

Edward Moseley / Editor



I had the terrible realisation earlier this month that the music I have grown up with and held dear (Ágætis Byrjun by Sigur Rós comes to mind) is now as old as the Beatles' Abbey Road was when I was young (I loved them too). A friend who teaches at a local

secondary school recently had to explain who Lady Gaga was. Time moves on and it can often be hard to keep up! I ended up frantically listening to all of this year's Mercury Prize nominated albums (I would particularly recommend Sault and Nubya Garcia, or even Black Country, New Road for those of you who enjoy a bit of punk!) to massage my self-esteem.

Which is to say that it takes a conscious effort to recognise when things have changed, and to maintain the knowledge and understanding of the world around us in it's current state. The last eighteen months in medicine have shown all of us the challenges of learning new things and keeping abreast of the latest developments, not to mention having to adapt to new ways of doing things on a day-to-day basis.

The BIA has been no different in the challenges it has faced, and hopefully the updates from our council members included in the following pages serve as a glimpse into some of the incredible work that has gone on, and continues, as we do our best to keep ourselves - and you - up to date.

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Katie Jeffery / President's message



I am not quite sure where the first 6 months of my term as BIA President has gone! As I write, 80% of UK population over the age of 12 has been double immunised against COVID-19, but we still have more than 40,000 new cases/day, and over 130,000 people have sadly died from Covid-19. The recent UK Parliament 'Coronavirus: lessons learnt to date' report describes some of the difficulties and problems with the early response to the pandemic, but goes on to highlight great successes in the UK contribution to vaccine discovery and delivery, and our world-leading contribution to trials of treatment for COVID-19. The BIA submitted written evidence to this inquiry which can be found [here](#).

BIA members have much to be proud of in the last 21 months in terms of our direct contribution to the delivery of patient care, both COVID-19 and non-COVID-19, and our scientific contribution to COVID-19 disease understanding, vaccine and treatment trials. BIA members have stepped up as representatives on national committees and advisory panels, and I would particularly like to acknowledge those who contributed to the UK COVID-19 Therapeutics Advisory Panel (UK-CTAP) which advises on the treatments to be tested through the many RCTs of Covid-19 treatments and vaccines, originating from the UK, that have saved countless lives worldwide. [\[Continues overleaf\]](#)

Reports

[Continued from Page 1]

New ideas are now coming to fruition through the hard work and dedication of BIA representatives that has continued despite the pandemic, including publication of the BIA document 'Best Practice Standards for the delivery of NHS Infection Services in the United Kingdom'. The RCPATH, together with HEE, are developing the Pathology Portal – an adaptive learning platform to support trainees and practising pathologists – we are working to ensure that this links in with and helps us to optimise LearnInfection. Several IQRGs (Infection Quick Reference Guides) are being developed and will be NICE accredited and incorporated into UK-SMIs (Standards for Microbiology Investigations).

The impact factor of the Journal of Infection has risen significantly this year which poses additional (good) challenges, and our companion journal CLIP (Clinical Infection in Practice) is now established. Our improved financial position allows the resumption of grants and awards.

We now have in place an agreement with the Healthcare Infection Society and the Microbiology Society to deliver FIS on a rotational basis over a four-year cycle, with every other year being hosted by Healthcare Infection Society as FIS/HIS International and every fourth year hosted by BIA or the Microbiology Society.

I hope that you will have an opportunity to attend the FIS meeting at the beginning of November – Rajeka Lazarus has put a great programme together, together with contributions from the other societies. One of the sessions I'm particularly looking forward to is a discussion of the results of a workforce survey which many of you will have contributed to. I hope to be able to say hello to as many BIA members as I can face to face on November 5th.

I cannot thank BIA Council, sub-committee and BIA representative colleagues enough for all the hard work they continue to do to, and for maintaining momentum through these challenging times. Thanks too to Laura from our Secretariat!

David Partridge / Vice President



There are a number of ways that you can get involved with the work of the BIA:

The Association frequently receives requests to nominate members to serve on committees and groups relevant to its aims. We have a new representation policy, available on the website, to guide how we manage these requests in a fair, transparent and effective manner. Please look out for requests for assistance via the digest, eList or website.

In addition, the Association frequently gets consulted on various national guidance and policy documents. For example, NICE relies upon stakeholder consultation and BIA members are able to provide useful expertise in many NICE consultations. Details of relevant current consultations are usually disseminated via the monthly digest.

LearnInfection, the BIA educational resource for trainees, relies upon members to review and revise material and provide new content. Please email [Bethany Davies](mailto:Bethany.Davies@britishinfection.org), the LearnInfection lead, if interested in contributing.

Finally, we have a number of roles up for election next year including membership secretary, guidelines secretary, communications secretary and trainee representatives for both meetings and professional affairs. Why don't you consider standing? A strong and diverse Council is essential for us to represent you effectively as we enter a critically important period in the evolution of infection services in the UK, responding to the experience of the pandemic and the configuration of service networks. If interested in standing and require further details then please feel free to contact me via vicepresident@britishinfection.org.

Reports

Harriet Hughes / Honorary Secretary



This is my first newsletter since recently becoming honorary secretary for the BIA council and I wanted to take this opportunity to introduce myself. For those of you who don't know me, I have been a consultant in microbiology and infectious diseases in Cardiff for almost 9 years, having trained/worked previously in a number of places including Oxford, London and Nottingham. I have varied clinical interests, in particular, bone and joint infection, renal/transplant medicine, and anaerobic infections. In addition, as micro TPD, I have an ongoing commitment to the development of training and inter-professional education.

I was the professional affairs BIA trainee rep (many!) years ago, and I am really enjoying being actively involved in the BIA again. As I get up to speed with my new role, I have been so impressed and humbled by the phenomenal work being progressed by so many in the various BIA committees, and wider membership. I look forward to being increasingly involved myself with new initiatives. Lastly, I very much hope to see some of you at the face-to-face day at FIS – I don't think I'm alone in saying that I have really missed catching up with friends and colleagues over the past 18 months.

Rajeka Lazarus / Meetings Secretary Report



After more than a year of virtual meetings we are looking forward to an in-person event! The first day of FIS this year will be an opportunity to network and catch up with colleagues.

There is no doubt that virtual meetings broaden access to meetings and are here to stay, so for those of you who cannot attend in person there are two virtual days, the recordings of which be available to delegates after the conference.

We will endeavour to make all future meetings hybrid to optimise access but not miss out on the networking afforded by in person meetings.

In 2022 we look forward to the return of the infection dilemmas day, the Spring Meeting in Bristol, and potentially the return of the infection roadshows.

Anna Goodman / Guidelines Secretary



The guidelines team (Myself, Sam Moses, Sam Mills and Daniel Pan) have been actively reviewing new guidelines as released. Please [contact me](#) if you would like to contribute to this review process for NICE and other organisations. We work to ensure the BIA is represented on national responses to guidelines as a key stakeholder. Please see the annual report for a full report of our work each year.

Reports

Natasha Ratnaraja¹ / Anna Checkley² / Joanna Herman² / **Clinical Services Committee**

¹*Clinical Services Secretary (Microbiology & Virology)*

²*Clinical Services Secretary (ID)*

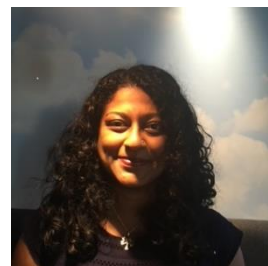
The CSC has been busy progressing its collaborative work with SMI and RCPATH.

The infection services standards document is now published on the BIA website, and in our online journal *Clinical Infections in Practice (CLIP)*. It has been endorsed by the RCPATH and RCP, and will be mentioned in the October RCPATH Bulletin. Many thanks to everyone who contributed to this document.

The first Infection Quick Reference Guide (IQRG), on sepsis, has been incorporated into the new sepsis/blood cultures (still to be named) SMI. We hope to have sepsis, community acquired pneumonia and acute diarrhoea IQRGs launched at FIS this November. Plans are underway to make these available via an app for ease of use. Many thanks to Anna Goodman and Jo Salkeld for their hard work on producing an excellent sepsis IQRG.

The CSC is now focussing on working to improve the workload of infection specialists, by improving the quality of the referrals we receive. In collaboration with RCPATH and SMI, we have formed a working group to develop consultation tools. SMI are keen to develop a means for assessing quality of advice given, which will be a useful aide for all infection specialists but especially those in training. We hope to develop tools to audit quality of referral and quality of advice given.

We are still looking for members to represent Northern Ireland and Scotland on our committee. If you wish to know more, please contact Natasha or Anna.



Chris Chiu / **Scientific & Research Secretary**

Over the course of the pandemic, the BIA has continued to pursue its research agenda and support clinical trainees (doctors, nurses, pharmacists and other health professionals) in developing high quality research and their academic careers. In January, the first round of grants following the comprehensive review of the BIA's research strategy was awarded. Congratulations to the following awardees:

Matthew Routledge (Cambridge): "Utilising a phosphoproteomic approach to understand neutrophil dysfunction in pyogenic infection"

Aaron Doherty (Royal College of Surgeons Ireland): "Progressing the Clinical Applications of Novel Star-Shaped Antimicrobial Polypeptides for Recalcitrant Infections"

Tim Rawson (Imperial): "Exploring therapeutically beneficial drug-drug interactions to support the optimised use of oral antimicrobial agents"



The quality of applications was high and the funded projects, which range from fundamental science, to therapeutics development and novel approaches to treatment, typify the breadth and patient-benefiting nature of the work we support.

[Continues overleaf]

Reports

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I am pleased to say that we have now opened the next round of grants with a deadline of Monday 31st January 2022 at 5pm. The following awards will be made:

Research project grant (one): £20,000 (24 months)

Small project/pump-priming grants (up to four): £10,000 (12 months)

In addition, in anticipation of academic travel re-starting, we will be making two travel awards of £1000 each three times a year, with deadlines for applications on 31st January, 31st April and 31st August. For further details, please see: www.britishinfection.org/grant

Also, we would like to congratulate **Rishi Gupta (UCL)** on being awarded the **Barnett Christie Lecture** prize for his talk entitled "Precision targeting of preventative therapy for tuberculosis". This year is the 30th anniversary of the Barnett Christie Lecture and looking back on the list of winners and their subsequent distinguished careers has been truly inspiring. We are currently putting together content for the BIA website to highlight these individuals and how their careers progressed after winning the Barnett Christie, so do look out for that!

As part of our commitment to further developing future academic leaders and Barnett Christie winners, the BIA Early Career Researchers' subcommittee has now been formed to lead on our mentorship and workshop programme. Co-chaired by Simon Stoneham and Malick Gibani, the members of the committee (Katja Vogt, Nada Reza, Chris Rooney, Razan Saman, Nathan Brendish and Christopher Darlow) aim to maximise diversity by discipline, geography and demography in order to support infection research as widely as possible. Please consider attending their session, run together with NITCAR, at FIS on Monday 8th November to find out more!

Bridget Atkins / Manpower and Training Secretary



In the spring 2021 newsletter ([available on the BIA website](#)) I discussed the effect of COVID-19 on manpower and training and listed resources available on RCP, RCPATH, Health Care Infection Society and British Infection Association websites. COVID-19 continues to have effects on Manpower and Training, with staff shortages and increased workload.

The Educational Subcommittee of the BIA has been building links with the British Paediatric Allergy, Immunity and Infection Group, and with BHIVA to strengthen mutual opportunities for training and education. It also supports the Learn Infection website (see the section on this at the end of this newsletter for contact details). Volunteers are always welcome to contribute to this resource and earn

bronze, silver, gold, or platinum contribution awards.

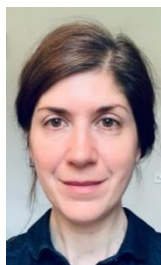
Speciality recruitment and curricula

Four new curricula in Microbiology, Virology, Infectious Diseases, and Tropical medicine have all been approved by the GMC.

There were no posts in ID/GIM starting in 2021 due to the transition to new curricula and some salaries being transferred to IMT3 posts. New trainees this year in Micro/ID or Viro/ID have started on the new (2021) curriculum but infection trainees already in programme will transfer to the new curricula in August 2022 (unless in their final year of training). The new (2021) curricula are available on the JRCPTB and RCPATH websites. The content of learning (syllabus) for these specialities has not changed significantly but the assessment system has moved to assessing high level Capabilities in Practice (CiPs), which are generic and specialty specific and for which trainees will need to provide evidence to achieve levels 1-4 in each. [The Rough Guide to Implementation Infection Specialties curricula - Guidance for training programme directors, supervisors and trainees August 2021](#) is available, and is a useful guide for trainees and trainers.

Reports

Rebecca Sutherland / **Devolved Administrations Secretary**



I am delighted to join the BIA committee and represent Scotland as one of the devolved nations representatives. I would welcome input from colleagues in Wales and Northern Ireland and together we can be involved in decisions regarding infection management and training which affect us all. The Covid-19 pandemic has brought us together (albeit virtually) and I'm confident we can build and strengthen these collaborations.

FIS 2021

Federation of Infection Societies Conference

The largest UK infection conference that brings together delegates involved in all aspects of infection from basic science, infection prevention, antimicrobial stewardship and clinical practice.



5 November | Manchester

The face-to-face day of conference features the FIS plenary lectures, networking opportunities, oral papers and exhibition.



8 - 9 November | Online

The 2-day online days comprise a 3-stream programme which includes sessions hosted by a broad selection of the infection community, online posters and sponsor area.

Programme & registration: <https://bit.ly/FIS-21>

Call for abstracts open!

Submission deadline: Friday 27 August 2021

Hosted by

BIAM
British Infection Association



@FISConf
#FIS21

Hospital for Tropical Diseases Centenary Seminars

Shared learning in the management of imported and emerging infections



Launch event: Thurs 27th January 2022 6pm-8pm

The next 100 years of emerging infectious threats
(Chris van Tulleken & Chris Whitty)

Training the next generation
(Phil Gothard)

Clinical cases

(Naina McCann, Steve Walker, Gauri Godbole, Mike Brown, Sarah Logan & Anna Checkley)

Monthly seminars 4th Thurs of each month 6pm-7pm

Refugee & Migrant health

Chagas

Emerging arbovirology

Fever in returning traveller

Malaria and babesia

Leishmaniasis

Endemic mycoses & cryptococcosis

Encephalitis & other tropical brain infections

Infectious & Tropical histopathology

Complex / Tropical cases: a nursing perspective. Education afternoon

✓ Free to health professionals & students

✓ CPD accreditation requested

Register free: www.eventbrite.co.uk/e/htd-monthly-centenary-lectures-tickets-180115399007



NEWSLETTER

AUTUMN 2021



NITCAR

National Infection Trainee Collaborative
for Audit and Research

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

Ongoing Projects

CO-GENT (Clinical Outcome in Gentamicin Prescribing and Monitoring: National Audit)

Trainee Lead: Dr R Huq

A multi-centre audit and service evaluation of extended-interval gentamicin prescribing and monitoring (GPM), to assess current practice, audit practice against local policies, and describe clinical outcomes using different strategies in GPM.

This project is currently in the data collection phase and is **STILL OPEN TO RECRUITMENT until NOVEMBER 2021**.

Contact co-gent@nitcollaborative.org.uk for further information and to get involved.

Improving Outcomes in Necrotising Otitis Externa (NOE)

Trainee Lead: Dr S Hodgson

A multi-centre, U,K prospective observational study of patients with severe otitis externa and NOE

This study is currently recruiting patients and is not open to further sites.

Contact: Susanne.hodgson@spc.ox.ac.uk

VALUE-4C (EVALUation of National Implementation of the ISARIC 4C Mortality Score in United Kingdom hospitals)

Trainee Leads: Dr A Blunsum & Dr J Perkins

A two-part national project aiming to gain a greater understanding of the use of the 4C mortality score in UK hospitals

Site recruitment is completed and the project is in the data analysis stage

Contact value4c@nitcollaborative.org.uk

Update on Completed projects

Native Vertebral Osteomyelitis (NVO) Lead: Dr Rachel Bousfield – *In Press Clinical Infection in Practice*. Please click [here](#) to read

National Audit of Meningitis Management (NAMM) Lead: Dr Fiona McGill – Manuscript submitted for publication

National Audit of Encephalitis Management (NAME) – Data analysis stage

Other News

- **NITCAR will be at FIS!** - Our NITCAR@FIS session is 15:00 – 16:15 on **Monday 8th November**. This co-session with the BIA Research Committee is aimed at trainees at any stage with an interest in research. Four senior clinical academics will give a brief overview of their research interests and propose NITCAR projects they would be happy to supervise. The BIA will also launch their mentorship programme in the session.
- **CALL FOR PROJECT IDEAS!** - NITCAR is actively looking for new project proposals for 2021-22. If you have a project idea that might benefit from our multi-centre network, please get in touch with us via the contact form on our website <http://nitcollaborative.org.uk/wp/contact/>.
- **NEW COLLABORATION** for statistical help. We are pleased to announce a partnership with HIS to offer statistical help to any trainee with an accepted NITCAR project.

Find out more at www.nitcollaborative.org.uk

Or email: comms@nitcollaborative.org.uk OR chair@nitcollaborative.org.uk

Twitter: [@NITCAR_UK](#) for the latest NITCAR news

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

Trainees' Section

Francesca Knapper / Trainee Meetings



Following on from the success of the Spring meeting we were pleased to offer a wide range of excellent speakers at our Autumn Trainee Day on the 14th October. Thank you to those of you who attended, it was wonderful to see so many questions and engagement despite being virtual. The talks will be available to view in the members of the website for those of you who weren't able to attend on the day. The next meeting will be the day before the Spring BIA Meeting. This will be face to face in Bristol allowing a chance to meet in person and network.

Bethany Davies / LearnInfection



There has been some great work behind the scenes of LearnInfection over the last few months. We see lots of activity by trainees in the run up to exams, and we are working hard to ensure the questions are high standard and useful. Particular shout outs to Isobel Ramsay and Farnaz Dave who have consistently contributed material and time over the last couple of years; the Oxford trainees' group for donating their revision bank of questions; and to new volunteers, Dom Haigh and Brian McCann who have helped to add significantly to the question bank. Thanks of course also to all the other LearnInfection trainee collaborators for their support.

Please do get in touch at learninfection@britishinfection.org if you would like to join the trainee collaborators group or if you have any material you would be willing to share.

Edward Moseley / Trainee Communications

The BIA eLists are a well-established forum through which complex cases can be discussed with a wide network of infection specialists across the UK and beyond. Currently there are two eList channels – "COVID" and "General".

I'm very excited to announce the creation of a trainees eList – aimed to be used by trainees from medical and associated professions with an interest in infection to network and discuss training issues, this provides a new opportunity for BIA trainee members engage with one another. To sign up please email traineecomms@britishinfection.org.

Trainees' Section

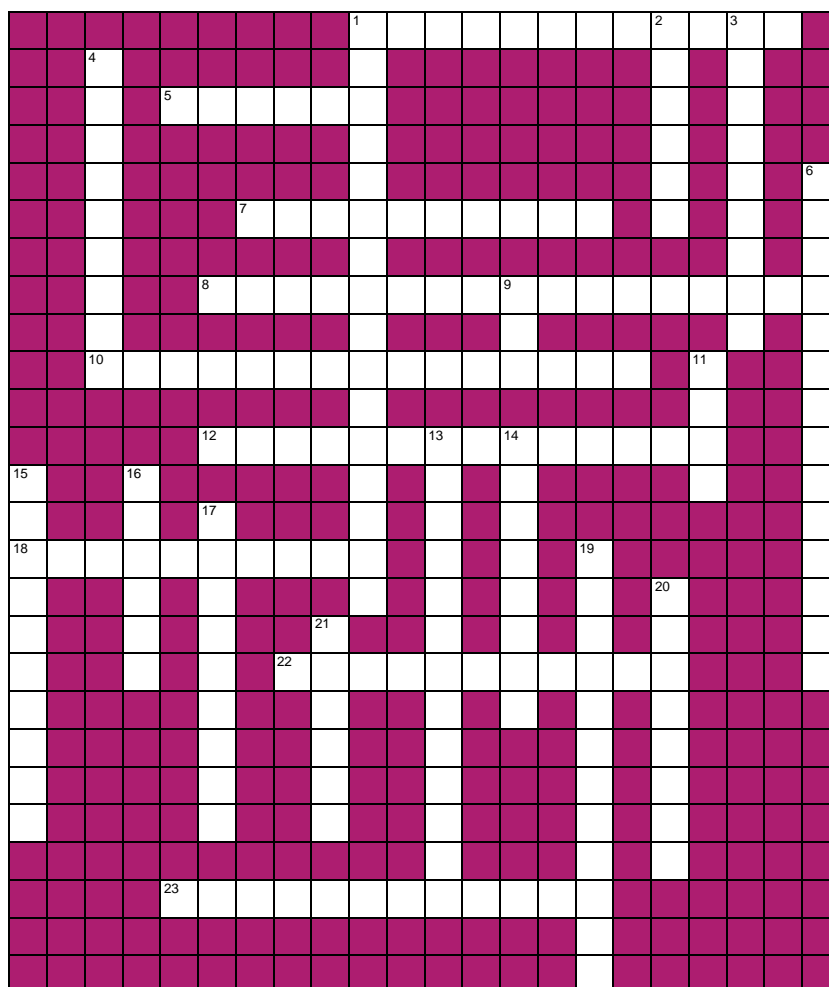
Question

A 46 year old man with moderate aortic stenosis has a 4 week history of fever and weight loss. He feels worse today, and has not passed much urine. He has no recent history of hospitalisation and no history of cardiac surgery.

A TTE shows new aortic regurgitation and a mobile mass on the aortic valve. Three sets of blood cultures are collected appropriately. He is tachycardic at 110bpm, BP 120/74 mmHg, T 37.2oC. He has normal renal function. Lactate is 1.4 on a VBG.

What empirical treatment would be most appropriate?

- A. Amoxicillin + gentamicin
- B. Benzylpenicillin + gentamicin
- C. Hold antibiotics pending blood culture results
- D. Vancomycin + gentamicin + rifampicin
- E. Vancomycin + meropenem



Puzzle

Across

- 1. Treatment of choice for CAPA (12)
- 5. Classification of beta-lactamases (6)
- 7. Astra-Zeneca vector (9)
- 8. Replaces in-person meetings (5, 12)
- 10. Lecture celebrating it's 30th Year (7, 8)
- 12. A great training resource (14)
- 18. Location of 9 (10)
- 22. Cefiderocol, for example (11)
- 23. Clindamycin, for example (12)

Down

- 1. Troubling Mutant (7, 2, 7)
- 2. Shingles (6)
- 3. Protease inhibitor (9)
- 4. IL-6 Inhibitor used in SARS-CoV-2 infection and Rheumatoid arthritis (9)
- 6. Orally absorbed anti-herpesvirus agent (14)
- 9. Conference 5th-9th November (3)
- 11. Pfizer or Moderna Vector (4)
- 13. Change to training plan (3, 10)
- 14. AMP-C producers (if you include *Hafnia spp.* (8)
- 15. COVID-19 therapy of debated benefit (10)
- 16. Adenovirus, or a mosquito (6)
- 17. One-hundredth anniversary (9)
- 19. "Black fungus" infection (12)
- 20. Birthplace of 10's namesake (8)
- 21. Trainees' audit group (6)

Events and Contacts

Upcoming Events

Federation of Infection Societies Conference

5th November (Manchester)

Infection Dilemmas Day

8th-9th November (Online)

21st January (Location to be confirmed)

Trainees' day and Spring Meeting

18th and 19th May (Bristol)

BIA Council (Updated October 2021)

Principal Officers:

President (Chair of Council):

Vice President (President Elect):

Honorary Secretary:

Treasurer:

Meetings Secretary:

Prof Katie Jeffery (Oxford)

Dr David Partridge, (Sheffield)

Dr Harriet Hughes (Cardiff)

Dr Hiten Thaker (Hull)

Dr Rajeka Lazarus (Bristol)

BIA Council Members:

Membership Secretary:

Clinical Services Secretary (ID):

Clinical Services Secretary (ID):

Clinical Services Secretary (Microbiology & Virology):

Guidelines Secretary:

Dr Mark Melzer (London)

Dr Anna Checkley (London)

Dr Joanna Herman (London)

Dr Natasha Ratnaraja (Coventry)

Dr Anna Goodman (London)

Communications Secretary:

Manpower & Training Secretary:

Scientific & Research Secretary:

Associate Members Secretary:

Trainee (Meetings) Secretary:

Dr Ed Moran (Bristol)

Dr Bridget Atkins (Oxford)

Prof Chris Chiu (London)

Dr Louise Dunsmore (Oxford)

Dr Francesca Knapper (Bristol)

Trainee (Professional Affairs) Secretary:

Trainee (Communications) Secretary:

Devolved Administrations Secretary:

Editor - Journal of Infection:

Editor – Clinical Infection in Practice (CLIP):

Dr Dinesh Aggarwal (London)

Dr Edward Moseley (Bristol)

Dr Rebecca Sutherland (Edinburgh)

Prof Robert Read (Southampton)

Prof Martin Wiselka (Leicester)

Answers to question and puzzle on page 12

A – Amoxicillin + gentamicin

BSAC endocarditis guidelines give empirical treatment regimes in section 6, Table 2.

Recommendation 6.1: Empirical antimicrobial regimens for patients with suspected endocarditis should be based on severity of infection, type of valve affected and risk factors for unusual or resistant pathogens

This is native valve endocarditis with an indolent presentation. The patient is not clinically stable but does not have severe sepsis. Therefore, the preferred regime is amoxicillin and gentamicin.

Further reading:

[BSAC endocarditis treatment guidelines 2011](#)

Crossword: 1a. Voriconazole; 1d. Variant-Of-Concern; 2. Zoster; 3. Lopinavir; 4. Sarilumab; 5. Ambler; 6. Valganciclovir; 7. Adenovirus; 8. Video-Conferencing; 9. FIS; 10. Barnett Christie; 11. mRNA; 12. LearnInfection; 13. New Curriculum; 14. ESCHAPPM; 15. Remdesivir; 16. Vector; 17. Centenary; 18. Manchester; 19. Mucormycosis; 20. Aberdeen; 21. NITCAR; 22. Siderophore; 23. Lincosamides.