face trainee meetings. However with every challenge comes new opportunities, and in the autumn we ran our first online meeting. This was well attended and allowed us to reach a larger audience.

Our Spring Trainee Meeting on the 19th of May will also be held virtually. We have an exciting line up and hope that the day will be a success. We have agreed not to offer trainee presentations this time but I would encourage trainees to submit abstracts to the BIA Spring Meeting on the 20th May. Trainee presentations will be offered at the BIA Autumn Trainee Meeting.

We have also been strengthening our relationship with the British Paediatric Allergy, Immunity and Infection Group (BPAIIG). Membership for trainees is £25 for the year and the trainee days are free to attend as a member. Their upcoming training days are on the 23rd April and 26th April, both are online.

We hope to see many of you at the Spring Trainee Meeting, for more information please see the BIA website.

Francesca Knapper
BIA Trainee Meeting Representative





NITCAR

National Infection Trainee Collaboration
for Audit and Research

NEWSLETTER SPRING 2021

NITCAR is a network of UK infection trainees working together on infection related projects and publications

Currently Recruiting

National Audit of the Management of Encephalitis (NAME), Lead: Dr Amanda Fitzgerald
Evaluating adherence to the 2012 UK guidelines on the management of both adult and paediatric encephalitis.

Current planned start date: Already in progress. Recruitment will be ongoing till May 2021, if you are interested in joining this project please contact interest@name.nitcollaborative.org.uk

Gentamicin Prescribing and Monitoring (GPM), Lead: Dr Raqib Huq

A multicentre audit and service evaluation of extended-interval gentamicin prescribing and monitoring

This multi-centre project aims to audit current practice against local policies and describe clinical outcomes using different strategies in GPM.

Current planned start date: May 2021. Please register interest in this project by contacting interest@gpm.nitcollaborative.org.uk

Ongoing projects

National Audit of Meningitis Management (NAMM), Lead: Dr Fiona McGill

Evaluating adherence to the 2016 UK guidelines on the management of adult community-acquired meningitis

This project has completed, and the manuscript is being prepared for submission

Native Vertebral Osteomyelitis project (NVO), Trainee Leads: Drs Rachel Bousfield, Isobel Ramsay, Ben Warne

Evaluating the treatment of native vertebral osteomyelitis (NVO) nationally compared to IDSA Guidelines 2015, and investigating research gaps identified within the IDSA guidelines

This project has completed and the NVO manuscript has undergone revisions and has been circulated to contributors for comment.

Necrotising Otitis Externa (NOE) project, Trainee Lead: Dr Susanne Hodgson

A national prospective case series aiming to collect key epidemiological, diagnostic and management data on necrotising otitis externa in adults.

This study has fully recruited, and patient enrolment is in progress. Please contact interest@noe.nitcollaborative.org.uk for further details

Other News

- **Read the latest publication from the completed NITCAR project** - Complicated intra-ABdominal Infections (CABI) project [here](#)
- **NITCAR will be at the (virtual) BIA Spring Trainees Meeting** – Join us for the AGM at the lunchtime session [Wednesday 19th May](#).
- **CALL FOR PROJECT IDEAS!** - NITCAR is actively looking for new project proposals for 2021-2022. If you have a project idea that might benefit from our multi-centre network, please get in touch with us via the contact form on our website <http://nitcollaborative.org.uk/wp/contact/>.

We are keen to hear from you, so please contact us if you are interested in any of the projects listed, have an idea for a future project or would just like to know more about NITCAR!

Find out more at www.nitcollaborative.org.uk
Or email: comms@nitcollaborative.org.uk OR chair@nitcollaborative.org.uk
Twitter: [@NITCAR_UK](https://twitter.com/NITCAR_UK) for the latest NITCAR news

Thank you to the **British Infection Association** for their ongoing support of NITCAR

BIA Council (updated May 2019)

Principal Officers:

President (Chair of Council): Prof Martin Llewelyn (Brighton & Sussex)

Vice President (President Elect): Dr Katie Jeffery (Oxford)

Hon Secretary: Dr David Partridge, (Sheffield)

Treasurer: Dr Mike Kelsey (London)

Meetings Secretary: Dr Rajeka Lazarus (Bristol)

BIA Council Members:

Membership Secretary: Dr Mark Melzer (London)

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

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

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

Guidelines Secretary: Dr Anna Goodman (London)

Communications Secretary: Dr Ed Moran (Bristol)

Manpower & Training Secretary: Dr Bridget Atkins (Oxford)

Scientific & Research Secretary: Dr Chris Chiu (London)

Trainee (Meetings) Secretary: Dr Francesca Knapper (Bristol)

Trainee (Professional Affairs) Secretary: Dr Dinesh Aggarwal (London)

Associate Members Secretary: Dr Louise Dunsmore (Oxford)

Newsletter Editor: Dr Naomi Meardon (Sheffield)

Devolved Administrations Secretary: Dr Ray Fox (Glasgow)

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

Editor – Clinical Infection in Practice (CLIP): Prof Martin Wiselka (Leicester)

Calendar of events

Meeting	Date & Location
RCPE Symposium: The Public's Health after COVID: science and social justice	14 April 2021; Virtual meeting
BSAC Spring Conference 2021	29 – 30 April 2021; Webinar conference
BIA Spring Trainees' Day	19 May 2021; Virtual meeting
BIA 23rd Annual Spring Scientific Meeting	20 May 2021; Virtual meeting
ECCMID 2021	9 – 12 July 2021; Vienna, Austria & virtual
39th Annual Meeting of the European Bone and Joint Infection Society	7 - 9 October 2021; Ljubljana, Slovenia

LearnInfection Sample Question Answer and Rationale

Answer: Trichinellosis

Rationale: This patient presents with some classical features of Trichinellosis: myalgia, fever, splinter haemorrhages and marked eosinophilia. He has also returned from Romania, where Trichinellosis is highly endemic. Home-prepared sausage and processed meat have been particularly implicated, which may fit in with his history of eating local foods on the farm.

For more information about Trichinellosis and to test your knowledge further, please visit the LearnInfection website <https://learn.britishinfection.org/>