

NEWSLETTER

Summer 2014



A bumper edition of the newsletter for you to read on holiday this time. Albert has summarised the new developments at council with Peter, Tony and Bridget updating us all on the state of play with BIA guidelines, the changes in pathology services and commissioning of specialised infectious diseases services. From across the channel come the Paris declaration of the World Alliance Against Antibiotic Resistance which BIA supports and reports from Nick and Steve's liaison with other European infection specialists about past graduate training through the infectious diseases section of EUMS.

As usual in the summer included are the key metrics for our association's Journal of Infection included are. David conducted a survey of members earlier this year which is summarised here and gives a fair of what we all want from the BIA. This also includes views on the website and its redevelopment which is well underway and should be ready for unveiling at FIS. You can catch up with our new trainee reps on the trainee pages and then at the back look at the forthcoming timetable of relevant infection meetings. Please also take time to read the article by Peter Moss, BIA president, which is on the BIA website as '[BIA newsletter Spring 2014](#)'. PC



Honorary Secretary

Albert J Mifsud

Summer is well and truly underway. As I write this piece while on holiday at my family home in sunny Malta, I hear news reports that it was hotter one day in London than here – however, Malta was spared the thunderstorms and torrential downpours that are being experienced in various parts of the UK, so Tenor, Joseph Calleja's outdoor concert, the Touring Globe Theatre performances in the new open-air theatre and the Malta Jazz Festival (to name just a few events that took place last week) and other slightly more relaxed events such as the Wine Festival proceeded without any hitches or fears of inclement weather. Predictability is comforting, and its absence is disruptive, but is sadly lacking in so many of our workplaces these days. Only time will tell whether the changes are leading to clinical benefits or true savings as a direct result of the changes. In my experience, there is little

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doubt that, at least in some centres, the changes are not for the better. The only predictable certainty is perennial change.

Thankfully successful Spring Meetings are predictable! Our thanks are due to Steve Green and the Association's support team at Hartley Taylor for organising an excellent Spring Meeting and thanks are also due to Fiona Gill for organising the equally-superb Trainees' Day meeting on the preceding day.

The 2014 Annual General Meeting took place during the Spring Meeting on 13th June. At the AGM, the outcome of elections to Council members was announced, and farewells and thanks were given to Council members whose terms of office came to a close. The names of the successful candidates are listed below. However, I should like to express thanks to all those who had stood for elections and hope that you will continue to support the work of the Association and its committees. We are grateful to Martin Llewellyn, Melanie Newport (post share as Scientific and Research Secretary), Thushan de Silva (Trainee – professional affairs – secretary), Fiona McGill (Trainee – meet-

ings – secretary) whose terms of office came to a close. My term as Workforce and Training Secretary also ended at the AGM. Due to unforeseen circumstances, Steve Barrett stood down as Honorary Treasurer prematurely and Council had appointed Mike Kelsey as Interim Treasurer. For the second year running, there were no nominations for the post of Secretary for Associate Members.

Council had proposed two changes to the Association's Constitution. Firstly, in view of the increasing deviation of health policy in the four nations, it was proposed to establish the post of Secretary for Devolved Administrations. This proposal was accepted by members present. The second recommendation from Council was a proposal to appoint to (rather than elect) the Principal Officer posts of Honorary Secretary, Honorary Treasurer and Meetings Secretary. The other two Principal Officer post of Vice President (and President-Elect) and President would continue to be filled by nomination and election. Some members questioned the wisdom of this approach and stated that in their opinion, the membership should have the opportunity to endorse any Council nomination. The President

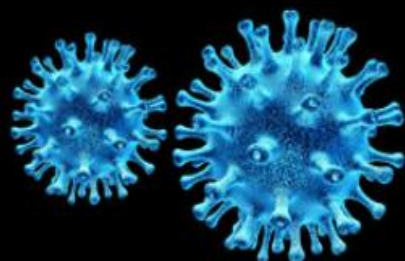
therefore decided not to put the proposal to a vote and this was withdrawn.

In accordance with the Constitution, the AGM was requested to approve a change in subscriptions. No change was proposed to the full rate. However, it was proposed to withdraw free subscriptions to trainee members and to use the additional funds received to establish further grants and bursaries. This proposal was supported by Trainee Council members who had consulted the Trainees' Committee. Despite this, this was questioned by members from the floor. It was also noted that another specialist society had just introduced free membership for trainees. The proposed change was therefore withdrawn.

Finally, I should like to remind you that I am chairing a joint working party (with RCPATH) to review consultant workload guidance for consultant microbiologists and virologists. In view of the increasing overlap in the work of ID physicians, microbiologists and virologists, the new guidance will seek to take due regard of the contribution of all specialists in Infection. A questionnaire will be coming your way in the early autumn and I urge you all to complete this as we need your help to help you.

Council elections & New appointments 2014

Secretary	Albert Mifsud (3yrs)
Treasurer	Mike Kelsey
Scientific & Research	Tom Evans (3yrs)
Manpower and Training	Matt Rogers (3yrs)
Trainee (professional affairs)	Joby Cole (2 yrs)
Trainee (meetings)	Ramasamy Maheshi & Rajeka Lazarus (2 yrs)
Associate members Sec	No appointment



FEDERATION OF infection societies FIS 2014

CONFERENCE 2014

23 - 26 November, Harrogate International Centre (HIC)

Abstract submission is now available and submissions of abstracts are invited for the following oral & poster presentations:

Lessons in Microbiology & Infection Control, Scientific Free Paper, Clinical Lesson
Closing Date for abstract submissions is 5pm 12th September 2014

Full conference details are available at <http://www.fis-infection.org.uk/>



Standard Setting & Guideline Development

Peter Cowling

In 2013-14 BIA has had significant involvement in the production of the following guidelines:

NICE

- Seronegative arthritides (draft scope)
- Drug allergies
- Antibiotics in neonatal infections (Quality Standard)
- Hepatitis B
- Urinary tract infection in children
- Cholelithiasis and cholecystitis

Other Bodies

- Standardised Microbiology Investigations and Syndromic Algorithms (various consultations for SMI Working Groups)
- EPIC 3

Guidelines currently in preparation

- BIA Meningitis Guidelines
- Also, jointly with others:
- Bone & Joint Infections Guidelines (Infection Prevention & Control)
- Toxigenic Staphylococcal Infections
- DH MRSA Screening Policy

We have also met with BSAC, HIS and IPS and agreed to work together on NICE accredited revised MRSA guidelines with a view to establishing a permanent NICE accredited guidelines production system.

This is an edited abstract from the BIA annual report



Clinical Lecturer Post

The Department of Medicine at Queen Elizabeth Central Hospital (QECH), Blantyre, Malawi, is looking for physicians to work at Consultant level.



QECH is the largest and oldest teaching hospital in the country.

The candidate's background should include General Medicine and preferably a medical specialty. We are keen to hear from specialty trainees and also qualified Consultant-level physicians, who are at least 3 years post-MRCP qualification (or equivalent). Recently, we have welcomed staff from a variety of medical professional backgrounds – including Acute (General) Medicine, Intensive Care Medicine, Renal Medicine, Respiratory Medicine, as well as Infectious Diseases/Tropical Medicine.

The clinical responsibilities include leading teaching ward rounds twice a week and on-going care of adult in-patients, 2 Outpatient-clinics per week, and on-call approximately 1 in 7 for acute medical take and similarly for ward cover (all non-resident). Consultants are actively involved in teaching undergraduates enrolled at Malawi's only medical school, the University of Malawi's "College of Medicine", as well as postgraduate doctors and clinical officers.

QECH and the Department of Medicine has close links with the Malawi Liverpool Wellcome Trust Clinical Research Programme. A number of clinical PhD fellows contribute to service provision as well as studies within the department. There is a varied range of clinical research ongoing in the department including observational studies on HIV, respiratory infections (pneumonia, influenza and tuberculosis), meningitis and oxygen delivery. Additionally, there are ongoing clinical trials on the treatment of cryptococcal meningitis and reduction of early mortality in HIV-infected individuals. Clinical staff are encouraged to develop research interests during their time in the department.

Blantyre is Malawi's oldest city, main commercial centre and has a great climate as it is situated at about 1,000metres above sea-level. Within easy reach (less than 90 minutes' drive) are the majestic Mulanje mountain massif, beautiful tea-estates, and Malawi's finest emerging game reserve, Majete, where the "big-five" can be seen. Further north is Lake Malawi national park, a UNESCO world-heritage site.

Staff have been paid to work at QECH by a variety of organisations including the United Nations (UN), other NGOs such as Peace Corps and Voluntary Service Overseas (VSO), and through 'Clinical Lecturer' posts funded by the College of Medicine itself.

For further information please contact:

• Dr Jane Mallewa (Head of Department of Medicine): jemallewa@gmail.com

• Dr Rachel Foster / Dr Aylwin Chick (Lecturers, College of Medicine): rachel.foster@doctors.org.uk / aylwinchick@gmail.com

See article by current incumbent Dr Rachel Foster on page 11 of this newsletter



Clinical Services

Secretary

Microbiology & Virology,

Tony Elston

We have been much exercised by changes in pathology services and have produced 2 documents; one is a position statement expressing our concerns and is in full below. The second, a Toolkit to help colleagues faced with a "Transformation Project" as they are called and is available on the BIA website.

Clinical Services Committee position statement on Pathology Networks, June 2014

The Clinical Services Committee of the British Infection association represents medical microbiologists in Britain. It contains regional representatives and meets to discuss pertinent current issues.

Infection services are a vital and integral part of all hospitals; they also play an important role in supporting primary care. Thirty five to forty percent of hospital patients are receiving antibiotics every day. Eighty percent of all antibiotic prescriptions take place in Primary care. Infection Services in the forefront of the battle against antimicrobial resistance which is a key national and international priority. Infection Prevention and Control is heavily reliant on the infection service; good infection prevention and infection services improve the quality of patient care.

CSC members and constituents have been involved with the development of infection services following the recommendations of the Carter Review of Pathology services in 2008. The report recommended the creation of pathology networks to address issues of capital under funding, poor infrastructure and staff shortages in various degrees in England. The report suggested that revenue savings of up to 20% could be realized and that these should be reinvested in the service. The devolved nations are also implementing the advice of the report. Infection services have welcomed the opportunity to improve their services but the CSC is aware that this process is not without risk. Some developments have taken place which the CSC is aware have adversely affected the quality of laboratory services and may have had a negative impact on patient care. We would welcome evidence that these changes do realize benefits to patients and realise financial benefits.

In networks where infection specialists have been closely involved in designing and implementing change, progress has been made; fit for purpose IT systems, investment in technology, extended service provision in time and techniques. Many of these have also taken place in the absence

of networks.

Issues of concern to the CSC have arisen where projects have been rushed and or not closely involved a range of local professional experts. Several recurring themes have emerged. A lack of a common IT system across a network has resulted in difficulties with service delivery including significant reporting errors. In particular, clinicians working in satellite or spoke hospitals are unaware of results that have a direct impact on clinical care. A lack of sufficient transport links between spokes and hubs has resulted in increased turn around times from request to result. Spoke units enjoy a less flexible and nimble service with measurable quality reductions. For example a 7/7 Norovirus testing service in a spoke laboratory site has been lost as a consequence of centralisation. Colleagues working in spoke units report spending a significant amount of time trying to access hub staff to deal with queries on specimens from spoke patients. The direct interaction between consultants and their BMS colleagues represents a significant beneficial addition to the processing of specimens that may have been unrecognized and quantified. We are especially concerned that the soft intelligence which is garnered by working closely with BMS colleagues and scrutinizing reports for validation may be lost; the early emergence of novel antimicrobial resistance patterns or the management of outbreaks are two examples that we cite. Feedback from some colleagues in spoke laboratories is that they have failed to see any benefits post centralization; this includes a lack of financial return as demand management and streamlined testing algorithms have been lost. The CSC is aware that despite reassurances about safeguards for whistleblowers colleagues remain reluctant to make these concerns public.

The CSC is also aware that in a number of potential networks a significant amount of time and effort has been expended only for the venture to collapse as managerial imperatives in the participating hospitals change. This has hugely reduced moral in the wider microbiological community; this is a fragile and extremely valuable commodity that the country can ill afford to lose. The success in tackling health care acquired infections and emerging infectious diseases bears testament to the importance of an effective microbiological service.

In conclusion the CSC welcomes the opportunity to develop infection services. However it is concerned that unless safeguards are put in place the hasty implementation of projects will result in a reduced quality of service to patients with attendant risks to the public. These safe guards should include full involvement by all local consultants, a sound single IT system, appropriate transport links between spokes and hubs and communication systems that are able to replicate the efficiency of communication within a self-contained unit. Without these safe guards we would urge colleagues to share their safety concerns with local boards and commissioners.



Clinical Services Secretary, Infectious Diseases Bridget Atkins

Discussions continue on the commissioning of specialised services for infectious diseases, tuberculosis, viral hepatitis, high secure infectious diseases units, tropical medicine, human T-cell lymphotropic virus Type 1 and 2 and complex bone and joint infections. Service specifications for these are on the NHS England website.

An interim clinical commissioning policy statement on the use of direct antiviral agents (DAAs) in Hepatitis C was published in April and is also available on the website. Unfortunately because of the financial pressures on NHS England all work on new and developing service specifications has been 'paused' pending a major review of specialised service commissioning.

The medical workforce unit at the Royal College of Physicians are in the final stages of collating all the completed 2013 consultant census forms and non-responders. Data is currently being analysed. I would like to encourage colleagues to complete this census each year as it provides valuable workforce data and facilitates planning of training posts in the future.

Round 1 of speciality training recruitment has finished now for 2014. Statistics on fill-rates of posts by area are available via the recruitment office at the RCP. Annual recruitment in infection training will be discussed in the JRCPTB ID speciality advisory committee (SAC). Any comments can be fed back via any member of this committee (the trainee representative is now Dr Joby Cole, Sheffield).

Discussions about the implementation of combined infection training from August 2015 will also continue within the ID SAC and Med Microbiology/Med Virology College Specialty Training Committee (RCPATH)



Nick Beeching & Steve Green Council for European Medical Assessment, a committee of UEMS

<http://uems-id.eu/>

The main purpose of CESMA is to harmonise the assessment of postgraduate training in all medical and surgical specialties across Europe. UEMS has recently issued a European Training Requirement Template that every specialty should follow to describe all components of training, including standards for training units, trainers and trainees, as well as curriculum content and methods of assessment.

The newly formed Section/Board of Medical Microbiology has already submitted theirs and it has been approved. However, they have not yet addressed the key component of a European exam, which is currently a major emphasis of CESMA

The Infectious Disease Section/Board is finalising its own updated European Training Requirement Template. We hope to submit this in time for approval by the UEMS by the end of 2014.

Our Section/Board has been discussing European exit ex-

aminations for 3 years, with substantial input from the Trainees Association (TAE) of ESCMID, and has opted to develop a best of 5 format MC Q test of knowledge in English only, similar to the current British SCE. It is particularly difficult to develop a pan-European examination in infection because of the huge variation in pathogen prevalence and resistance patterns across Europe and in the emphasis of different national/local guidelines. This is in addition to variations in local practice, scope of infectious disease as a specialty in different countries, and equity of access to diagnostic and therapeutic technology.

For this reason the new European Training Requirement Template in ID will place heavy emphasis on improving standards of local/national delivery of training, with adequately qualified postgraduate trainers, accreditation of training centres, regular formative workplace based assessments suitable for the local setting, and at least annual objective reviews of trainee progress.

Both the ID and Medical Microbiology Sections work closely in partnership with ESCMID to avoid duplication of effort and to enable wide consultation with both trainers and trainees.

This is an edited abstract from the BIA annual report.

World Alliance Against Antibiotic Resistance Alliance Contre le développement des Bactéries Multi-Résistantes The WAAAR declaration against antibiotic resistance

Jean Carlet, on behalf of the members of the WAAAR

June 2014

jeancarlet@gmail.com

So it seems that the world has finally woken up to the problem of antibiotic resistance. And 'the people' beat the media to it in voting antibiotic resistance as the great issues of our time worthy of the Longitude prize. Perhaps they had seen last winter's BIA newsletter and our support for the PARIS declaration of WAAAR. This was launched on 23 June this year. WAAAR is a collection of more than 700 professionals from human and animal medicine concerned about growing antibiotic resistance.

WAAAR advocates the wiser use of antibiotics in animal and human health, and political action to support better public education about antibiotic use, surveillance for resistance and research and development of new antibiotics.

Seeing as the BIA have signed up to it, you might want to read the declaration so here it is, with web address below.

"The increase in antibiotic resistant bacteria poses a major healthcare threat. In the face of an almost complete absence of new antimicrobial drugs in development, antibiotic resistance (ABR) has become one of the main public health problems of our time. Antibiotics are a unique class of medications because of their potential societal impact; use of an antibiotic in a single patient can select for ABR that can spread to other people, animals, and the environment, making an antibacterial used in one patient ineffective for many others. Bacterial resistance can evolve rapidly. As bacteria acquire resistance mechanisms, the altered bacterial genetic material coding for resistance mechanisms can be transmitted at times readily between bacteria, broadening the reach and extent of resistance. Treatment failures because of multidrug resistant (MDR) bacteria, once rare, notable, and limited to hospitals, now occur very commonly in hospitals and increasingly in the community as well. It is estimated that at a minimum 25000 patients in Europe and 23000 in the USA die each year from infections caused by resistant bacteria. The cost of antibiotic resistance is tremendous, whether measured as the personal and societal burden of illness, death rates, or healthcare costs.

The image shows a screenshot of a BBC News website. The main article is titled "Superbugs threaten a return to the 'dark ages'" by Chris Smyth, a Health Correspondent. The article discusses a warning from David Cameron about antibiotic-resistant superbugs. Below the article is a photograph of green, circular bacteria. To the right of the article is a sidebar with "Viewpoints" and "Q&A" sections. Below the article is a large banner for the "LONGITUDE PRIZE 2014" with the text "THE WINNING CHALLENGE IS ANTIBIOTICS". The banner also mentions a £10 million prize fund and that it is run by Nestlé and the Technology Strategy Board.

Although it is a never-ended phenomenon, antibiotic resistance is directly related to the volume of antibiotics used. We are using increasing amounts of antibiotics in health care and agriculture, and discharging these active drugs into the environment. The impact of widespread antibiotic use is enormous, promoting the development and dissemination of antimicrobial resistance.

Safeguarding antibiotics will require a concerted effort by citizens, patients and prescribers. The primary goal of WAAAR is to raise awareness about the urgency and magnitude of the threat and to promote an international dialogue to assist in effective responses. The Alliance, in particular through this declaration, is dedicated to actively promoting antibiotic preservation and to raising awareness among antibiotic prescribers, politicians and policy-makers, patient safety and advocacy groups, the pharmaceutical industry, international health organizations, and the general population. Individual actions, no matter how well intended, are doomed to failure unless there is an international dialogue, a common sense of purpose, and broad consensus on how best to proceed."

<http://www.ac2bmr.fr/index.php/en/>



Membership Secretary David Partridge

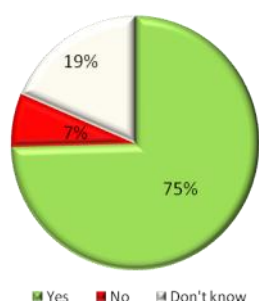
Earlier this year we conducted a survey of the membership, the first such exercise to be performed by the association. The principal aim of the survey was to assess the relative importance of the various aspects of the association's work and also to identify those areas in which developments could be made to improve the service that the BIA provides to its membership. I am very grateful to

the 118 members who responded and for the many suggestions, which will shape the association in the years to come.

Reassuringly 92% of respondents felt that the BIA represented good value for money and only 7% felt that the meetings organised by the association did not meet their expectations or requirements. It is recognised that our website is rather outdated and plans to completely revamp the site are already well advanced and user feedback from the survey will guide this process.

Other areas covered included guideline consultations and research grants and many respondents provided very useful free-text opinions on all aspects of the association's work.

Do the meetings organised by the BIA meet your expectations and requirements?



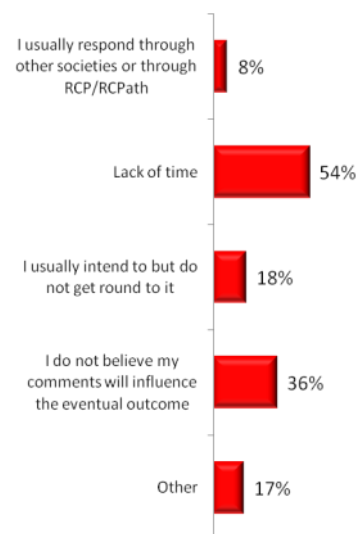
Do you feel that membership of the BIA represents good value for money?



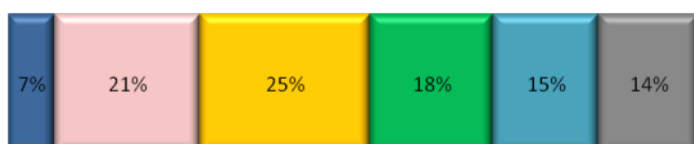
Do you typically respond to guideline consultations?



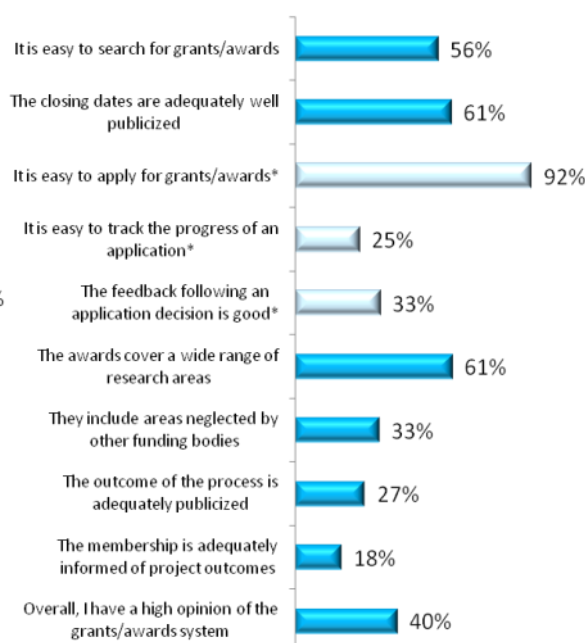
For what reasons do you not respond to consultations?



How often do you visit the BIA's website (www.britishinfection.org)?



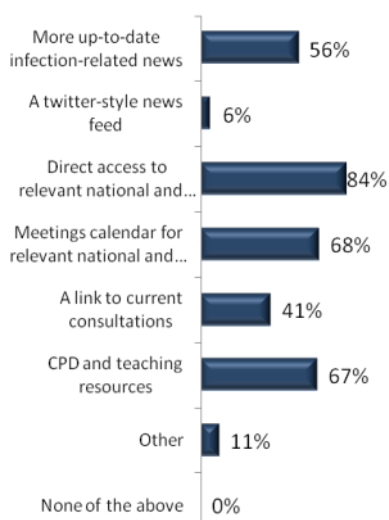
How strongly do you agree with the following statements about the BIA research grants and awards?



For what purposes have you visited the website in the past 3 months?



Which of the following would you like to see on the BIA website?



JOURNAL OF INFECTION



Editor in Chief Robert Read

Journal of Infection's latest impact factor (2012) is 4.073 and the Journal retained its position at 15/69 in the ISI Infectious Diseases category.

The quality of papers continues to increase and the overall rejection rate has increased slightly from 82% in 2013 to 83% 2014YTD.

The average time from submission of an article to it appearing online in a citeable format and downloadable is a competitive 17.4 weeks.

Once accepted papers have taken on average 1.6 weeks to appear on Science Direct.

Top 10 most-cited articles that contributed to the 2013 Impact Factor

Publication Year	Document Title	Authors	Vol	Is	2013 cites
2012	Rapid and effective diagnosis of tuberculosis and rifampicin resistance with Xpert MTB/RIF assay: A meta-analysis	Chang K., Lu W., Wang J., Zhang K., Jia S., Li F., Deng S., Chen M.	64	6	36
2012	Is the discovery of the novel human betacoronavirus 2c EMC/2012 (HCoV-EMC) the beginning of another SARS-like pandemic?	Chan J.F.W., Li K.S.M., To K.K.W., Cheng V.C.C., Chen H., Yuen K.-Y.	65	6	31
2011	Aeromonas spp. clinical microbiology and disease	Parker J.L., Shaw J.G.	62	2	20
2012	Management of suspected viral encephalitis in adults - Association of British Neurologists and British Infection Association National Guidelines	Solomon T., Michael B.D., Smith P.E., Sanderson F., Davies N.W.S., Hart I.J., Holland M., Easton A., Buckley C., Kneen R., Beeching N.J.	64	4	18
2011	The role of particle size in aerosolised pathogen transmission: A review	Gralton J., Tovey E., McLaws M.-L., Rawlinson W.D.	62	1	17
2012	Chronic Q fever: Review of the literature and a proposal of new diagnostic criteria	Wegdam-Blans M.C.A., Kampschreur L.M., Delsing C.E., Bleeker-Rovers C.P., Sprong T., Van Kasteren M.E.E., Notermans D.W., Renders N.H.M., Bijlmer H.A., Lestrade P.J., Koopmans M.P.G., Nabuurs-Franssen M.H., Oosterheert J.J.	64	3	15
2012	Clinical epidemiology of 960 patients with invasive aspergillosis from the PATH Alliance registry	Steinbach W.J., Marr K.A., Anaisie E.J., Azie N., Quan S.-P., Meier-Kriesche H.-U., Apewokin S., Horn D.L.	65	5	15
2011	Antimicrobial susceptibility profiles of aerobic and facultative Gram-negative bacilli isolated from patients with intra-abdominal infections in the Asia-Pacific region according to currently established susceptibility interpretive criteria	Chen Y.-H., Hsueh P.-R., Badal R.E., Hawser S.P., Hoban D.J., Bouchillon S.K., Ni Y., Paterson D.L.	62	4	12
2011	Lack of association of tcdC type and binary toxin status with disease severity and outcome in toxigenic Clostridium difficile	Goldenberg S.D., French G.L.	62	5	12
2011	Infection of immunocompromised patients by avian H9N2 influenza A virus	Cheng V.C.C., Chan J.F.W., Wen X., Wu W.L., Que T.L., Chen H., Chan K.H., Yuen K.Y.	62	5	11

JOURNAL OF INFECTION

A total of 305,734 papers were downloaded in 2013, an average of 25,478 per month. From Jan-Mar 2014 a total of 89,128 papers have been downloaded, an average of 29,709 per month.

Members can now access the Journal of Infection content via iPad, iPhone and android apps, and via a new link on the [BIA website](#).

New Journal initiatives include OA Hybrid option, YPYW, Crossmark, EMPOWER, Audio Slides, Highlights &

Graphical abstracts and Google Maps, Article Usage Alerts, Journal Insights and CrossMark.

A full report has been made available to members on request.

The tables below show the top cited papers contributing to the most recent impact factor and this year's most downloaded articles.

This is an edited abstract from the BIA annual report.

Top ten most downloaded articles this year (to date)

Volume	Issue	Paper Type	Online Date	Article Title	Author(s)
68	3	Review article	2014-01-06	Emergence in China of human disease due to avian influenza A (H10N8) - Cause for concern?	To, K.K.W.; Tsang, A.K.L.; Chan, J.F.W.; Cheng, V.C.C.; Chen, H.; Yuen, K.Y.
68	6	Review article	2014-01-27	Micafungin for the treatment of invasive aspergillosis	Enoch, D.A.; Idris, S.F.; Aliyu, S.H.; Micallef, C.; Sule, O.; Karas, J.A.
68	5	Full length article	2013-12-16	Autoimmune N-methyl-D-aspartate receptor encephalitis is a differential diagnosis of infectious encephalitis	Steering Committee and Investigators Group; Thomas, L.; Mailles, A.; Desestret, V.; Ducray, F.; Mathias, E.; Rogemond, V.; Didelot, A.; Marignier, S.; Stahl, J.P.; Honnorat, J.
69	1	Review article	2014-03-11	Colistin in multi-drug resistant <i>Pseudomonas aeruginosa</i> blood-stream infections	Martis, N.; Leroy, S.; Blanc, V.
68	3	Full length article	2013-11-16	<i>Staphylococcus aureus</i> bloodstream infection: A pooled analysis of five prospective, observational studies	ISAC, INSTINCT, SABG, UKCIRG, and Colleagues; Kaasch, A.J.; Barlow, G.; Edgeworth, J.D.; Fowler, V.G.; Hellmich, M.; Hopkins, S.; Kern, W.V.; Llewelyn, M.J.; Rieg, S.; Rodriguez-Bano, J.; Scarborough, M.; Seifert, H.; Soriano, A.; Tilley, R.; Torok, M.E.; Weisz, V.; Wilson, A.R.; Thwaites, G.E.
69	1	Full length article	2014-02-24	Unique reassortant of influenza A (H7N9) virus associated with severe disease emerging in Hong Kong	To, K.K.W.; Song, W.; Lau, S.Y.; Que, T.L.; Lung, D.C.; Hung, I.F.N.; Chen, H.; Yuen, K.Y.
68	5	Review article	2014-01-31	Advancing the management and control of typhoid fever: A review of the historical role of human challenge studies	Waddington, C.S.; Darton, T.C.; Woodward, W.E.; Angus, B.; Levine, M.M.; Pollard, A.J.
68	6	Full length article	2014-01-23	Analysis of miRNA expression profiling in human macrophages responding to <i>Mycobacterium</i> infection: Induction of the immune regulator miR-146a	Liu, Z.; Zhou, G.; Deng, X.; Yu, Q.; Hu, Y.; Sun, H.; Wang, Z.; Chen, H.; Jia, C.; Wang, D.
68	5	Full length article	2014-01-04	Dynamics of acquisition and loss of carriage of <i>Staphylococcus aureus</i> strains in the community: The effect of clonal complex	Miller, R.R.; Walker, A.S.; Godwin, H.; Fung, R.; Votintseva, A.; Bowden, R.; Mant, D.; Peto, T.E.A.; Crook, D.W.; Knox, K.
69	1	Review article	2014-02-24	Antibiotic prophylaxis for preventing recurrent cellulitis: A systematic review and meta-analysis	Oh, C.C.; Ko, H.C.H.; Lee, H.Y.; Safdar, N.; Maki, D.G.; Chlebicki, M.P.

Trainees' Pages

Good bye and thank you to Fiona and Thushan who have completed two years as trainees' reps for meetings and professional affairs.

Testament to Fiona's achievements in putting together such great trainees' days, as well as representing us on council is the fact that she is replaced by a new team of two. Both are



ST4/5s in Oxford, Maheshi Ramasamy (left) in GIM/ID and Rajeka Lazarus (right), just back from a fellowship in Singapore, in ID/micro. Plans for the Autumn

Trainees meeting are already underway.

Joby Cole, ID/GIM trainee and currently a Wellcome Trust Clinical Training Fellow in Sheffield takes over from Thushan and is now fully briefed (they share an office in Sheffield) on the evolving situation with the changes to curriculum and SCE.

As far as curriculum changes are concerned, there have been no major developments since the last newsletter so please refer to it (on the BIA website) for details of where

we're at.

As Albert refers to in this newsletter, there had been plans to introduce a BIA membership fee for trainees that were quashed by a number of dissenting senior BIA members at the AGM in June. Previously the trainees' committee had agreed, with consultation of trainees, to the principle of paying a nominal membership fee. However, paying the full membership fee without at least some return such as a discount off FIS attendance hadn't ever been in our sights and I for one am grateful for the support of the non trainee members in keeping our membership free. We should of course take full advantage of our association: 2 trainees' days, free BIA scientific meeting, access to the Journal and advocacy on our behalf with curriculum development and changes to clinical services in ID and microbiology. There are also numerous opportunities for us, as trainees, to support the BIA—responding to consultations, submitting abstracts for trainees' and scientific meetings and becoming national and regional reps. One perennial problem is communicating with trainee members and infections trainees in general who aren't yet signed up. If you've read this far then perhaps you can pass a copy of the newsletter on to your colleagues and invite them to check that they have registered via the website. PC

British Infection Association Trainees Day

How to get (..and survive) your first consultant job

Dr Sarah Logan, Consultant in ID; Dr Susan Larkin, Consultant Microbiologist; Dr David Partridge, Consultant Microbiologist; Dr James Dunbar, Consultant Acute Medicine

A very helpful session at the trainees' day was provided by some of our recent trainee colleagues who are now in consultant posts. They shared their experiences in applying for their jobs and in the first months of the new posts. A summary of some key tips and advice is given here.

- Think of what you want to do a couple of years ahead and then think how you will persuade a trust that they need that post, get involved in the design of the post if possible. If you really like a department then chat to consultants there and find out what sort of roles they think a new post there would need to deliver.
- Think about how to make your CV and experience stand out from everyone else and don't beat yourself up trying to tick all boxes as ultimately no employer is expecting you to be good at everything.
- Don't underestimate how employable you are particularly if less than full time (LTFT). Job shares and LTFT posts are attractive to trusts and there is no reason to think that such work means you need to lean out of your career!
- Once in post don't be too enthusiastic about everything! You can take on one or two projects but not delivering on everything because you haven't time looks rubbish.
- Currently we are in a seller's market so choose the life that you want and fit work around it, not the other way around.
- Be honest with yourself about your strengths, weaknesses and interests before choosing a post – you will be a consultant a long time, especially if you are doing something you are not enjoying.
- In the first year do not take on too much; it is very easy to attract an unsustainable workload.

Trainees' Pages

A year in Malawi:

My experience at QECH

Rachel Foster

The 'Clinical Lecturer' post at the College of Medicine, University of Malawi has provided me with an amazing year of clinical experience, both in general medicine and infectious diseases. I've had to rely more on clinical skills than ever, and have seen all sorts of severe disease manifestations that we fortunately don't often witness in the UK. It will help me to recognize them in the future, on those rare occasions that they do come through the door.

The job involves teaching and clinical work in the Department of Medicine in Queen Elizabeth Central Hospital in Blantyre, or 'Queens' as it is affectionately known. There's enthusiasm for research, but not a great deal of time. The department is run by Dr Jane Mallewa and Dr Peter Banda, employees of the College of Medicine – Malawi's only medical school. Together with colleagues they deliver the clinical teaching in medicine for final year medical students and BSc students, and lectures for second years. Doctors employed by the Ministry of Health and Lecturers and PhD Students working at the Malawi-Liverpool Wellcome Trust (MLW) also contribute. All the medical staff in the department are involved in exam setting and delivery.

The department also runs the medical wards at QECH, where there are 210+ patients across 3 wards (1 male, 1 female and 1 mixed TB ward). It staffs medical outpatient clinics (General Medical, Hypertension, Chest and Diabetes x 2), and contributes to HIV clinics. Consultants are on-call for acute medical admissions about 1:7 and cover the High Dependency Units 1 week in 6.

The clinical day starts with a 'hand-over' meeting where

medical students give case presentations and receive 'bracing' feedback. The HDU team give an update on the sickest patients. Twice a week there are consultant/registrar-led teaching ward rounds of all the medical inpatients. Consultants do 2-3 clinics per week, with the help of interns, registrars and volunteers.

Queens is shabby and the wards are usually full to overflowing with patients on torn mattresses in corridors and between beds. Working in this environment can be frustrating and distressing, but is also very rewarding, interesting and often fun. A typical ward round might include patients suffering cryptococcal meningitis, disseminated TB, PML, pneumonia, renal failure, hypertensive encephalopathy DKA, heart failure, severe anaemia and typhoid. There are



some impressively gifted and committed clinicians here, who are always willing to help.

Malawi is a fantastic country in which to spend some time. The climate is wonderful and there is beautiful and varied countryside to visit – spectacular mountains, the marvelous lake, forests, game parks and tea estates. The extremely friendly ex-

-patriate and local communities make for lots of fun, and there are choirs, wildlife and mountaineering clubs for those that like to get out in the evening. There are myriad churches and mosques if you want to find a faith community. The College of Medicine has a great sports complex with a pool. There are excellent, if expensive, international schools for those adventuring abroad with children, and mine have been very happy here. The pay is not enough to afford international school fees without additional income.

Working in Malawi has presented challenges, but these have been out-weighed by the joys. I would recommend it to anyone wishing to broaden their tropical medical experience and willing to 'get stuck in'.

National and Regional BIA trainee representatives

Scotland & Northern Ireland	Jenni Crane	East of England	Sumita Pai
Northern	Ewan Hunter	London	Si Huei Tan
North West / Merseyside	Lynsey Goodwin	South West	Lewis Jones
Yorkshire (East & South)	Jane Cunningham	HIS rep	Carlene Rowson
Yorkshire (West & North)	Tim Kemp	BIA Council trainee rep (communications)	Paul Collini
Midlands	Gemma Winzor	BIA Council trainee rep (professional affairs)	Joby Cole
Oxford & South East	Rajeka Lazarus & Amy Chue	BIA Council trainee rep (meetings)	Maheshi Ramasamy & Rajeka Lazarus

Events calendar

Dates	Event	Venue	Organising body	Website
September				
5th-9th	ICACC 2014	Washington, DC, USA	ASM	http://www.icaac.org/
16th	C. diff Awareness Conference	Royal Holloway, University of London, Egham, Surrey	C.diff Foundation	http://cdiffoundation.org/events/
16th-17th	Public Health England Annual Conference 2013	University of Warwick	PHE	http://www.fph.org.uk/events/public_health_england_annual_conference_2014
17th	Norovirus in healthcare settings and beyond – a research workshop	Institute of Materials, 1 Carlton House Terrace, London	IDRN	http://www.idrn.org/events/upcoming/norovirus.php
17th-19th	2nd Meeting of the European Study Group for Legionella Infections	Barcelona	ESCMID	http://www.esgll2014.com/
18th-20th	BASHH / IUSTI Europe Meeting	Malta	BASHH/IUSTI	http://www.bashh.org/BASHH/Education/BASHH_Training_Courses_and_Meetings/BASHH/Education/BASHH_Training_Courses_and_Meetings/Meetings/BASHH_IUSTI_EUROPE_Meeting.aspx
22nd-24th	Challenges in Malaria Research	Examination Halls 75-81 High Street Oxford	RSTMH	http://www.challenges-in-malaria-research.com/2014/
20th-22nd	Tuberculosis Management and Control	Birmingham & Midland Institute Margaret Street Birmingham B3 3BS	BCC training	http://www.britishtuberculosis.org/drupal/sites/default/files/files/TB%20Course%20poster%20-%20October%202014.pdf
22nd	British Institute of Radiology Annual Congress 2014 Day 1 Imaging in infection	Royal College of General Practitioners, 30 Euston Square, London	BIR	http://www.bir.org.uk/media/153864/bir_congress_leaflet.pdf
25th-27th	Measuring Progress' RSTMH Biennial Meeting	Oxford Town Hall, St Aldate's, Oxford	RSTMH	https://rstmhmeasuringprogress.org/
29th - 1st Oct	Infection Prevention 2014	SECC Glasgow	IPS	http://www.ips.uk.net/education-events/annual-conference/

Events calendar

Dates	Event	Venue	Organising body	Website
	October			
3rd	2nd Rheumatology / Microbiology Infection Conference SOAS, London			http://www.hartleytaylor-registration.co.uk/docs/RHMIDprog.pdf
3rd	Cystic Fibrosis Microbiology	Royal College of Pathologists, London	RCP	http://www.rcpath.org/meetings/college-conferences
9th-10th	BHIVA Autumn Conference 2014	Queen Elizabeth II Conference Centre, London	BHIVA	http://www.bhiva.org/AutumnConference2014.aspx
8th-12th	ID week 2014	Philadelphia, PA, USA	IDSA	http://www.idweek.org/
	November			
16th-18th	HIS 2014	Lyon Convention Centre, Lyon, France	HIS	http://www.his.org.uk/events/his2014/#.U9YNkk10yDZ
23rd-26th	FIS	Harrogate International Centre, Harrogate	BIA/BHIVA	http://www.fis-infection.org.uk/
	December			
8th-9th	Five Nations Conference on HIV and Hepatitis	Queen Elizabeth II Conference Centre, London	BHIVA/ANRS/BASL/BVHG/DAIG/GEHEP/SIMIT	http://www.bhiva.org/five-nations-conference-2014.aspx
10th	Research in Progress	Institute of Education, Bloomsbury, London	RSTMH	https://rstmh.org/events/research-progress-2014