The Times They Are A Changin’.

Mr Dylan wrote the song in 1963 with lyrics such as ‘For he that gets hurt, Will be he who has stalled’. This rings true in the current climate; we are in a time of significant change, we must keep moving and not be found wanting. Change is afoot within our infection training, politically within our own health service, but also, perhaps more significantly, with the ever-changing epidemiology of infectious diseases.

We have had change in BIA too; our new President Martin Wiselka gives his first message of his tenure. In this newsletter Peter Cowling updates us on all the guidelines BIA is involved in writing and Bozena Poller gives her perspective on the upcoming challenges facing Sierra Leone post-Ebola.

As previously, readers can find an events calendar on the last page of the newsletter to help plan the next few months’ CPD.

Please keep a look out for our Twitter Feed coming to the website in the next few months; this will be a new addition to help you keep abreast of all the relevant infection news!

For trainees please check out the trainee pages with new trainee initiatives, ways to get involved with the BIA council and the new trainee forum on the BIA website. Enjoy FIS 2015. Mike Ankorn, Newsletter Editor

Presidential’s Message, Martin Wiselka

I am privileged to be the President of the British Infection Association and to follow the outstanding stewardship of Dr Peter Moss. I acknowledge the hard working and dedicated Team on Council and our excellent support from Hartley-Taylor. This is an exciting and critical time for the Infection Specialties. Combined Infection Training programmes have been accepted in every region of the UK and the first trainees were appointed to the new programmes in August of this year. However the reconfiguration of training has been met with some apprehension and recruitment to infection training is become more difficult with several training posts remaining unfilled, particularly the stand-alone Microbiology/Virology posts. Time will tell how recruitment fares in the future, but it is important that we encourage our junior doctors to consider the wealth of training and research opportunities available in the infection specialties.

Infection specialists must always be on the lookout for the next epidemic and with modern travel and communications outbreaks of disease can spread at an alarming rate. The recent Ebola epidemic initially found the world unprepared and slow to react. Ebola is thankfully now coming under control, but this has also been a wake-up call to UK Hospitals who have had to urgently consider their response to such epidemics. Many of our dedicated NHS staff volunteered to help in affected countries and have helped to make a real impact in bringing the outbreak under control and bringing back the benefit of their expertise working under field conditions. The Royal Free Hospital has demonstrated the expertise that can be achieved under these difficult circumstances and the legacy of the epidemic has ensured that the management of high risk infections becomes a national priority. The catastrophic consequences of the failure to control the spread of MERS-CoV infection in South Korea have highlighted the need
for isolation facilities and clinical expertise.

Anti-microbial stewardship is now being recognised as one of the key strategies for limiting the spread of anti-microbial resistance. The Prime Minister and Chief Medical Officer have taken the lead in highlighting this issue as one of the greatest medical problems facing us in the 21st Century and the appointment of Jim O’Neill to head the commission on antibiotic resistance was an inspired choice, potentially leading to the release of the vast amounts of money needed to develop new anti-microbials. The anti-microbial guardianship scheme, WHO Global action plan and World Antibiotic Awareness Week (16th to 20th November 2015) will serve to increase public awareness of the urgent need to control anti-microbial resistance.

One issue that is of major concern to those working in Microbiology Laboratories is the National plan to centralise Microbiology Laboratories with up to half of hospital laboratories now decommissioned or reduced in scope. A recent survey of Microbiologists which will be presented and discussed at the FIS conference has found a general consensus view that there have been few benefits from this process and turnaround times have often increased.

As an ID Physician I have been excited by the introduction of the directly acting agents against Hepatitis C, which are transforming the treatment of this difficult disease and will ultimately lead to the epidemic coming under control. Funding of these highly effective drugs remains a key issue for the NHS and the Department of Health in England has responded by providing funding for the new drugs under the early access programme with treatment allocated through Regional Operating Delivery Networks (ODN’s). These networks have now been established and are treating patients with cirrhosis and advanced liver disease. However patients with early liver diseases are currently being “warehoused” pending access to treatment and the drugs must be made more widely available. Dr Peter Moss as Chair of the Clinical reference group for hepatitis has played a key role in formulating the DH response and securing new funding for these drugs.

The membership of the BIA continues to increase and I would like to emphasise the particular benefits of Associate Membership to the wider members of the Infection Team including Specialist Nurses, Control of Infection Staff, Pharmacists, and Laboratory Staff. We now have an associate membership secretary and I would like to extend an invitation for all staff to join our organisation to ensure that it continues to flourish and remains relevant for the future.

The BIA is an evolving organisation and one of the key issues that has been identified is the Website and Communication Strategy. The new website is popular and functions well, but we need to be able to respond to current issues and engage with the media. A twitter feed has recently been established and its value will depend on the engagement of the members of the Association. The Journal of Infection goes from strength to strength with increasing impact factor under the expert guidance of Prof Rob Read. The Journal helps to support BIA funds which are relatively healthy and our Honorary Treasurer should be complimented on his extra-ordinary feat of turning our backdated VAT demand and Inland Revenue penalty into an actual profit. The Council will be reviewing our funding and grant strategy and will hopefully be able to support additional research grants in the future.

I was tremendously impressed with the quality of the presentations at the recent Ebola conference day, many coming from our trainees. With such inspiring young doctors I am sure that the specialty will be secure for the future. I look forward to the FIS conference in Glasgow and a challenging and stimulating time during my Presidency.

Dr Martin Wiselka President BIA

Membership Secretary Update, Dave Partridge

2015 has been a very busy year for the Association and notable amongst the many developments that have occurred has been the delivery of the new website. Gestation was long and the labour process was not without some pain but we are extremely happy with the result and feel that it has fulfilled many of the desires of the membership as stated in last year’s membership survey.

One of the major advances made possible by the new site has been the development of an electronic means of paying annual subscriptions. We are grateful to members for their patience with the few early teething problems and also indebted to the administrative support provided to us by Hartley Taylor, without which all would have been impossible.

We are well aware, though, that work does not stop here. As an example, the guidelines section of the site is a very useful resource but is one that we need to ensure is systematically updated and when updates and new guidelines are issued. Continued improvement of the site and the development of new functionality for it are therefore our current goal and we welcome suggestions from members as to areas on which we should focus.

2015 has also seen us welcome a new Associate Members’ secretary, Anna-Marie Newland, and we have welcomed a significant increase in numbers of associates.

Current number of members:

<table>
<thead>
<tr>
<th>BIA MEMBERSHIP CATEGORY 2015</th>
<th>Active Users</th>
</tr>
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<tr>
<td>FULL</td>
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<td>TRAINEE</td>
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<td>GUEST</td>
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<tr>
<td>TOTAL</td>
<td>1401</td>
</tr>
</tbody>
</table>
Clinical Services Secretary, Microbiology & Virology, Tony Elston

The CSC has met in June and September. The main issues have been pathology transformation, consultant vacancies and training issues.

We have conducted a survey of BIA members on the subject of pathology transformation. On the basis of the feedback from interested responders, the centralisation process has involved the majority of labs (90%). It is perceived as costly and is associated with a failure rate of 15% at this current time, with the majority of these failures taking over 12 months of time/money expenditure to become apparent (70%). Precedent has been set for having an off-site lab given that 47% of responders do not have a lab on site (which will make reversal very difficult in the absence of compelling data) and 36% felt that the issues of having an on-site lab could not be overcome, with the conclusion presumably that there will be a permanent deficit. Of responders, 66% felt that lab centralisation compromised the organisation without microbiology laboratory facilities. The only perceived balance of positivity (considerably/slightly better vs considerably/slight worse) was for cost savings, although a mean of 28% said that pre/post centralisation resulted in the same service. Critically, feedback perceived the process as having been detrimental to specimen turnaround times, quality, infection control, laboratory staff morale and personal job experience. Of responders, 38% said they could provide tangible evidence of the impacts of centralisation. It is not clear for the questionnaire how many centralisation projects are still ongoing and what the appetite is for further mergers/centralisation.

We are trying to find a slot at FIS to present these results. We also feel that a meeting, along the lines of “pathology Transformation; what can we learn” would prove popular.

We are concerned at the number of consultant vacancies in microbiology/infection posts; a phenomenon that varies across the country. We are unsure of the reasons for this but suspect that it may be due to a perception of workload and job satisfaction allied to uncertainty over the future provision of laboratory facilities. The number and quality of clinical queries received by infection teams seems to be increasing and decreasing respectively. There is also some uncertainty as to how this will impact on our collective ability to deliver the new infection curriculum, and whether that will produce doctors able and willing to deliver what is currently expected of Infection Teams.

Finally it appears that I have sat on the committee since February 2002 and as chair since 2012. Elections for a new chair will take place in the early part of 2016. I am happy to speak with any potential candidates.

Guidelines Update, Peter Cowling

As Guidelines Secretary, I have promoted the idea of multi-agency guideline production. The days of individual organisational guideline production should be over. The increasing demand for NICE accredited processes makes guideline production expensive and time-consuming. The rigour of production sits uneasily with the fact that willing volunteers carry out most of the work in their own time. Therefore, we must work together to share our resources and ensure that the guidelines we write are based on the best available evidence.

With that in mind, the BIA has been instrumental in leading the way on multi-agency, equal partner working. The norovirus guidelines were the first example and the processes used in their production were sufficiently robust to lead to a very similar approach in our management of norovirus outbreaks to that outlined in the CDC, Atlanta guidelines which were published around the same time as ours. Presently, we are involved in the following multi-agency Working Parties:

**Toxigenic Staphylococcus aureus**—This is a massive undertaking with our sister societies, PHE and HPS and is at the stage of critical appraisal of evidence following initial review of the literature.

**MRSA** - This project has recently been initiated to update all existing MRSA related guidelines. This topic was chosen as a first attempt to work in close partnership with HIS, IPS and BSAC and involves a Steering Group chaired by Erwin Brown. We held a scoping meeting in May to which stakeholders were invited and we will be discussing the next stages of the production process at FIS in November 2015. If our joint working is successful, it is intended that this will serve as a model for future guidelines.

**Bone & Joint Infections**—A BIA, BOA, HIS Working Party has written the consultation draft of guidelines on Infection Prevention and Control in Orthopaedics which is now ready for consultation. These guidelines have been considerably delayed (by me) because of intervening priorities but the consultation will be undertaken shortly.

**Meningitis Guidelines**—Fiona McGill and her colleagues have successfully completed the new Meningitis Guidelines (which are again multi-agency) and they will be launched at FIS.

**NICE Consultations**—BIA is a respondent to all infection related consultations conducted by NICE. This is already a large workload and appears to be growing. We also supply experts to sit on relevant Committees associated with such guidelines.

**Future Guidelines**—The norovirus guidelines are due for review in 2016.

I would be interested to hear suggestions from members about topics that would be suitable for guidelines. Please contact me at **guidelines@britishinfection.org**
42 days is just the beginning…

November 7th marked the end of the Ebola outbreak in Sierra Leone. Almost 18 months after Ebola first reached SL and over 14,000 cases later, this beautiful country has eagerly anticipated being free from the virus. The treatment centres will be decommissioned, and thousands of wellies destroyed, but what happens next? The effects of the outbreak go far beyond the loss of life and physical recovery of survivors. Whilst the population itself was beginning to emerge and recover from a decade of brutal civil war, the country’s economy and health systems remained in a precarious state, and were easily shaken as Ebola swept through it and neighbouring Guinea and Liberia. The end of the outbreak may represent an epidemiological risk reduction, but there is a phenomenal amount of work to be done still. The eyes of the world have long since looked away as the risk to the developed world declined, and I’m sure I won’t be the only one to be asked by a friend or family in recent months, ‘so, what’s happening with Ebola these days?’.

Although the 42 days of 0 cases marks a victory for SL, there are ongoing threats to it remaining free. Whilst Liberia was declared case free for a second time in September, Guinea continues to have low numbers of weekly cases and a significant number of high risk contacts under surveillance, and will remain a threat to its neighbours until the virus is controlled there too. Despite huge efforts to trace and quarantine contacts and to screen travellers at country and district borders, there have continued to be large numbers of contacts, many high risk, that have evaded such systems and impose a risk on the populations of these countries. The high traffic flow across borders was one of the underlying reasons for the rapid and geographically vast spread of the disease, and it is imperative that screening measures continue in order to limit as far as possible any incoming cases.

If anything good has come of the outbreak, it will not only be the hopeful commitment to rebuilding of health services, but the health education that has been imparted. It would be naïve to believe that a future case may be suspected at first presentation, but what hopefully may remain is the knowledge in infection control that has been such a fundamental part of the education to health staff and the general population. Whilst some rural health clinics I visited still lacked full PPE even in July, and some patients still triaged incorrectly (or sometimes not at all), actually there was a huge knowledge in principles of infection control, and waste management/disinfection. Maybe in 6 months, 1 year, they won’t remember the case definition or the specifics in PPE, but having seen the fear engrained in health workers by the disease, I cannot imagine them dealing with similar cases in the future without an element of flashback to some of the horrific sights they have witnessed. However, what has been, and continues to be, the major limitations are the shortages of hardware to implement knowledge; lack of facilities, equipment and medication continues to be a hindrance, and needs the government to step up and exploit the umbrella of post-Ebola funding whilst available.

The duration of the outbreak has had a silver lining for many health workers, some of whom had been working sometimes unpaid for years prior to seeking employment with various NGOs. A reliable and frequent income has been a blessing,
Ebola reflections

never mind the training received, and being well fed and hydrated every shift. When the various Ebola centres close many of these workers will return to government employment with little other choice, however, it is not unreasonable to expect they will want more, or that they may lose motivation. These workers have a wealth of knowledge and experience to share, and it would be tragic for it to be wasted if they feel there is no investment or commitment to them by their Ministry of Health. Whilst the UK Government is handing out medals, where is the recognition that these real heroes deserve, many of whom have worked right through the outbreak, some of whom have seen friends, family and neighbours die, and many of whom have themselves been infected?

Tragically, a significant number of the country’s health workers lost their lives to Ebola, which on a background of pre-existing low staffing (SL had just 2 doctors per 100,000 population pre-outbreak), means the overburdened health system will struggle to care by itself for the burden of patients facing ‘survivor syndrome’, along with the many health issues that have been neglected during the outbreak. Although specific survivor clinics have been established, many patients will fail to access them out of length and cost of travel, and disengagement with health care has been an ongoing issue before, throughout and post outbreak. For those that do seek help, health facilities were poorly equipped even before Ebola decimated the country, with many barely able to provide necessary free medicines to under 5s and pregnant/ lactating mothers. The huge rise in child mortality (from non-EVD causes like malaria and respiratory infections) is just one example of an urgent problem to be tackled, and regaining trust in health services is desperately needed to prevent surges in HIV and TB infections, and further deterioration in maternal mortality rate (the highest in the world). On top of the many physical health issues, there is also a potential for rise in mental health problems resulting from lack of support systems, isolation and stigmatisation from the disease, change in roles in the many families affected, those orphaned, and those suffering from anxiety, and even worse, PTSD. With just 1 psychiatrist in the country, it is hard to see how the burden of mental illness will even be recognised, let alone managed.

Undoubtedly the infamous yellow suits draw excitement, and we must find a way to remember the help these countries need to recover financially, psychologically and in health, given the potential for response fatigue when the excitement has gone. Post Haiti, 45% of donors failed to provide pledged funds at all, or only gave half. With an estimated $419m annual funding gap in SL to provide universal access to primary healthcare, long term commitment is required to complement the plans from the International Ebola Recovery Conference in July. This outbreak has demonstrated beyond all else the effect of chronic under resourcing in health services.

If a country struggles to provide basic healthcare, we cannot expect them to scale up care provision in an outbreak, and the international community needs to be better prepared to assist. It might be West Africa and Ebola now, but who knows what and where the next outbreak will be, and we must be better prepared to help, regardless of the perceived risk on our doorstep. This outbreak has been a lesson in global health that the whole world needs to learn from, and whilst the battle with Ebola itself may nearly be over, there is a bigger health crisis emerging (or, re-emerging) in West Africa; hopefully this time it will get, if not the attention, but the help both deserved and required.

Dr Bozena Poller, October 2015.
StR Medical Virology, Sheffield
Doctor and Community Outreach Trainer at Medicos del Mundo’s ETC in Moyamba, and GOAL’s ETC in Port Loko


Page 5
Dr James Meiring,
Clinical Research Fellow,
Oxford

After attending this special BIA conference on the UK response to the ebola outbreak, the answer to the question posed within the title of the event is - quite simply - a lot, on both counts. As was noted on the day, it is a rare occurrence at a conference that you wished every fifteen minute presentation could go on for an hour. In this case, it was certainly true.

Delegates were initially taken through a detailed epidemiological overview of the outbreak, with unique insights into the clinical course of ebola virus disease and then onto the now increasingly well documented and diverse effects of post ebola syndrome. The presentations were punctuated with both the latest scientific research on the topic along with personal accounts of firsthand treatment centre experience. It was fascinating hearing the race for a vaccine and the candidates that are now in development and may well be available in the not too distant future.

As was pointed out, it was noticeable that the first five talks were delivered by paediatric or adult infection trainees, all of which have gained significant experience during the outbreak. It is a promising sign that junior doctors within infection specialties are not only stepping forward to volunteer on the front line, but are also pioneering new research and gaining first-hand experience of global health problems and one that should continually be encouraged.

From West Africa, the focus then switched to the UK and the experience gained through the three imported cases and screening of others. A real highlight of the day was hearing how the teams in both Glasgow and the Royal Free delivered care to these patients, as Dr Jacobs stated; ‘in the dark with the spotlight on’. The combination of the latest scientific understanding, which in the case of new novel experimental anti-viral treatments was exceptionally limited, in the context of real world experience made the sessions very interesting indeed.

One of the more contentious, but clearly most vital, parts of the day was a lively debate focusing on the delivery of higher-level critical care to patients with ebola and other highly infectious diseases outside of a high-level isolation centre. This is understandably an important issue for returning travellers, as well as healthcare workers from home and abroad. Combined with the final sessions on future directions and national preparedness, there remains many lessons to learn from our experience and plans to implement.

Again it was interesting to hear from Dr Jacobs of plans currently in development to produce a door-to-door approach for effectively mobilising teams and managing highly infectious diseases.

The BIA should be congratulated on organizing a conference that so excellently summarised the role the UK did play within the outbreak, one that I think we can be proud of. It also highlighted our ability to manage diseases of this nature and demonstrated the areas of improvement required. I hope that the legacy of the outbreak itself and the discussions had in Manchester will turn into a genuine improvement in service delivery and ultimately patient care within the UK, in West Africa and further afield where and when the need next arises.
**Editor in Chief, Robert Read**

This has been a great year for the Journal because we achieved our highest ever impact factor – 4.44 and our highest ever global ranking in Infectious Disease (13/75). The quality and number of submissions continues to rise – currently we receive about 1300 manuscripts per year. Inevitably this means we have to reject many good papers, and at the moment we are accepting around 15% which is roughly the same as other leading journals in the field.

Please consider the Journal next time you are seeking to publish your work. This is the official scientific journal of the British Infection Association.

The Journal is edited by an excellent group of editors and my thanks go out to Robert Atmar (Houston), Delia Goletti (Rome), Katie Jeffery (Oxford), Dimitrios Kontonyiannis

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**Top 10 most cited-articles YTD 2015 (published in 2013 and 2014):**

<table>
<thead>
<tr>
<th>Year</th>
<th>Document Title</th>
<th>Authors</th>
<th>Vol</th>
<th>Issue</th>
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<tr>
<td>2013</td>
<td>Cigarette smoking and mechanisms of susceptibility to infections of the respiratory tract and other organ systems</td>
<td>Feldman C., Anderson R.</td>
<td>67</td>
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<tr>
<td>2013</td>
<td>Clostridium difficile: A European perspective</td>
<td>Jones A.M., Kuijper E.J., Wilcox M.H.</td>
<td>66</td>
<td>2</td>
<td>12</td>
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Title: Varicella-zoster virus infections of the central nervous system - Prognosis, diagnostics and treatment
Authors: Grahn, A.; Studahl, M.
Type: Review article
Volume: 71
Issue: 3
Cover date: 01-Sep-15
Online date: 2015-06-12
Downloads: 1,232

Title: Differences in serum microRNA profiles in hepatitis B and C virus infection
Type: Full length article
Volume: 70
Issue: 3
Cover date: 01-Mar-15
Online date: 2014-11-05
Downloads: 1,102

Title: Appendicectomy for suspected uncomplicated appendicitis is associated with fewer complications than conservative antibiotic management: A meta-analysis of post-intervention complications
Authors: Kirby, A.; Hobson, R.P.; Burke, D.; Cleveland, V.; Ford, G.; West, R.M.
Type: Full length article
Volume: 70
Issue: 2
Cover date: 01-Feb-15
Online date: 2014-08-28
Downloads: 1,011

Title: The prevention, diagnosis and management of central venous line infections in children
Authors: Chesshyre, E.; Goff, Z.; Bowen, A.; Carapetis, J.
Type: Full length article
Volume: 71
Issue: 0
Cover date: 01-Jun-15
Online date: 2015-04-29
Downloads: 958

Title: Hemagglutination inhibiting antibodies and protection against seasonal and pandemic influenza infection
Type: Full length article
Volume: 70
Issue: 2
Cover date: 01-Feb-15
Online date: 2014-09-16
Downloads: 795

Title: Recent advances in the study of Q fever epidemiology, diagnosis and management
Authors: Million, M.; Raoutel, D.
Type: Full length article
Volume: 71
Issue: 0
Cover date: 01-Jun-15
Online date: 2015-04-24
Downloads: 772

Title: Adjunctive biomarkers for improving diagnosis of tuberculosis and monitoring therapeutic effects
Authors: Hur, Y.G.; Kang, Y.A.; Jang, S.H.; Hong, J.Y.; Kim, A.; Lee, S.A.; Kim, Y.; Cho, S.N.
Type: Full length article
Volume: 70
Issue: 4
Cover date: 01-Apr-15
Online date: 2014-11-05
Downloads: 712

Title: IP-10 differentiates between active and latent tuberculosis irrespective of HIV status and declines during therapy
Type: Full length article
Volume: 70
Issue: 4
Cover date: 01-Apr-15
Online date: 2015-01-15
Downloads: 707

Title: Tick-borne diseases of the USA: Ten things clinicians should know
Authors: Buckingham, S.C.
Type: Full length article
Volume: 71
Issue: 0
Cover date: 01-Jun-15
Online date: 2015-04-24
Downloads: 671

Title: Exploratory trial of ombitasvir and ABT-450/r with or without ribavirin for HCV genotype 1, 2, and 3 infection
Type: Full length article
Volume: 70
Issue: 2
Cover date: 01-Feb-15
Online date: 2014-09-22
Downloads: 653

We continue to look for new associate editors especially experts in clinical microbiology.

Most downloaded articles published 2015 YTD (articles published and downloaded in 2015):

- Varicella-zoster virus infections of the central nervous system - Prognosis, diagnostics and treatment
- Differences in serum microRNA profiles in hepatitis B and C virus infection
- Appendicectomy for suspected uncomplicated appendicitis is associated with fewer complications than conservative antibiotic management: A meta-analysis of post-intervention complications
- The prevention, diagnosis and management of central venous line infections in children
- Hemagglutination inhibiting antibodies and protection against seasonal and pandemic influenza infection
- Recent advances in the study of Q fever epidemiology, diagnosis and management
- Adjunctive biomarkers for improving diagnosis of tuberculosis and monitoring therapeutic effects
- IP-10 differentiates between active and latent tuberculosis irrespective of HIV status and declines during therapy
- Tick-borne diseases of the USA: Ten things clinicians should know
- Exploratory trial of ombitasvir and ABT-450/r with or without ribavirin for HCV genotype 1, 2, and 3 infection

(Houston), Shamez Ladhani (London), David Laloo (Liverpool), Peter Moss (Hull), Keith Neal (Nottingham), Mark Nelson (London), David Partridge (Sheffield) and Martin Wiselka (Leicester) for all the expert help they give to improving the quality of the Journal.
Meet the BIA council members….

<table>
<thead>
<tr>
<th>Position</th>
<th>Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Dr Martin Wiselka (Leicester)</td>
</tr>
<tr>
<td>Vice President</td>
<td>Dr Albert Mifsud (London)</td>
</tr>
<tr>
<td>Hon Secretary*</td>
<td>Dr Katie Jeffrey (Oxford)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Dr Mike Kelsey (London)</td>
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<tr>
<td>Meetings Secretary</td>
<td>Prof Steve Green (Sheffield)</td>
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<tr>
<td>Membership Secretary</td>
<td>Dr David Partridge (Sheffield)</td>
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<tr>
<td>Clinical Services Secretary (ID)*</td>
<td>Dr Anna Checkley (London)</td>
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<td>Clinical Services Secretary (ID)*</td>
<td>Dr Jo Herman (Leeds)</td>
</tr>
<tr>
<td>Clinical Services Secretary (Microbiology &amp; Virology)</td>
<td>Dr Tony Elston (Colchester)</td>
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<tr>
<td>Guidelines Secretary</td>
<td>Dr Peter Cowling (Scunthorpe)</td>
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<td>Communications Secretary</td>
<td>Dr Kumara Dharmasena (Walsall)</td>
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<td>Manpower &amp; Training Secretary</td>
<td>Dr Bridget Atkins (Oxford)</td>
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<tr>
<td>Scientific &amp; Research Secretary</td>
<td>Prof Tom Evans (Glasgow)</td>
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<td>Trainee (Meetings) Secretary (joint post)</td>
<td>Dr Rajeka Lazarus (Oxford)</td>
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<td>Trainee (Meetings) Secretary (joint post)</td>
<td>Dr Maheshi Ramasamy (Oxford)</td>
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<td>Trainee (Professional Affairs) Secretary</td>
<td>Dr Joby Cole (Sheffield)</td>
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<tr>
<td>Associate Members Secretary</td>
<td>Anna-Marie Newland (Sheffield)</td>
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<tr>
<td>Editor - Journal of Infection</td>
<td>Prof Robert Read (Southampton)</td>
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<tr>
<td>Newsletter Editor</td>
<td>Dr Mike Ankcorn (London)</td>
</tr>
<tr>
<td>Devolved Administrations Secretary</td>
<td>Dr Ray Fox (Glasgow)</td>
</tr>
</tbody>
</table>

* denotes interim post holders until formal elections in spring 2016.
Trainees’ Pages

Joby Cole
Professional affairs trainee representative & ID SAC trainee representative

The JRCPTB has released updated guidance on transition arrangements for trainees and trainers on their websites. This highlights that the last sitting of the Specialty certificate exam (SCE) will be in September 2017 after which trainees will need to sit the new CICE. They also detail the options for trainees in ID/GIM and ID/MM or MV with regards to transitioning to the 2014 curriculum or remaining on the 2010.

If trainees would like me to raise any issues at the next ID SAC or the Combined Infection Training SAC please email me their queries.

traineeproaffairs@britishinfection.org

We welcome a new Healthcare Infection Society Trainee Representative

The outgoing HIS trainee representative, Gayti Islam, has been replaced by Nik Mahida.

We welcome Nik into the wider BIA/HIS family. If you have any queries or issues to discuss regarding HIS or any suggestions for trainee meetings please get in touch with him

Nikunj.Mahida@muh.nhs.uk

HIS Graham Ayliffe Training Fellowship

Applications are invited for this award, which has been established for trainees to develop a special interest in aspects of infection prevention and control. With a value of up to £60,000 per annum, it would cover the basic salary of recipients, enabling the individual to take a one year (or whole time equivalent) leave of absence from their training programme to develop those special interests. Closing date: 01/03/2016.

Further information contact nikunj.mahida@his.org.uk or visit http://www.his.org.uk/awards/#.VjjI69LlIHW

Get Involved! Would you like to be a trainee representative?

The BIA actively encourages the participation of trainees within the Society, with 3 trainee members being elected to the Council every two years.

The BIA trainee meetings representative role is due for re-election next year with nominations to open in February 2016. Nomination forms will be available at the BIA stand at FIS and on the trainees section of the BIA website.

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 the trainees’ section of the BIA website.
- Organise two, one day, trainee meetings a year. Traditionally, the Spring Meeting immediately precedes the AGM and is held in London the Autumn Meeting usually follows on from FIS and has been held at various locations. Substantial support is provided by BIA’s Secretariat, who will assist in finding and booking venues and travel arrangement with the speakers.
- Approach potential speakers and invite them to speak at the meetings.

If you require further information then please contact Rajeka Lazarus (rajeka@doctors.org.uk) or Maheshi Ramasamy (maheshi.ramasamy@ouh.nhs.uk) or visit the trainees’ section of the British Infection Association website www.britishinfection.org

Introducing the new trainees forum on the BIA website

Look up the trainees’ section of the website. Go to http://www.britishinfection.org/ then use the drop down menu and explore. This is a secure page for trainees to share ideas about training, post questions and to share information and knowledge on infection related topics. Please let us know if you think it could be improved.
Trainees’ Pages

BIA Research Fellowship Award:

A report by Dr Tomasz Prajsnar

In June 2013 I successfully applied for the BIA Research Fellowship which secured the funding of my postdoctoral research for one year. This was my first experience with grant proposal application and it certainly initiated the process of becoming an independent scientist.

The overall goal of this project was to understand the *Staphylococcus aureus* infection process and its spread of antibiotic resistance. This area requires more in-depth research in order to remain appropriate treatment regimens in the face of constantly spreading antibiotic resistance. The work undertaken in this fellowship was to determine a role of antibiotic intervention on selection of antibiotic-resistant clones. The research performed during this fellowship and the results obtained have been demonstrated in a subsequent publication (McVicker et al. 2014, PLoS Pathog 10 (2): e1003959) where I am a second author.

In addition, during my BIA fellowship, I was involved in several national and international collaborations within my research field. Together with researchers from Cambridge we have characterised the novel role of the NGF signaling in immunity to *S. aureus*. This work has led to a publication in a top journal – Science and I am a joint-first author in this manuscript (Hepburn, Prajsnar et al. 2014, *Science* 346(6209): 641–646). In another collaboration with our colleagues from France, we have determined virulence of diabetic foot ulcer isolates of *S. aureus* and the role of a novel ROSA-like phage in a switch between commensal and invasive phenotype. This work has also led to a recent publication in a high impact factor journal – Diabetes where I am a second author (Messad et al. 2015, *Diabetes* 64(8):2991-5).

The BIA Research Fellowship has allowed me to secure more funding for my research after it has finished, but also before it had started. After I had learned about the positive outcome of my BIA proposal, I successfully applied for a Wellcome Trust Bridging Grant which supported my research for 4 months until I started the BIA Research Fellowship in 2014. The BIA Fellowship has also been useful to secure the next step in my scientific career. I have successfully applied for an individual Marie Curie Intra-European Fellowship at the University of Leiden (NL) where I work now in the related field of host-pathogen interaction, concentrating on the immune response to *S. aureus*.

I believe I have utilised this BIA Research Fellowship as a stepping stone to establish my independent career, consolidate my experience and subsequently apply for further positions in the area of host-pathogen interaction.

If you want to find out more about grants and awards you can apply for from the BIA please visit http://www.britishinfection.org/grant/
National Infection Trainee Collaborative for Audit and Research (NITCAR) at FIS

NITCAR is a national network of Infection trainees working together on national infection projects. Come & join us for nibbles and drinks at an informal meeting at

The Crowne Plaza Hotel (attached to the conference centre using the link bridge)
Island Suite - Barra Room, Sunday 22nd November, between 5:15 and 6:30pm.

Find out more about how to get involved in a National infection project.

Be inspired by our inaugural project: HOODINI (Hospital onset diarrhoeal investigation).

Not at FIS? Don't miss out.. Join us at our next meeting: 10-3pm Thursday 11th Feb 2016 in Cambridge.

Want to know more? Got an idea?

Contact us at NITcollaborative@gmail.com or http://nitcollaborative.wix.com/nitcar

A New Trainee Event at FIS - Meet the Experts Clinic

This event has been designed to give trainees the opportunity to have a one to one discussion with senior members of the BIA about research and training issues.

This event will be run from the BIA stand (Exhibition hall, stand D1) on Saturday 21st and Sunday 22nd 13.00 to 13.45. Trainees can sign up for appointments on the day at the BIA stand.

So, if you are unsure how the transitional changes affect you, confused about which exams to take or are wondering how to get into research then please come along.
19th Annual Scientific Meeting: “Infections with a global reach”

Thursday 19th May 2016
School of Oriental & African Studies, Thornhaugh Street, Russell Square, London, WC1H 0XG

INVITED SPEAKERS:

“Syphilis in the 21st Century”

Professor Michel Janier MD PhD
Associate Professor Dermatology-Venereology,
STD Clinic, Hopital Saint-Louis, Paris, France

“HIV therapy research in Africa: where are we and what’s next?”

Professor Sir Ian Weller BSc, MBBS, MD, FRCP, FRCP(Glas)
Emeritus Professor of Sexually Transmitted Diseases, Research Department of Infection and Population Health, University College London

“Yersinia pestis - the Black Death - in the 21st century”

Dr Timothy Brooks MA, MB BChir, LMSSA, MSc, FRCPath, FRSPH
Consultant Microbiologist, Rare and Imported Pathogens Laboratory (RIPL)
Microbiology Services, Health Protection Agency, Porton Down

For more details contact BIA@Hartleytaylor.co.uk or visit http://www.britishinfection.org/
## Events calendar

<table>
<thead>
<tr>
<th>Meeting (click hyperlink for website)</th>
<th>Organiser</th>
<th>Date and Location</th>
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<tbody>
<tr>
<td><strong>November</strong></td>
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| Prevention of Perinatal HIV Infection: Aiming for Zero Trans-
  mission                                                 | BHIVA       | 27 November, RCOG, London                |
| 10th Antibiotic Resistance Mechanisms Workshop for Research-
  ers                                                        | BSAC/RSC    | 26-27 November, Birmingham               |
| **December**                                                |             |                                          |
| Viral Infections in the immunocompromised                    | BSAC        | Oct-Dec 2015, various locations          |
| Pathology 2015                                              | Euroscicon  | 1-3 December 2015, O2, London            |
| Infection in Pregnancy                                       | Birmingham Women’s Hospital | 4 December 2015, Edgbaston |
| **January 2016**                                            |             |                                          |
| 9th HIV Dilemmas Meeting                                     | BIA         | 29 January 2016, Manchester              |
# Events calendar

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<th>Meeting (click hyperlink for website)</th>
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<tbody>
<tr>
<td><strong>February 2016</strong></td>
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<tr>
<td>Diploma in HIV Medicine one-day revision course</td>
<td>BASHH/BHIVA</td>
<td>1 February 2016, Manchester</td>
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<tr>
<td>HIS Trainee Day: Infection prevention and control (IPC) in Adult and Paediatric Critical Care</td>
<td>HIS</td>
<td>1 February 2016, Birmingham</td>
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<tr>
<td><strong>March 2016</strong></td>
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<tr>
<td>BSAC Spring Meeting. Start Smart Then Focus!</td>
<td>BSAC</td>
<td>16 March 2016, Birmingham</td>
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<td><strong>April 2016</strong></td>
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<td>ECCMID 2016</td>
<td>ESCMID</td>
<td>9-12 April 2016, Amsterdam</td>
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<tr>
<td><strong>May 2016</strong></td>
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<tr>
<td>BIA Trainees Spring Meeting</td>
<td>BIA</td>
<td>18 May, SOAS, London</td>
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<tr>
<td>BIA Spring Meeting</td>
<td>BIA</td>
<td>19 May, SOAS, London</td>
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<tr>
<td><strong>July 2016</strong></td>
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<tr>
<td>HIS Trainee Day: IPC in non-inpatient and long-term settings.</td>
<td>HIS</td>
<td>4th July 2016, Birmingham</td>
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