

# NEWSLETTER

## Spring 2013



### Newsletter Editor

Paul Collini

Welcome to the Spring newsletter. You'll get fed up with reading the word 'Change' in this edition. It all happened in April— a new NHS, the

HPA is now PHE and David Partridge became a former BIA newsletter editor—many thanks David. Peter Moss highlights changes in BIA and its work and new appointments are on p2.

Our relationship with Hartley-Taylor has also changed (even closer) as Albert Misfud explains. Clinical services in infection continue to evolve, change that will be accelerated post Health & Social Care Act as outlined by Tony Elston on page 3. Trainees will be keen to keep up to speed with changes in training and exams and Thushan de Silva has summarised the current progress towards a combined infection training curriculum on page 6. Current and recently 'CCT'd' dual trainees, usually keen to continue binary roles as new consultants, are often faced with a choice of one but not both of their sub specialties. Some are trying to carve out new job plans and Patrick Lillie gives a flavour of his experience doing just this on page 3.



### From the President

Peter Moss

As many of you will know there have been a number of changes to the BIA Council over the past couple of months. Thanks to those of you who voted in the recent elections for the posts of Vice President/ President Elect and ID Clinical Services Secretary, and congratulations to Martin Wiselka and Bridget Atkins on their appointments. The Honorary Secretary, and Scientific and Research Secretary, posts (which are currently being filled on an interim basis) will be up for election toward the end of the year. All the new appointees are listed below.

The BIA continues to be active in many areas, including the production of clinical guidelines. Work is currently in progress on toxigenic *S. aureus* guidelines (which replace the current PVL guidelines).

Following some comments from the Trainees' Spring meeting I've tried to keep this edition short and to the point. Of course, the format and tone of this newsletter is also open to change so please feedback what you'd like to see/not see—otherwise expect unchecked editorial tyranny. So, as one scholar\* put it; "This is a new year. A new beginning. And things will change".

p.collini@sheffield.ac.uk

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Most significant for the future is a shift towards collaboration with other societies and agencies to produce consensus guidelines. This will allow pooling of financial and human resource to invest in more robust research and production methods (hopefully leading to compliance with national standards on guideline production), as well as giving greater authority to the resulting work.

The regular meetings organised by the Association continue to attract excellent presentations and speakers, and are well attended. The Spring Scientific meeting provided an excellent programme, especially for a meeting that remains free to delegates. A schedule of further meetings entirely or partly run by BIA is featured below, and I would encourage you all to attend if possible. BIA is the host society for FIS 2014 in Harrogate, and the Meetings and Scientific Secretaries are putting together an excellent programme (including sessions on HIV and viral hepatitis in conjunction with BHIVA).

## New Appointments

**Treasurer** Dr Stephen Barrett  
**Membership secretary** Dr David Partridge  
**Clinical Services Secretary** (infectious Diseases)  
 Dr Bridget Atkins  
**Newsletter Editor** Dr Paul Collini  
**Secretary** Dr Albert Mifsud (Interim Appointment)  
**Scientific & Research Secretary:** Dr Martin Llewelyn and Prof Melanie Newport (interim appointments)

## Forthcoming BIA Meetings

(Dates for 2014 meetings still being finalised)

**FIS 2013** 'Action on Infection' Will be hosted by BSAC, will be held at the ICC Birmingham on 11-13 November <http://www.actiononinfection.com/>

**BIA Autumn Trainees' Day**, Birmingham 14 November 2013

**BIA Spring Trainees' Day**, SOAS London Spring 2014

**BIA 17th Annual Scientific Meeting**, SOAS London Spring 2014

**FIS 2014** Harrogate Autumn 2014 at the Harrogate International Conference Centre <http://www.harrogateinternationalcentre.co.uk/>

Full lists of other infection related meetings and courses are available via the BIA website see <http://www.britishinfection.org/drupal/content/other-infection-society-meetings> and <http://www.britishinfection.org/drupal/content/courses>



## From the Honorary Secretary

Albert J Mifsud

I have been asked by the President to act as Interim Honorary Secretary until early next year, when nominations

will be invited to stand for the substantive position. So please bear with me as I try to hold the fort over the next several months.

I am pleased to report that we have secured enhanced support from Hartley-Taylor, who have been providing administrative support to BIA and to BIS beforehand. In conjunction with Peter, our President and with Steve, our Treasurer, we have agreed a range of administrative duties that they will undertake to ensure the smooth running of the Association. This will hopefully make the life of our hard-working Council members slightly more bearable and, more importantly, provide you, our membership with a better service. I should therefore like to introduce you to Becky Pogson, who has recently joined Anne Taylor, who many of you will recognise from previous communications from us.

I am open to suggestions and ideas on how to take things forward. For instance, we are looking for suggestions on the look and feel of our website. If you have any ideas or suggestions, please contact me or Becky on [Becky@hartleytaylor.co.uk](mailto:Becky@hartleytaylor.co.uk)

I should also wish to take the opportunity to a recent notification that we have received from the Joint Committee on Vaccination and Immunisation. They are looking to recruit a chair and seven members to the committee, including a bacteriologist and an infectious disease clinician, among others. We shall be placing their letter on the BIA website. In the meantime, if you wish to consider standing for any of these positions, please refer to: <https://www.gov.uk/government/news/current-vacancies-at-the-joint-committee-on-vaccination-and-immunisation>

The closing date is 27<sup>th</sup> June 2013.

Also, please look at the BIA web site: Public Health England's Fever Service would be grateful for your feedback.



## Imported Fever Service: please complete the survey

Public Health England (previously the HPA) are inviting BIA members to complete a short questionnaire about the **Imported Fever Service**.

This is a national specialist service for acute imported fever diagnosis run jointly by PHE and the Liverpool and London schools of tropical medicine which we covered in our last [newsletter](#) see. The survey aims to: assess awareness of the Fever Service amongst Infectious Diseases, Microbiology, Public Health and Virology consultants and trainees in the UK and review the experience of those who have used the service to see how it could be improved. Whether you've used it or not your views are solicited, but **be quick it closes on 30 June!**

[https://www.surveymonkey.com/s/imported\\_fever\\_service\\_2013](https://www.surveymonkey.com/s/imported_fever_service_2013)

## News from the Clinical Services Committees

So the NHS struggles on through its latest adjustments and clinical infection services are not immune to these forces of change. The clinical services secretaries are working on our behalf to guide new developments.



**The CSC (MM)** continues to discuss

Pathology Transformation, which is happening in various ways and at various speeds in different parts of the UK. There are concerns about the sustainability of

services in hospitals without hub laboratories

Health Care Associated Infection (HCAI) performance management, in which area a continued focus on MRSA bacteraemia and *C.difficile* is detracting from new work in other areas like resistance in Gram negative organisms

Future areas for discussion will include optimal use of pathology services and service specifications for infection services, both in conjunction with the SAC and the college.

Clinical Services Secretary (MM) is Dr Tony Elston

### CSC (ID)

ID/GIM trainees at CCT often going onto acute medicine jobs in trusts that intend to create new infection services within Acute Medicine while MM/ID and MV/ID trainees tend to go into pure microbiology / virology jobs as there are no MM/ID or MV/ID posts in existence.

But it is envisaged that BIA input to national commissioning and evolution of the jobs plans of those micro/virology/GIM and ID dual trained consultants now in post will drive change.

Clinical Services Secretary (ID) is now Dr Bridget Atkins. Thanks to the outgoing secretary, Dr Matthias Schmid.

Your feedback and opinions around these issues are encouraged.

For dual trainees contemplating their post CCT options for consultant posts I'm particularly grateful to Dr Patrick Lillie, newly appointed as Consultant in Acute Medicine and Infectious Diseases at King's Mill Hospital, Mansfield who has put together some reflections on his early experiences below. Patrick is happy to answer emails should you want to ask more [patrick.lillie2@sfh-tr.nhs.uk](mailto:patrick.lillie2@sfh-tr.nhs.uk)

### Acute Medicine and Infectious Diseases as a new consultant. Dr Patrick Lillie

I didn't know what kind of consultant post I wanted to do when I started as an ID / General Medicine trainee. During my final year however, I started to think that an acute medicine post with some infection work would be the right way to go. Why? Well from a pragmatic point of view, there are many times more acute medical posts than pure infectious diseases ones. Most of my general medicine as a registrar had been as an acute medic and the rapid turnover and variety appealed. There is also a lot of community acquired infection on the general medical take and while the number of complex infection patients is fewer than in a tertiary centre, there are unusual infection and non infection cases every week. An infectious diseases physician can, I think, bring quite a lot to an acute medical team. We are used to dealing with problems in all body systems, very sick patients and have often seen the rarities that could pass some others by. However, you will be an acute consultant first and foremost, so if you don't enjoy general medicine think long and hard about applying for these kind of jobs.

The rise of Out Patient Antimicrobial Therapy (OPAT) services means we have generally had more ambulatory care experience than others, and OPAT experience is a great selling point when applying for posts. Other areas that an ID physician can help out with are antimicrobial stewardship (especially on the admissions unit), infection consults and, depending on local expertise, TB, HIV and viral hepatitis work. Get to know and develop a good relationship with the microbiology team (we all try to meet once a week to discuss cases and OPAT patients). For me, the first 6 months in post have been busy setting up OPAT and an infection clinic, as well as the day job. It's not for everyone, but there is plenty of work that needs doing.



## From the Workforce and Training Secretary

Albert J Mifsud

This is my second piece in this Newsletter. I am at the tail end of my stint in this position, and the post will become available for nominations early next year.

In the meantime, I should like to update you on recent developments.

### Training

Thushan and Paul have written a comprehensive piece on the current situation with the new Infection Training programme. The two CIT and HST curricula for medical microbiology and medical virology have just been published for consultation. They are available on the RCPATH website on: <http://www.rcpath.org/fellows/discussion-documents> (login required).

At this time I haven't yet identified whether the ID curriculum has also been published, but presume that this is the case. I will place links on our website as soon as possible.

Please note that an exceedingly short consultation period until Friday 14<sup>th</sup> June has been set, i.e. less than 2 weeks. Please send any comments directly to RCPATH or to me and I will consolidate your views into the BIA response.

### Workforce

Given the evolutionary extension in the nature of clinical service delivered by microbiologists and virologists, including increasing provision of clinics, coupled with the dramatic changes resulting from centralisation of laboratory services and, at least in some areas, the combining of microbiology, virology, infection prevention and control, and infectious

diseases services into single unified departments, there is a need to revisit workforce planning. We recognise that the experience in this field has not been uniformly great, however it would be remiss if we did not revisit this important matter. I have agreed a joint approach to this with the Royal College of Pathologists and I propose to work with them through the Clinical Services Committee (microbiology and virology). At this time I have not developed a plan of campaign but I am inviting expressions of interest from colleagues to contribute to this process, so please get in touch with me should you be interested to give your views and experiences, particularly if you have been affected by any of the changes that I have referred to.

### European

I am the BIA's microbiology representative on the UEMS Microbiology Section; Roland Koerner is the RCPATH representative on the group and Nick Beeching is the JRCPTB representative for infectious diseases.

The UEMS is developing minimal training standards for all the various UEMS specialties. While at this time they are purely voluntary, experience suggests that they will become mandatory in time, so I have been anxious to ensure that we will be compliant with these proposed standards. After some considerable discussion over the last year, I am pleased to report that the predominantly clinical nature of the UK approach to medical microbiology training has been taken on board by the group. Indeed, several other member states, particularly northern ones, share our approach. I believe that the new draft curriculum from the Infection Training Working Group is consistent with the UEMS document. I should be pleased to provide further details to any of you who may be interested.

## British Infection Association Grants

Following the failure to award all the grants available in 2012 BIA are pleased to be able to carry forward funding to allow two £50,000 awards to be made this year as well as a number of smaller pump-priming and travel awards.

These are listed below. Full details can be found on the web-site <http://www.britishinfection.org/drupal/content/british-infection-association-grants> and for further information contact the Scientific & Research Secretary (Dr Martin Llewelyn and Prof Melanie Newport). The deadline is the same for large and small grants (June 28th).

Applicants for major awards are encouraged to discuss eligibility and proposals informally; all applications should be sent by e-mail to the BIA Scientific & Research Secretary as one pdf document.

**Barnett Christie Lecture** £500 and full sponsorship to attend the FIS Conference Closing Date 6th September 2013

**BIA Research Fellowship** Two awards of up to £50,000 (includes salary and max £5000 non-salary costs) Closing Date 28th June 2013

**BIA Clinical Exchange Award** Travel, removal and insurance costs up to £5,000 Closing Date 28th June 2013

**BIA Research Project priming grants** Awards of up to £5000 for consumables, travel Closing Date 28th June 2013

**BIA Travel Awards** Up to £750 in arrears with receipts. Must be claimed within 1 year. Closing





## Journal of Infection top ten articles of 2012

Below is a table of the top ten articles downloaded through the Journal of Infection site on Science Direct during 2012. The top 5 countries downloading full text articles were USA, UK, China, France then Spain. The impact factor continues to rise and most recently reached 4.126 (2011) which was 15/70 in the Thomson Scientific infectious diseases category.

All member subscribers can access the journal and these articles at the journal website: [www.journalofinfection.com](http://www.journalofinfection.com). If you have not yet registered please visit the website and register in the top right hand corner. If you are having problems registering please call the Elsevier customer services team on +44 1865 843087 or email [JournalsCustomerServiceEMEA@elsevier.com](mailto:JournalsCustomerServiceEMEA@elsevier.com) and let them know that you are a BIA member subscriber.

Rank	D'Ids	Article Title	Vol	Issue	Paper Type	Cover Date	Author(s)
1	2,236	Management of suspected viral encephalitis in adults - Association of British Neurologists and British Infection Association National Guidelines	64	4	Full length article	01-Apr-2012	Solomon T, Michael BD, Smith PE, Sanderson F, Davies NW, Hart IJ, Holland M, Easton A, Buckley C, Kneen R, Beeching NJ; National Encephalitis Guidelines Development and Stakeholder Groups.
2	2,105	New concepts in the pathogenesis, diagnosis and treatment of bacteraemia and sepsis	63	6	Review article	01-Dec-2011	Huttunen, R.; Aittoniemi, J.
3	1,731	Management of suspected viral encephalitis in children - Association of British Neurologists and British Paediatric Allergy, Immunology and Infection Group national guidelines.	64	5	Full length article	01-May-2012	Kneen R, Michael BD, Menson E, Mehta B, Easton A, Hemingway C, Klapper PE, Vincent A, Lim M, Carrol E, Solomon T; National Encephalitis Guidelines Development and Stakeholder Groups.
4	1,714	Guidelines for prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK.	64	1	Review article	17-nov-2011	Steer JA, Lamagni T, Healy B, Morgan M, Dryden M, Rao B, Sriksandan S, George R, Efstratiou A, Baker F, Baker A, Marsden D, Murphy E, Fry C, Irvine N, Hughes R, Wade P, Cordery R, Cummins A, Oliver I, Jokinen M, McMenamin J, Kearney J.
5	1,680	British Infection Society guidelines for the diagnosis and treatment of tuberculosis of the central nervous system in adults and children.	59	3	Full length article	04-Jul-2009	Thwaites G, Fisher M, Hemingway C, Scott G, Solomon T, Innes J;
6	1,618	Encephalitis due to emerging viruses: CNS innate immunity and potential therapeutic targets.	65	1	Review article	04-Apr-2012	Denizot M, Neal JW, Gasque P.
7	1,538	The patient presenting with acute dysentery--a systematic review.	64	4	Review article	13-Jan-2012	Pfeiffer ML, DuPont HL, Ochoa J.
8	1,316	UK malaria treatment guidelines.	54	2	Full length article	09-Jan-2007	Lalloo DG, Shingadia D, Pasvol G, Chiodini PL, Whitty CJ, Beeching NJ, Hill DR, Warrell DA, Bannister BA; HPA Advisory Committee on Malaria Prevention in UK Travellers
9	1,276	Clostridium difficile in children: colonisation and disease.	63	2	Review article	03-Jun-2011	Enoch DA, Butler MJ, Pai S, Aliyu SH, Karas JA
10	1,247	Chronic Q fever: review of the literature and a proposal of new diagnostic criteria.	64	3	Review article	23-Dec-2011	Wegdam-Blans MC, Kampschreur LM, Delsing CE, Bleeker-Rovers CP, Sprong T, van Kasteren ME, Notermans DW, Renders NH, Bijlmer HA, Lestrade PJ, Koopmans MP, Nabuurs-Franssen MH, Oosterheert JJ; Dutch Q fever Consensus Group.

# Trainees' Pages



## Update on training Issues

Thushan de Silva

Two related matters dominate the training agenda; the move towards a new combined infection training programme and the requirement

from the GMC for trainees to be consolidated onto the same curriculum.

At the BIA Spring Trainees' Day I reported the current position statement from the Presidents of the RCP and RCPATH on new infection training. The likely start date for new entrants will be August 2015. Submission of the new curriculum to GMC (for approval) will be in August 2013.

Current outline of proposed training: Entry will be from Core Medical Training (CMT) in to ST3 and involve two phases

1. Common/core infection training (CIT): 2 years  
Decide on future CCT at outset (ID, MM/MV, GIM)

1 year: Laboratory micro/virology and clinical consults

1 year: clinical infectious diseases:

6 months OPD (HIV, Hepatitis, ID, TB)

6 months ward-based care under supervision of ID physician

2. Higher infection training (HIT / Higher Specialist Training (HST):

ID (2 years)

MM/MV (2 years)

ID + MM/MV (3 years)

ID + GIM:

Additional 1 year (Total 5 years)

Expected to integrate GIM (e.g on-calls) in both

CIT and HIT to achieve GIM competencies

Trop Med: additional 1 year

### Assessments

A new Speciality certificate exam (SCE) to be sat by all CIT trainees in ST4 (i.e. second year). It will be a combination of FRCPATH part I & the current ID SCE. The RCP and RCPATH have a committee actively preparing the new SCE, which includes a BIA trainee representative. It is planning issues such as question format (likely MCQ with single best answer format), exam length, number of diets per year (one) and constituting a question writing committee. There will be a consultation period in the summer before the proposals go to the GMC for approval.

Passing the exam is not required for ST5 entry, but is required to pass for further progression. The perspective from both the colleges and GMC is that the ma-

majority of candidates will pass at their first sitting (unlike MRCP I).

There will be one diet of exam per year

There will be no OSPE for MM/MV component

During HIT/HST

MM/MV and ID/MM/MV trainees will continue to sit FRCPATH part 2

There will be no further examinations for ID component

### ePortfolios:

Proposal is to maintain single portfolio in CIT (possibly through RCP). During HIT, where there will be trainees in ID/MM or ID/MV the position is currently unclear. It may still be necessary to maintain two portfolios but options for integration are currently being explored. There is a tentative proposal for a joint (RCP/RCPATH) training board to oversee some specialties (e.g. Haem, Immunology, Infection).

### GMC position statement: moving to the current curriculum

Any trainee with CCT date after 31.12.2015 is required to change to the most recent curriculum by January 2016. This includes ePortfolios, assessments and will also involve those where OOP/leave etc lengthens CCT past this point. Specialties should be mapping from 'old' to 'new' curriculum to identify areas that require further time/input.

### Current timetable:

1.1.2014 - 31.12.15 move to new curriculum at

ARCP

01.01.2016 - Old curriculum will be

'decommissioned'

MM/MV trainees without CMT & MRCP: GMC exemption for all MM/MV trainees in post by July 2014 but there will be no exemption for August 2014 entrants. This raises a number of transition issues.

How to manage MM/MV recruitment?— prospective recruits will need to be entering CMT training already. This means that infection training programme recruitment will have to compete with other medical specialties for new entrants, not just for those that plan to become ID based (as currently) but also the eventual MM/MV HIT trainees.

The August 2014 entrants will be switching to the new curriculum in 2015 (when it starts in August). So they will be ST4 in 2016 and expecting to do the new CIT SCE then. The first diet of the new CIT SCE will be held in 2016 especially to accommodate this. There is a concern that these trainees who sign up to one curriculum, are compelled to change to a new one *and* test out a new exam. **Cont p.8**

# Trainees' Pages

## GMC position statement from p7

Transition arrangements for others not yet finalised. It is envisaged that the old SCE will still be available in parallel for those existing trainees who have transferred to the new curriculum but are in their 4<sup>th</sup> and 5<sup>th</sup> year of training. These will have either already sat FRCPath I (as MM/MV trainees) or have not had

adequate training for the new CIT (i.e. ID trainees with less micro/virology training). They wouldn't be expected to sit the new CIT SCE but would need to sit the old one. This is particularly an issue for those who have extended training due to maternity leave/OOPEs.

(Additional material from Paul Collini)

## BIA Grants -Still time to Apply see p.4

Rohit Bazaz, SpR ID/GIM

I applied for a BIA Small Project grant in 2011 during an 18 month pre-doctoral Clinical Lecturer post. This was my first experience of applying for a research grant and with the funding that followed from this I was able to conduct preliminary basic science experiments investigating the association between pneumococcal pneumonia and acute coronary syndromes. The data generated from these experiments has formed the basis of further grant applications and ultimately has led to a successful MRC Clinical Research Training Fellowship application which has allowed me to start a PhD and further develop this research work.

## 16th BIA Scientific Meeting Prize Winners

**Free Papers** Awarded expenses for attending a scientific meeting over the next 12 months

£1000 Thushan de Silva, MRC The Gambia & The University of Sheffield *The role of CD8+ T-cell responses in the pathogenesis of HIV-2, a naturally contained human retroviral infection*

£500 David Eyre NIHR Oxford Biomedical Research Centre *Whole genome sequencing reveals C. difficile infection likely to arise from diverse sources*

**Poster Prize** Shelui Collinson, St. George's Hospital *TB Spine – more than a pain in the back*

**Clinical Abstract** Shara Palanivel, St Helier Hospital *Don't underestimate the value of microscopy!*

## Trainees' Committee

The trainees' committee was formed in 2012 and aims to represent the whole of the UK. The area reps act as a point of contact for trainees in their regions to either gather or disseminate information. If you have any trainee colleagues who are not on the BIA mailing list please encourage them to get in touch and register with us so we can let you all know about any training issues.

Representative	Region	Specialty	email
Amy Chue	Oxford and South East	ID/Micro	amy.chue@doctors.org.uk
Ewan Hunter	Northern	ID/GIM	ewanh7@gmail.com
Fiona McGill	BIA Trainee Rep	ID/Micro	fi.mcgill@gmail.com
Gayti Islam	HIS trainee Rep	Micro	gayti.islam@gmail.com
Jane Cunningham	South and East Yorkshire	ID/GIM	cunningjane@hotmail.com
Jenni Crane	Scotland and Northern Ireland	ID/GIM	jenni.crane@luht.scot.nhs.uk
Jones Lewis	South West	Micro	lewis.jones2@nhs.net
Paul Collini	BIA Trainee Rep	ID/GIM	p.collini@sheffield.ac.uk
Rajeka Lazarus	Oxford and South East	ID/Micro	rajeka@doctors.org.uk
Richard Morton	CMT rep		richard.morton@doctors.org.uk
Rosemary Kitidis	South West	Micro	docfok@doctors.org.uk
Sumita Pai	Eastern	Micro	sumita.pai@addenbrookes.nhs.uk
Susan Larkin	Midlands	Micro	susan.larkin@doctors.org.uk
Thomas Fletcher	Mersey and North West	ID/Tropical	tomfletcher@doctors.org.uk
Thushan de Silva	BIA Trainee Rep	ID/Micro	thushandesilva@hotmail.com
Timothy Kemp	West and North Yorkshire	ID/GIM	tskemp@doctors.org.uk

# Events calendar

Dates	Event	Venue	Organising body	Website
<b>June</b>				
17th-18th	DON'T PANIC - Annual meeting on practical aspects of infection control	Sheffield	HIS/STH NHS Trust/ SHU	<a href="http://www.shu.ac.uk/faculties/hwb/cpd/dontpanic/">http://www.shu.ac.uk/faculties/hwb/cpd/dontpanic/</a>
24th	5th Champions Challenged Conference	Aberdeen Exhibition & Conference Centre London	NHS Grampian/Infection Prevention Society UCL	<a href="http://www.eventsforce.net/cc2013">http://www.eventsforce.net/cc2013</a> <a href="http://www.ucl.ac.uk/iph/courses">http://www.ucl.ac.uk/iph/courses</a>
24th-28th	Research Methods in Sexual Health and HIV	London	Royal Society for Public Health	<a href="http://www.rsph.org.uk/campylobacter">http://www.rsph.org.uk/campylobacter</a>
26th	Campylobacter and Listeria: using research to reduce risks'	London	Royal Society for Public Health	
27th	Developments in Travel Medicine	Brunei Gallery, SOAS, London	RSTMH	<a href="http://www.rstmh.org/developments%20in%20travel%20medicine">http://www.rstmh.org/developments%20in%20travel%20medicine</a>
<b>July</b>				
1st-4th	Society for Applied Microbiology Summer Conference	Cardiff	SFAM	<a href="http://www.sfam.org.uk/en/events/index.cfm/summer_conference">http://www.sfam.org.uk/en/events/index.cfm/summer_conference</a>
3rd	National Orthopaedic Infection Forum	SOAS, London		<a href="http://www.hartleytaylor-registration.co.uk/docs/NOIDprog.pdf">http://www.hartleytaylor-registration.co.uk/docs/NOIDprog.pdf</a> <a href="http://www.warwick.ac.uk/go/lifescienceshortcourses">http://www.warwick.ac.uk/go/lifescienceshortcourses</a>
15th-18th	Techniques and Applications of Molecular Biology: A Course for Medical Practitioners'	Warwick University	Warwick University	
<b>September</b>				
2nd-4th	Society for General Microbiology Autumn Conference 2013	University of Sussex	SGM	<a href="http://www.sgm.ac.uk/en/events/conferences/index.cfm/autumn-2013-conference">http://www.sgm.ac.uk/en/events/conferences/index.cfm/autumn-2013-conference</a>
10th-11th	Public Health England Annual Conference 2013	University of Warwick	PHE	<a href="http://www.phe-conference.org.uk">www.phe-conference.org.uk</a>
10th-13th	ICACC 2013	Denver, CO, USA	ASM	<a href="http://www.icaac.org/">http://www.icaac.org/</a>
19th	Research in Progress – the future of tropical disease	University of Oxford	RSTMH	<a href="http://www.rstmh.org/events/research-progress-future-tropical-disease">http://www.rstmh.org/events/research-progress-future-tropical-disease</a>
30th - 2nd Oct	Infection Prevention 2013	EXCEL London	IPS	<a href="http://www.ips.uk.net/">http://www.ips.uk.net/</a>
<b>October</b>				
2nd-4th	BioMicroWorld 2013 V International Conference on Environmental, Industrial and Applied Microbiology	Madrid		<a href="http://www.biomicroworld2013.org/">http://www.biomicroworld2013.org/</a>
13th	BHIVA Conference for the Management of HIV / Hepatitis Co-infection	London	BHIVA/BASL/BVHG	<a href="http://www.bhiva.org/BHIVA/HIVHep2013.aspx">http://www.bhiva.org/BHIVA/HIVHep2013.aspx</a>
14th-15th	BHIVA Autumn Conference	London	BHIVA	<a href="http://www.bhiva.org/AutumnConference2013.aspx">http://www.bhiva.org/AutumnConference2013.aspx</a>
2nd-6th	ID week 2013	San Francisco, CA, USA	IDSA	<a href="http://www.idweek.org/">http://www.idweek.org/</a>
<b>November</b>				
5th-6th	Meningitis and Septicaemia in Children and Adults 2013	Royal Society of Medicine, London		<a href="http://www.meningitis.org/conference2013">http://www.meningitis.org/conference2013</a>
19th-21st	FIS	Birmingham	BSAC	<a href="http://www.actioninfection.com/">_http://www.actioninfection.com/</a>