

Autumn 2019

Editor: Naomi Meardon

Newsletter

I welcome you to this Autumn's newsletter with a great sense of personal achievement, having successfully managed to get my 6 week old baby to sleep long enough to write this, after several less successful attempts at doing so.

The publication of this letter coincides with FIS 2019 and I hope that many of you are reading this, coffee in hand, with an enjoyable day of lectures and networking opportunities ahead of you.

Within the newsletter, you will find all of the usual updates as well as a report from a grant awardee, Dr Angela Ibler on her work on Typhoid Fever.

The new incarnation of LearnInfection, which will be launched at FIS on the 13th November. A huge amount of work has gone into reviewing and updating this brilliant resource, designed to support both trainees and consultants in their learning. Read more in this newsletter and chat with the team at FIS. You can even test-drive the website at the BIA stand.

The first edition of our new journal, Clinical Infection in Practice (CLIP) was published in September 2019. Read on for further information about the journal and how to get involved. The team are looking for feedback on the first edition and submissions for the next.

The next edition of this newsletter will be published in Spring 2020. In the meantime, please check out our list of upcoming events and follow us on twitter for regular BIA updates and links to interesting stories from the field of Infection.

Naomi Meardon
BIA Newsletter Editor

 Why not follow BIA on twitter @biainfection



President's message

Dear Colleagues,

Eating pumpkin soup while reading the annual ESPAUR report, looking forward to Antibiotic Awareness Week and FIS. Autumn is well upon us and my first six months as BIA president have flown by but as you will read in the various newsletter reports, council are working hard to keep up with the pace.

In my last message I highlighted some significant initiatives which, we hope, will greatly enhance the benefits of being a member of BIA, especially for trainees. At FIS this month Bethany Davies will re-launch a completely redesigned LearnInfection resource she has been working on with Bridget Atkins and the Education Sub-committee. I have been working through the trial version this week and it really is a tremendous achievement. I hope all BIA members will value it but also be willing to contribute to its development into the future.

We have also been working, through the efforts of Ed Moran and others, to develop our twitter content to provide a useful stream of updates of all sorts to our 1400 followers. We want to make the content genuinely helpful by, for example, aiming to save members time by highlighting infection stories in the news, with links to the evidence, drawing attention to infection research especially where this may be outside our specialist journals. A group of us are working to improve this offering but as with everything we do we would enormously value suggestions or offers to become involved. Follow us @biainfection!



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President's message

BIA Newsletter
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The twitterati among you may have noticed a slightly cryptic tweet we put out in partnership with the Healthcare Infection Society and the Microbiology Society last month about the future of FIS. By way of background you will probably be aware that the annual FIS meeting has for a good many years been hosted in rotation between these three associations and BSAC. The previous agreement between these societies has run its course and a new agreement is in development. We are in the process of putting together a long-term agreement and detailed plans to work closely with HIS and MicSoc to deliver a single really high quality educational and scientific meeting each Autumn. We all want a meeting which will foster closer interaction between memberships, develop interdisciplinary working, engage specialist bodies across the field of infection, show case the work of diverse infection associations, act as a forum where we can come together to discuss current challenges and be available to external agencies who want to interact with the UK infection community. In the spirit of this approach I would like to highlight the Collaboration Catalyst event which kicks off this year's FIS meeting and will be a fantastic opportunity especially for clinical and non-clinical trainees and early career researchers in infection to meet and work together. I'd like to congratulate MicSoc on the fantastic multidisciplinary programme they have put together for this year's meeting. I always try to have an entry in my CPD diary around a FIS session that's about something that's NOT my day job and am particularly looking forward to the paediatric session this year.

I look forward to seeing and saying Hi to as many BIA members as I can at FIS. Please come by the stand or stop me or other council members if you have any questions or suggestions.

With best wishes

Martin Llewelyn
President BIA

BIA Honorary Secretary update

I hope that those of you at FIS are enjoying the wonderful city of Edinburgh!

The Association has had a busy few months since the election of the new council in May with the exciting launch of the new journal and a surge of public and media interest in Lyme Disease over summer. The latter is an example of how our primary aim of supporting the infection professions can be complemented by public-facing initiatives. The overlap between professional and public communication has been transformed by social media and platforms such as Twitter have tremendous potential for benefit accepting the risk that responses are unmoderated and that there is the potential for exploitation. Alongside this sits the need for the Association to maintain transparency and avoidance of conflicting interests so that the motives of our posts, comments as well as guidelines and other business cannot be challenged as lending favour to industry or other interests. We are in the process of drafting a Declaration of Interests form for council and relevant committees and will seek to amend the constitution to reflect this in 2020.

Projections as to the UK's future position in Europe have taken inspiration from the hokey-cokey since 2016 and, as I write, uncertainty persists as we enter a probable election campaign. Infection is the most global of all specialties with many of our diseases crossing continents with ease. Further to our involvement with the Union of European Medical Specialists with regard to training matters, I am pleased to say that we have also applied to become an ESCMID Affiliated Society. I can confirm that the application was signed and that it was sent unaccompanied by any further letter contradicting its request. Pending their acceptance, the BIA looks forward to making a fruitful contribution to ESCMID's work over future years.

As ever we welcome feedback and input to guide the further development of the Association so that it meets the needs of the entire infection community.

Dr David Partridge
Honorary Secretary

Reports

Guidelines Update

Since our last newsletter we have set up a guidelines group with one consultant (Samuel Moses) and two trainee reps (Sam Mills and Daniel Pan) now supporting the guidelines development process. It's great to have a team of us now working on the consultation responses and it's enabling us to progress guidelines more effectively.

We have continued to invite experts to comment on these consultations and screen them to ensure that our members receive appropriate information.

Our guidelines in evolution include:

1. Necrotising otitis externa (UK collaborative NOE project) (lead Monique Andersson start date June 2019)
2. Norovirus update of 2012 guideline (linked with HIS)- Sam Mills has joined the working party and we have suggested virology representation- start date of our involvement June 2019 but it seems the working group have been active since May 2018)
3. MRSA treatment guideline (start date pre-2016, BIA link myself)- some data presented at BSAC spring meeting 2018- the document is now about to be sent out for consultation in the coming weeks- please watch this space and respond to it
4. MRSA prophylaxis guideline (start date pre-2016, BIA link Peter Wilson)-some data presented at HIS 2018- expected publication date of draft guideline 2020)
5. Allergy guideline- joint with BSACI and BSAC, BIA link Nikhil Premchand- planned for publication second half of 2020
6. Enteric fever guideline- joint with PHE- link Gauri Godbole, commenced Oct 2018
7. Eosinophilia guideline- link Anna Checkley

Please do continue responding to consultations and contributing to guideline development. Certificates of participation are available for those responding to or assisting with consultations. If you are interested in joining our guidelines group please email me directly.

Anna Goodman

BIA Guidelines Secretary



Standards for Infection Services

The Clinical Services committee has continued to focus on the infection services standards document. This was discussed at the RCPATH SAC in early November and will go to the joint SAC in December. It is hoped that it will be published early next year.

Infection Quick Reference Guides

Work continues on the Infection Quick reference guides. The committee is hoping to work closely with the Standards for microbiological investigations to create a full workflow for common infectious conditions such as community acquired pneumonia, encompassing pre-analytical, analytical and post-analytical aspects of the management of infections e.g. diagnosis, investigations and management. It is hoped that this syndromic approach will help trainees as well as staff on the front door to understand how to manage common infectious conditions.

Vacancy Survey

The committee hopes to develop a survey for BIA members in the New Year, focussing on vacant substantive and training posts. The idea is to capture the disparity between the posts we have and those we need, plus identify any workforce issues with regards to skill mix and/or geographical location. If anyone wishes to contribute to the survey design please contact us.

Meetings

The committee meets 4 times a year, with 3-4 meetings in London or Birmingham, and one teleconference meeting. For those who cannot attend the face to face meetings, teleconferencing facilities are available.

New Members

The CSC has evolved to be the clinical services committee for infection, incorporating medical microbiology, virology and infectious diseases. In addition, we have a paediatric infection representative and an infection control representative. We still need representatives for Scotland. If you wish to represent your region and there is no regional representative, please contact us.

Natasha Ratnaraja

BIA Clinical Services Secretary,
Microbiology & Virology.



Manpower and Training

Training

It continues to be a busy year for those involved in training and education. In the Spring BIA Newsletter I explained in detail the changes in Speciality Training starting from 2021/22. Please refer to this previous newsletter (or college websites) for information on entry requirements and training durations. In summary: these are unchanged for MM, MV, MM/ID and MV/ID but 3 years Internal Medicine stage 1 is now required for ID/GIM training (and ID/GIM speciality training has been reduced by one year so the total duration is unchanged).

The new internal medicine stage 1 curriculum started in August 2019. See <https://www.jrcptb.org.uk/training-certification/new-internal-medicine-curriculum/new-im-curriculum-faqs> for any questions about transitional arrangements.

The development of new curricula for Medical Microbiology, Medical Virology, Infectious Diseases and Tropical medicine is in progress. Drafts will be out for general consultation (on RC-Path and JRCPTB websites and by e-mail) in mid-December 2019 before review by various stakeholders. Submission to the GMC Curriculum Advisory Group will happen in Feb 2020. The content of the syllabus is not much changed but assessments will in future be based on Competencies in Practice (CiPs). There will be generic and speciality specific CiPs and trainees will need to achieve predefined entrustments levels (1-4) at different stages of training.

Here is some terminology:

Higher Speciality Training (HST) refers to the whole period of speciality training

Combined Infection Training (CIT) is the first part of speciality training and comprises 2 years of combined microbiology, virology and infectious diseases training. For ID/GIM trainees this may not directly correspond to ST3 and ST5 if there is some AGM training before or during CIT.

Higher Infection Training (HIT) refers to the part after Combined Infection Training. (2 years for ID/GIM trainees and mono-specialty microbiology and virology trainees and 3 years for dual ID/MM and ID/MV trainees)

Education resources

The BIA Educational subcommittee has commissioned the redevelopment of a web-based 'Learn Infection' training resource for members. This will be launched at the Federation of Infection Societies meeting (FIS) in Nov 2019 and promises to be an excellent training resource. Please see presentation at 8.45 am on Wed 13th November (at the end of Clinical Lessons) at the FIS meeting for more details. Any volunteers to help with content and question writing are welcomed and can contact the Learn Infection Lead (Bethany Davies, Senior Lecturer in Infection, Brighton and Sussex Medical School, B.Davies@bsms.ac.uk).

Manpower

Trainees: Round 2 has completed now for 2019. The number of applicants to Combined Infection training in round 1 and round 2 of national recruitment is rising year on year demonstrating the increasing popularity of the speciality. There are generally more applicants than posts however not all posts are filled as some trainee may chose other options. Round 1 interviews for August 2020 start will be on 19-20 March in London.

Consultants: ID physicians: don't forget to complete your 2019 census of consultant physicians. This census provides the three Royal Colleges of Physicians with essential data to lobby for changes, such as additional consultant posts and medical student places. By filling in the census, you're contributing not just your own data but to the wider case they're making. Look out for your personalised email from the three Royal Colleges of Physicians which will allow you to access your form. The census closes on Wednesday 11 December. If you haven't received your email, or are having difficulties accessing your form, please contact mwucensus@rcplondon.ac.uk. Further information on this workforce project can be found on <https://www.rcplondon.ac.uk/news/three-royal-colleges-physicians-launches-5minutesto-2019-consultant-census-campaign>.

Bridget Atkins

BIA Manpower & Training Secretary



Scientific and Research Report

In seeking to foster excellence in infection-related research, while supporting members in general and trainees in particular, the BIA Council recognises that we must be responsive to changes in the national research environment and clinical needs. For this reason, we have begun a scoping programme in order to develop a more refined strategy laying out the BIA's research direction going forward. This was in response to responses from the members' survey and grant awardees' feedback exercise, suggesting that enhancements to our research offerings and adjustments to our awards might improve the impact of the BIA's research work.

On 27th August 2019, the first meeting of the BIA research strategy working group was held. This was attended by 12 clinical academics of a range of experiences from Academic Clinical Fellows to Professors based in London, Oxford, Brighton and Leeds. The outcomes of this meeting are being synthesised to draft the first BIA Research Strategy document. These higher-level aims will then be translated into specific actions to broaden the value that clinical trainees with the

potential to develop into leaders in academic medicine will receive from BIA grants and expert support.

In light of this, the BIA's current grant portfolio remains unchanged for 2020. This means that the BIA Research Fellowship will again not be offered but other grants and their deadlines will be the same. Congratulations to Suzanna Paterson (Imperial College London) and Tomasz Benedyk (Cambridge), who were awarded travel grants at the last round. I look forward to continue receiving the high-quality applications that have been the standard and welcome any additional feedback about research strategy from any members who would like to contact me directly.



Chris Chiu
BIA Scientific and Research Secretary

Communications Update

The BIA continues to develop how it communicates with both its members, and the public. The Association Twitter feed will become increasingly active, alerting subscribers to BIA news and infection-related topics of interest from across the web. Behind the scenes developments continue on the website and the eLists continue their high level of activity. If you are not a user of this service sign up via the website – infection specialists from around the UK and further afield use it to pool their experience and seek advice on clinical matters (among other things) they encounter at work. We are increasingly approached by the media for comment on infection related issues as they crop up in the news, with a flurry of activity over the summer relating to Lyme Disease (see the BIA's position statement on this on the "News Updates" section of the website). Contributing to the public understanding of infection and health is an important part of the BIA's communications strategy. We are developing a pool of people with expertise in relevant fields. They will be able to respond promptly to media enquiries relating to their respective areas, providing balanced and evidence-based opinions.

Ed Moran
BIA Communications Secretary



BAJIR Bone and Joint Infection Registry

The BAJIR database is the UK Bone and Joint Infection Registry. It is designed to collect data on all patients with bone and joint infections in the UK. The information will be used to better understand bone and joint infections and how best to treat them. It will also be used to assess and improve the quality of services across the NHS to achieve better outcomes for patients with these conditions. In the long term it will provide comparative information to patients, commissioners and regulators of healthcare professionals.

Patients who present with a bone or joint infection are added to the registry by the treating team. Initial information regarding the patient's demographics, site of infection and comorbidities is recorded. Subsequently data regarding diagnostic test results, causative organism, antibiotic and surgical treatments is added. Baseline patient reported outcome measures are collected by the treating team. Subsequently patients are followed up by the BAJIR registry team, to obtain their consent and collect patient reported outcome measures at 6m, 12m and then at yearly intervals. Trusts will have access to their own data via a live dashboard and the ability to download their own data.

The registry is hosted by Northumbria Healthcare NHS Foundation Trust and overseen by steering committee of medical professionals including orthopaedic surgeons and microbiology doctors who specialise in treating these bone and joint infections. The registry software is designed and managed by Dendrite clinical systems.

If you would like to join the Bone and Joint Infection Registry BAJIR then visit <https://bajirdotorg.wordpress.com> and please contact us via nhc-tr.bajir@nhs.net.

There will be some work required to get your Trust through the legal agreements to allow data sharing between you and the registry, but we will help you through this as much as we can.

BIA Research Fellowship Grant award winner 2018

Typhoid fever is a massive poverty driver in countries such as Pakistan and India, has a high mortality if untreated, and can occur anywhere where no access to clean water is provided. Multidrug resistance in *S. Typhi*, an intracellular bacterial pathogen and the aetiological agent of typhoid fever, is quickly spreading from Asia to sub-Saharan Africa. Vaccinations against typhoid fever are already available and more are being developed (Ref. Jin et al., 2017, *Lancet*). However, chronic asymptomatic carriers of typhoid fever can disseminate the pathogen life-long, and so could lead to re-emergence of the disease when protection by vaccination wanes. Therefore, a combined approach of new antimicrobials, vaccinations, and identification and treatment of chronic carriers is needed to eradicate typhoid fever (Yang et al., *Vaccines*, 2018).

In our lab led by Dr Dan Humphreys, we are looking at the chronic carrier state of typhoid fever. Previously, it has been shown that *S. Typhi* secretes a virulence factor known as the typhoid toxin during infection (Spanò et al., *Cell Host & Microbe*, 2008), which is known to initiate a DNA damage response and cause cell cycle arrest. Recently, it has been shown that the toxin might also play a role in the survival of the host and establishment of a chronic infection (DeI Belluz et al., *PLOS Pathogens*, 2016). How this links with the genotoxic effect of the toxin (Song et al., *Nature*, 2013) was not understood. Therefore, I set to explore this mechanism by using recombinant typhoid toxin and cell models during my PhD.

About 3 years ago, I treated cells with typhoid toxin and looked down the microscope to see what sort of DNA damage response (DDR) was induced. Strikingly, about half of the intoxicated cells did not exhibit the expected DDR characterised by nuclear foci of phosphorylated histone H2AX (γ H2AX). Instead, I saw a ring-like smooth distribution of γ H2AX at the nuclear periphery. It occurred again and again, increasing with the duration and concentration of the toxin, and was dependent on replication. Furthermore, we could see that replication protein A (RPA) was phosphorylated and recruited to DNA, which is an indicator of the formation of single strand DNA (ssDNA) and replication stress, and that the depletion of RPA itself was sufficient to mimic the γ H2AX response induced by the toxin. In a nutshell, we could show that the typhoid toxin induced so much ssDNA that the RPA response was overloaded, resulting in persistent irreparable DNA damage.

The canonical cellular response to irreversible DNA damage is to undergo apoptosis to prevent mutations from spreading. However, we could not observe any signs of cell death. Rather, cells were enlarged and were permanently cell cycle arrested – both signs of senescence. Indeed, cells were positive for senescence-associated β -galactosidase (SA- β -Gal), a common marker for senescence. Senescent cells are known to have an altered secretion profile, including production of cytokines and interleukins, which can affect bystander cells. To study this, we took conditioned medium from intoxicated cells and treated macrophage-like THP1 cells with it before infecting them with *Salmonella* depleted of the toxin. This increased the number of infected cells as compared with neutral conditioned medium. *Salmonella Typhi* is well adapted to intracellular survival in macrophages, and increased uptake by macrophages will reduce the exposure of the pathogen to the immune system. Furthermore, the altered secretion profile of intoxicated cells could have an anti-inflammatory effect, which offers a plausible hypothesis for why chronic carriers do not show signs of infection.

All in all, our model states that intracellular *S. Typhi* secretes typhoid toxin which causes persistent DNA damage in target cells, driving them into senescence. The altered secreted phenotype can affect many more distant neighbouring cells, priming them for increased uptake of *S. Typhi* which adds to the catalogue of *S. Typhi*'s stealth pathogen strategies.

Thanks to the postdoctoral research fellowship that I have been awarded by the BIA, I could link the findings of my PhD on the DDR and typhoid toxin with its effects on infection and invasion of macrophages, which our lab recently published (Ibler et al., *Nature Communications*, 2019). This work brings us closer to understand how the typhoid toxin contributes to asymptomatic chronic carriage, and offers new potential diagnostics to identify such patients – a new chapter in the story "From bench to bedside", which would not have been possible without the BIA fellowship. Coming from a DNA damage perspective, this project really got me invested in understanding a bacterial infectious disease with the aim of eradicating it in the near future. I hope to keep contributing to this aim.

Dr Angela Ibler
University of Sheffield

Journal of Infection

BIA Newsletter
Autumn 2019

The Journal of Infection has had a good year - our impact factor rose to 5.1 and we are now ranked 10th in the global 'Infectious Disease' rankings in the ISI Thomson database. The number of submissions has soared in the last 6 months and we are probably going to pass 1500 submissions of major articles this year. The submissions are truly international with many from the Far East, South America as well as Europe/USA.

To achieve this impact factor, we had to maintain a rejection rate of approximately 85% - however good quality (and especially innovative/original) papers will always do well at Jol.

Our editorial team has also changed. Robert Atmar (Texas) is our North American Regional Editor. After 10 years of service, David Lalloo, Peter Moss and David Partridge stepped down as Assistant Editors. We now have 5 assistant editors - Keith Neal (Epidemiology), Katie Jeffrey (Clinical Virology), Mark Nelson (HIV/AIDS), Odile Harrison (Microbiology), Delia Goletti (TB/Experimental Medicine). We also have a great team of Associate Editors - Tom Darton, Thushan da Silva, Tristan Clark, Dimitrios Kontonyiannis and Shamez Ladhani. We are looking for additional editors to join the team, particularly in the field of clinical microbiology. If you are interested please contact me - it would be ideal if you are from a different location to current members of the editorial team.

Emma Cousins has replaced Zoe Pounce as our editorial assistant, and I am very grateful to Zoe for all the work she did for the Journal.

Robert Read

Editor, Journal of Infection

Downloads	Downloads (lifetime)	Article Title	Authors	Publication Year	Document Type	Open Access (Y/N)
2,230	5,733	Encephalitis diagnosis using metagenomics: application of next generation sequencing for undiagnosed cases	Julianne R. Brown, Tehmina Bharucha, Judith Breuer	2018	Review	Subscription
1,904	19,086	Antibiotics for treatment and prevention of exacerbations of chronic obstructive pulmonary disease	Robert Wilson, Sanjay Sethi, Antonio Anzueto, Marc Miravittles	2013	Review	Subscription
1,701	11,818	UK malaria treatment guidelines 2016	David G. Lalloo, Delane Shingadia, David J. Bell, Nicholas J. Beeching, Christopher J.M. Whitty, Peter L. Chiodini	2016	Article	Subscription
1,595	9,982	The UK joint specialist societies guideline on the diagnosis and management of acute meningitis and meningococcal sepsis in immunocompetent adults	F. McGill, R.S. Heyderman, B.D. Michael, S. Defres, N.J. Beeching, R. Borrow, L. Glenzie, O. Gaillardin, D. Wyncoll, E. Kaczmarek, S. Nadel, G. Thwaites, J. Cohen, N.W.S. Davies, A. Miller, A. Rhodes, R.C. Read, T. Solomon	2016	Article	Subscription
1,371	2,098	Global access to antibiotics without prescription in community pharmacies: A systematic review and meta-analysis	Auta A., Hadi M.A., Oga E., Adewuyi E.O., Abdu-Aguye S.N., Adeloye D., Strickland-Hodge B., Morgan D.J.	2019	Article	Subscription
1,292	2,439	Measles, immune suppression and vaccination: direct and indirect nonspecific vaccine benefits	Michael J. Mina	2017	Article	Subscription
1,142	7,773	Varicella-zoster virus infections of the central nervous system – Prognosis, diagnostics and treatment	Anna Grahm, Marie Studahl	2015	Review	Subscription
1,094	2,130	Diagnostic value of symptoms and signs for identifying urinary tract infection in older adult outpatients: Systematic review and meta-analysis	Oghenekome A. Gbinigie, José M. Ordóñez-Mena, Thomas R. Fanshawe, Annette Plüddemann, Carl Heneghan	2018	Article	Subscription
915	4,205	A cost benefit analysis of the Luminex xTAG Gastrointestinal Pathogen Panel for detection of infectious gastroenteritis in hospitalised patients	Goldenberg S.D., Bacelar M., Brazier P., Bisnauthsing K., Edgeworth J.D.	2015	Article	Open Access (Creative Commons License)
903	903	Antibiotic resistance gene reservoir in live poultry markets	Yanan Wang, Yongfei Hu, Jian Cao, Yuhai Bi, Na Lv, Fei Liu, Shihao Liang, Yi Shi, Xinan Jiao, George Fu Gao, Baoli Zhu	2019	Article	Subscription

LearnInfection

LearnInfection will launch at FIS this November, with an introduction on Wednesday 13th. Come along to hear more about this exciting development, fully funded by the BIA on behalf of all its members. It is a resource which aims to support infection trainees and consultants in their learning. You can also try out the LearnInfection website before the launch at the BIA stand at FIS.

We still need you! This project is an ongoing piece of work, with maintenance of current questions and material as well as the creation of new content. We welcome all members who feel that they would like to contribute in some way, whatever level you are. We need reviewers, we need creators, all skills welcomed.

Although the intention behind LearnInfection is to support our trainees, we are making it available to all BIA members, whether trainee or consultant. This is because we feel that it offers opportunities for ongoing personal learning at specialist level (it's been amazing CPD for us!) as well as the possibility of using it with your trainees for teaching and discussion purposes.

Please get in touch: learninfection@britishinfection.org



The Healthcare Infection Society (HIS) has two events in November and July which may be of interest to trainees. These events are open to HIS Trainee members but Trainee membership is free for doctors on a specialty training programme in microbiology, virology or infectious diseases.

Trainee Education Day - IPC in specialised settings

26th November 2019 | Manchester Conference Centre, Manchester

Registration online

HIS/PHE Foundation course in infection prevention and control

21st – 24th January 2020 | PHE, Colindale

Register online

Also save the date for the next **Trainee Education Day** on 'Antimicrobial resistance and stewardship', taking place on 12th February 2020, Mary Ward House, London

The National Infection Trainee Collaborative for Audit and Research (NITCAR) Update

NITCAR is a trainee-led organisation which brings together infection trainees from across the UK. We facilitate multi-centre service evaluations, audit and research, with the aim of improving patient care within the field of infection. Since 2015, NITCAR has facilitated five trainee-led projects encompassing hospital onset diarrhoea, complex intra-abdominal infections, vertebral osteomyelitis, hepatitis C and meningitis. Our first collaborative study led by Dr Damian Mawer, "Cross-sectional study of the prevalence, causes and management of hospital-onset diarrhoea", was published in the Journal of Hospital Infection (<https://doi.org/10.1016/j.jhin.2019.05.001>).

We have an exciting upcoming project which aims to collect epidemiological, diagnostic and management data on necrotising otitis externa in adults.

If you would like to find out more about NITCAR and its projects, please visit www.nitcollaborative.org.uk - alternatively, come and meet us at FIS in November!

Our NITCAR@FIS session is at 11:30am on Thursday 14 November where the latest updates from the necrotising otitis external project will be presented. Our NITCAR reps will also be present at the BIA stand and will be pleased to chat about any new ideas.

Jordan Skittrall
NITCAR Chair

Clinical Infection in Practice

The First Edition of Clinical Infection in Practice (CLIP) was published on-line at the end of September. This is a new Infection Journal which aims to provide a forum for the advancement of knowledge and discussion of clinical infection issues.

The original concept for the Journal came during informal British Infection Association (BIA) Council discussions at the Federation of Infection Societies in Edinburgh in 2016. It was felt that there was a need for a clinical journal for Consultants and Trainees in the infection disciplines. The Journal of Infection has been the Journal of the British Infection Association for many years and has evolved under the Editorship of Prof Rob Read to become a high-impact Journal publishing key scientific papers and achieving an impact factor of over five for the first time this year. However, the Journal no longer accepts case reports, most clinical case series and the quality improvement projects which are often presented at the BIA Spring Meeting, FIS and other conferences. The BIA Council therefore felt that there was a clear need for a clinical Journal which would complement the Journal of Infection and be able to publish relevant clinical research.

BIA Council under the Presidency of Albert Mifsud and subsequently Martin Llewellyn agreed to support the concept of the Journal, providing funding for the initial 25 submissions. Elsevier who publish Journal of Infection have embraced the concept of the new Journal and provide Editorial support and software.

Clinical Infection in Practice is aimed at all specialists and trainees working in clinical infection-related disciplines and is an electronic open access Journal, free to all. Following the launch of the Journal in early 2019 there has been a steady submission of papers which have undergone a standard review process. The aim is to produce the Journal at least quarterly and further Editions will be published on-line before the end of 2019. An impact factor for the Journal will follow in due course.

Scope of the Journal.

The Journal provides a forum for the advancement of knowledge and discussion of clinical infection in practice. It embraces relevant clinical research and clinical management issues, including case reports and case series demonstrating novel or interesting findings. This is of particular value in a field where clinicians are often faced with relatively rare conditions or clinical problems where the only supportive literature is at case report level. It is aimed at all specialists and trainees working in clinical infection-related disciplines including Clinical Microbiologists/Virologists, Infectious Diseases and Tropical Disease physicians, Public Health Specialists and supporting professional staff. The Journal publishes high-quality peer-reviewed clinically relevant research and case-based reports.

Its aims are as follows:

- To publish high quality clinical research, of direct relevance to practising infection specialists, with an international scope.
- To publish state of the art reviews of areas of current clinical and research interest.
- To publish novel case reports of high educational value with relevant learning points.
- To publish educational and relevant clinical audit and quality improvement projects.
- To facilitate clinical decision making by publishing clinic-pathological conferences, illustrative case histories (with questions and learning points), and clinical images of high educational value and relevance.
- To facilitate problem-based learning and help trainees prepare for professional examinations including FRCPATH (CICE) and international equivalent assessments.

Editorial Board

There is an Editorial Board including specialist from the UK and abroad covering Microbiology, virology, Infectious Diseases, Paediatric Infection, Tropical Medicine and Public Health. All papers accepted for publication will undergo peer review. Papers submitted to Journal of Infection can be cascaded to Clinical Infection in Practice if this is felt to be appropriate and if the authors agree. Since the launch of the Journal papers have been received from many countries and involving all infection disciplines.

Funding

This journal is an on-line peer reviewed, open access journal. All articles published open access will be immediately and permanently free for everyone to read, download, copy and distribute.

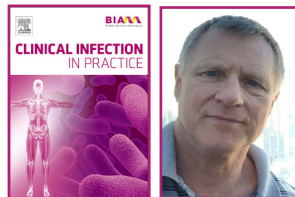
As an open access journal with no subscription charges, a fee is payable by the author or research funder to cover the costs associated with publication. This ensures your article will be immediately and permanently free to access by everyone. The gold open access publication fee for this journal is USD 560, excluding taxes. BIA have agreed that they will fund the first 25 published articles.

Submissions to Clinical Infection in Practice

The Journal welcomes submissions from all infection specialists and trainees. Papers are submitted on-line via the journal's website and all articles will be considered for publication if they fall into the scope of the Journal. Anyone who has submitted a poster or presentation to a major infection conference such as BIA, FIS or ECCMID should consider submitting their work as a publication to the Journal.

The Editorial Board would welcome feedback on the First Edition of the Journal and any future initiatives.

Martin Wiselka
Editor in Chief



BIA Council (updated May 2019)

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Calendar of events

Meeting	Date & Location
FIS 2019	11 – 14 November; Edinburgh
Antibiotic Resistance and Mechanisms Workshop for Researchers	28 – 29 November 2019; Birmingham
Into Clinical Practice: Meeting the Challenges of Gram-negative Infection Management	19 November 2019; London
Trainee education day – IPC in specialised settings	26 November 2019; Manchester
Antibiotic Resistance and Mechanisms Workshop for Researchers	28 – 29 November 2019; Birmingham
DIPC development day: Managing services and infrastructure – getting the basics right	6 December 2019; London
BSAC OPAT Conference 2019	11 December 2019; London
What is the future of water in Public Health	12 December 2019; Sheffield
HIS/PHE Foundation course in infection prevention and control	21 – 24 January 2020; Colindale
International Congress on Infectious Diseases (19th ICID)	20 – 23 February 2020; Kuala Lumpur
9th Advances Against Aspergillosis and Murcormycosis	27 – 29 February 2020; Lugano, Switzerland

4TH INFECTION DILEMMAS DAY

Thursday 23rd January 2020

**Cotton Theatre, Manchester Conference Centre,
78 Sackville Street, Manchester M1 3BB**

Chairs: Dr Hiten Thaker, Hull & Dr Stephane Paulus, Oxford

In association with BPAIIG, a mixture of difficult and challenging cases drawn from real life will be presented by experts using interactive keypad voting throughout.

Suitable for consultants and trainees with an interest in paediatric and adolescent infectious diseases.

Topics include:

Unusual rashes
Infection Control – managing outbreaks
Sexual health
Antibiotic therapy
Osteoarticular infection
Tuberculosis
Tropical infections
Expert Panel debate

Registration:

Take a look via www.hartleytaylor.co.uk
or email hannah@hartleytaylor.co.uk

Registration Fee: £48 (inc VAT)



The Oxford Bone Infection Unit 8th Annual Oxford Bone Infection Conference (OBIC)

Thursday 21st & Friday 22nd March 2019

Examination Schools, High Street, Oxford

Audience: The underlying principle of OBIC is multi-disciplinary working. We invite all grades of orthopaedic and trauma surgeons, plastic surgeons, infection specialists, nursing and therapy staff and researchers to attend.

Programme: Internationally renowned speakers will deliver state-of-the-art talks, including the prestigious Cierny-Mader lecture which is invited each year to honour 'excellence and innovation in the multidisciplinary management of bone and joint infection'.

The programme will include lectures, workshops and interactive sessions including:

- Current best practice
- Referrals and networks
- Local antibiotics and bacteriophage therapy
- Gaps and opportunities for the next decade
- Controversies in DAIR & techniques in reconstruction
- The pieces and the players
- Spotlight on amputation
- New horizons
- PET-CT
- Culture-free diagnostics
.... and much more

Abstract Submissions: We need you to share your ideas, research and clinical findings and present these to your peers during the conference. Please see over for more details.

Online registration is now open at www.hartleytaylor.co.uk

For further details, please contact Derry (derry@hartleytaylor.co.uk)

