

Spring 2019

Editor: Naomi Meardon

Newsletter



Welcome to the Spring 2019 Newsletter, my first as Editor. I would like to express my gratitude to my predecessor, Mike Ankcorn and to everybody at BIA whose support has been invaluable to me as I find my feet.

In this edition, we say goodbye and thank you to our Outgoing President, Professor Albert Misfud and we welcome our new President, Professor Martin Llewellyn. There are updates from various members of the BIA committee and affiliated societies and a report from Naomi Walker, who received a BIA grant for her work investigating novel biomarkers for TB diagnosis.

We hear from Bethany Davies who has taken up the torch for the re-development of the BIA Learn Infection resource. She is looking for enthusiastic individuals to contribute in a number of ways, so please read on to find out more. Our new Journal, Clinical Infection in Practice (CLIP) is open for submissions for its inaugural edition. This is a very exciting opportunity, especially for doctors in training, as BIA will waive publishing charges for the first 25 accepted papers for BIA trainee and associate members who are currently training and/or working in healthcare in the UK and Ireland.

I hope many of you were able to attend the recent Spring Meeting and Trainees Day. We have several other events coming up in the next few months, such as the Federation of Infection Societies (FIS) conference, taking place in Edinburgh in November, and the upcoming Autumn Trainees Day and HIV and Infection Dilemmas days. Please see the Calendar of Events section for more information.

 Why not follow BIA on twitter @biainfection

President's message

Having been a member of BIS and then BIA since I entered specialty training in the 1990s it's a huge and daunting honour to find myself succeeding Albert Misfud as the Association's President. I should start by thanking Albert for the work he has done over the years on behalf of infection specialists in the NHS, not just in his time as our President and not just through BIA.

For members who do not know me, I am an ID physician by training, but my enthusiasm for infection medicine began in microbiology at St Thomas' Hospital working as 'book doctor' for the legendary Viscountess Dilhorne (AKA Susy Eykyn). These days I would undoubtedly have gone down a joint training route but at that time, paths were more polarised. My PhD was around pathogenesis of streptococcal infection and my subsequent clinical and academic practice has remained very microbiological, focusing on healthcare-associated infection and antibiotic prescribing. Since I became a consultant in Brighton in 2004, my colleagues and I have strived and succeeded in part, to create an integrated infection service. Over the last two years I have been leading a national antibiotic stewardship trial which has brought me into discussions with infection specialists across the NHS about the challenges they face. So I hope I have the experience and insights needed to advance the interests of the Association and its members.



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Albert leaves the Association in interesting times, most notably financially. The Journal of Infection goes from strength to strength in terms of academic standing under the leadership of Rob Read, and we will soon see the first publication of our new journal, 'Clinical Infection in Practice'. Members should take a look at how this is developing on the website and consider getting a submission underway! However, journal income is very much in decline and this is affecting what has been our main source of income. Decisions that Council has already had to make such as increasing subscriptions (for the first time in ten years), charging for the Spring Meeting, seeking meeting sponsorship and cutting expenditure on research grants, will understandably be unpopular with some members. They are also vital if we are to balance the books and diversify our funding base. The Spring Meeting in May welcomed a large and diverse audience, not obviously put off by the introduction of an attendance fee. Hiten Thaker put together a rich programme of clinical and research presentations and posters including keynote talks from leading experts in our field. All at a cost to the Association of two-thirds of last year's meeting. In 2020 we will hold the Spring Meeting outside London for the first time. Again, this will be unpopular with some but we hope popular with others and should save the Association something approaching £20,000 to invest in other activity.

For me the key to building on the Association's success is focusing on the needs of its members and their patients. The member survey we conducted in 2017 led to some significant new funded initiatives which will begin to bear fruit over the next year. I will feedback about these in future newsletters but I want to draw attention to three in particular at this stage.

- Bridget Atkins, Bethany Davies and the Education Subcommittee have been working to relaunch the Learn Infection web-site, which some of you will remember as a valuable resource for trainees. They are looking for members to help with developing and moderating material for this project and would appreciate offers to help to b.davies@bsms.ac.uk
- Anna Goodman is looking to expand the work of the Associations guideline activity; developing and producing new guidance, where possible, in collaboration with other specialist bodies. She would welcome suggestions and offers of help from interested members both consultants and trainees. She can be reached at: anna.goodman@gstt.nhs.uk
- We are planning a half-day workshop in September which Chris Chiu is organising to look at how we support trainees embarking on research. If you would be interested in contributing, either with written suggestions or by joining in person, please let Chris know at: c.chiu@imperial.ac.uk

These are three examples of ways in which Council are looking to broaden the scope of what BIA does and draw you, its members, into this activity. Please do come forward with your ideas and help.

With best wishes

Martin Llewelyn
President BIA

Outgoing President's Message



I am writing this piece on the terrace of our newly-acquired flat in Malta with a glass of Cisk lager to hand. Unusually, according to the weather reports, it has been a shade warmer in London than here over the last couple of days, but I expect that Mediterranean summer will arrive very soon.

I demitted office at the recent AGM. This is therefore my last contribution to this Newsletter. This has prompted me to reflect on the evolution of our specialties and the Association over the last few years. Many of you will know that the British Infection Association was formed in 2009 from the merger of the Association of Medical Microbiologists (AMM) and the British Infection Society (BIS) which in turn had come about by the merger of the British Society for the Study of Infection and the Clinical Infection Society. The AMM had been formed in around 1983 with the objective of supporting microbiologists and the specialty, while BIS members were primarily infectious disease physicians although it counted many clinically-oriented microbiologists among its members. Given the structural and technological changes that are occurring within laboratory services, combined with the greater clinical complexity of patients suffering from infection,



Outgoing President's Message

I am convinced that ever-closer alignment of microbiology and infectious diseases is inevitable, and ultimately desirable. The contribution of consultants in the various branches in infection has never been greater. However, we struggle to staff our departments adequately. As I see it, this is primarily due to the absence of a tariff for infection consults within the hospital or to primary care. Increases in staffing has therefore often been dependent on creative business cases linked with reduced hospital costs. I suspect that accepting little morsels to attenuate the financial impact on the hospital of the latest version of targets, fines or CQUINS, however tempting, is counterproductive.

Infectious disease physician staffing has fared much better, but has been mostly dependent on the willingness of new CCT holders to work primarily as acute physicians – this cannot be a stable staffing model for the specialty going forward.

In order to set a floor for staffing levels, in conjunction with the Royal College of Pathologists, the Association has developed guidance on staffing of microbiology and virology departments. A final draft has been developed which should be released for consultation in the near future.

Stable and sufficient consultant staffing cannot be achieved without sufficient numbers of trainees. I urge my successors to consider methods of increasing junior staffing, which will need to be justified by service need.

The imposition of centralised laboratory networks almost invariably against the advice of the profession has resulted in a palpably deteriorated service level, with very questionable evidence of savings across the whole health economy. This has prompted Council to request our Clinical Services Committee to develop a new Standards and Specification of Service. This, too, is at an advanced stage in preparation. I hope that the recommendations will be used by UKAS and others when laboratory services are being reviewed.

We know from last year's membership survey that you should like Council to change the emphasis of the Association's expenditure to educational events and guideline production. We have been implementing this. Amongst these have been several initiatives to support trainees such as investment in Learn Infection and the launch of the new journal, Clinical Infection in Practice, intended to provide a new avenue for trainees to publish their work. However, in the context of reduced available funds (which I described at length last year) some difficult decisions have had to be made. We have therefore re-directed some of our revenue away from the larger grants and fellowships. We appreciate that this has been disappointing to aspiring academics. We hope that some of these awards will be re-introduced as new funding streams develop.

You will all know that I value our collaboration with our European colleagues extremely highly. To this end we have been collaborating with UEMS colleagues with the development of European curricula in both medical microbiology and infectious diseases. BIA's representatives are collaborating on the development of European exit examinations. Despite Brexit, I see this as an opportunity to quality-assure continental-European trained colleagues who wish to work here and, conversely, to provide every support that we can to enable any UK trainees who may wish to work elsewhere in Europe.

Albert Mifsud
Outgoing President BIA

Reports

Guidelines Update

It was clear from the responses to our March 2018 questionnaire that our membership value guideline activity, this being the most valued item after trainee and consultant CPD. We have continued to improve and generate more interest in responses to Guideline input requests during 2017-2018. The BIA have submitted comments on 46 guidelines.

In order to improve responses to consultations we have taken a new focused approach, inviting experts to comment in addition to the usual membership consultation and last year's introduction of certificates for participation.

Looking ahead, guidelines which are in evolution, or are proposed, include eosinophilia in migrants or returning

travellers (Anna Checkley), enteric fever (Jayshree Dave with PHE support) and allergy testing (suggestion from our members). In addition, the norovirus guidelines are due for renewal.

This year we plan to appoint more members to a supporting guidelines group to enable people to vote on, and determine guideline priorities. If you would like to join the group please get in touch using contact details available on the BIA website.



Anna Goodman
BIA Guidelines Secretary

Standards for Infection services

This year the committee has concentrated on developing standards for the delivery of infection services in the United Kingdom. We are hoping to collaborate with RCPATH and RCP on this, and aim to have a document ready by the end of the year. The aim is to provide a template for infection services to design and build their own services.

Infection syndromic pathways

In addition, the committee has met with SMI with the aim of developing reference guides for infection syndromic pathways, for diagnosis and management of common infectious conditions. It is hoped that these guidelines will be available on the BIA website, and could be incorporated as hyperlinks on antimicrobial guide apps.

Meetings

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

New members

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



Natasha Ratnaraja
BIA Clinical Services Secretary,
Microbiology & Virology.

Manpower and Training

It has been a busy year for those involved in training and education. The major changes are outlined below.

A) Training

Shape of Training:

The new Internal Medicine Stage 1 (IMS1) curriculum (CMT replacement) starts in August 2019. Please use the following JRCPTB link for further details and questions about transitional arrangements.

A rough guide to Internal Medicine Training (IMT) for trainers and trainees is available on the JRCPTB website here. This document includes a section (p17) on training opportunities for trainees who have completed CMT of equivalent.

What are the changes in Specialty Training from 2021/22?

In order to deliver broader, more flexible training the physician specialties have been divided into 2 groups

- Group 1 specialties: trainees will complete 3 years of IMT before entry to a dual CCT programme in Specialty plus Internal Medicine (stage 2). The overall training duration is unchanged.

- Group 2 specialties: trainees will be eligible to apply to these specialties after 2 years of IMT and will not undertake any further Internal medicine training

Specialty training in Infection. What will be the options?

- 1) Medical Microbiology (MM) – single CCT
- 2) Medical Virology (MV) - single CCT
- 3) Infectious Diseases (ID) with MM – dual CCT
- 4) Infectious Diseases (ID) with MV – dual CCT

These will be in Group 2. There will be no changes in recruitment until 2021. From August 2021 onwards the entry requirements will include a minimum of 2 years of IMT or CMT or equivalent.

Specialty training will consist of 2 years of Combined Infection Training followed by either 2 years Higher Infection Training (MM or MV) or 3 years of dual Higher Infection Training (MM/ID or MV/ID)

There will be no changes to the examinations required (FRC-Path Part 1 and 2).

continued.....

Manpower and Training (continued)

5) Infectious Diseases with (Stage 2) Internal Medicine

This will be a Group 1 training pathway. There will be no changes in recruitment in 2019 or 2020. There will be no ID/GIM recruitment in 2021 (effectively these will be replaced by IMY3 posts). There may still be a small number of academic (ACF or ACL) posts but for those in ID/GIM trainees are likely to have to do the third year of IMT (IMY3) before embarking on the four years of specialty training.

The new ID/IM curriculum will start in 2022. Three years of IMT or equivalent will be an entry requirement. The duration of specialty training will be four years. This will be 2 years of Combined Infection Training followed by 2 years of Higher Infection Training (ID) with embedded Internal Medicine Stage 2

There will be no changes to the examination (CICE).

6) Tropical medicine/Internal Medicine training is still undergoing discussion

Points

- Infectious Diseases is unique amongst the JRCPTB specialties in that it will be either a group 1 specialty or a Group 2 specialty depending on what the post is paired with (in dual training).
- Those who enter a Group 2 specialty without IMY3 will not be eligible to apply for Group 1 posts later without going back and completing the third year of IMT. Those trainees that opt to do IMY3 will be able to apply for both Group 1 and Group 2 specialties.
- There are no plans to alter the balance between numbers of MM/MV (+/- ID) posts and ID/IM posts although of course the future will be driven by employers needs and workforce planning.
- There will be detailed guidance about transitional arrangements for the infection specialties, building on what has already been developed for IMT. If any advice is required, trainees should ask their educational supervisors, training programme director or trainee representatives. If the answer is not available on the JRCPTB website then you can e-mail the college curriculum@jrcptb.org.uk or contact me as BIA training representative bridget.atkins@ouh.nhs.uk.

The aim is to support trainees through transition with minimum disruption and not to disadvantage any trainee compared to others.

Assessment of trainee's progress

The assessment system for all specialties will be modified to be based on high level learning outcomes and to incorporate the GMC General Professional Capabilities framework published in 2017.

The curricula will describe the generic and specialty-specific Capabilities in Practice (CiPs) which will need to be acquired at different 'entrustment' levels according to the stage of training. There will be various ways of evidencing these CiPs. This will include work placed based assessments, knowledge based assessments, reports, reflections etc. Educational and clinical supervisors will have an important role in the assessment of entrustment levels.

B) Education

BIA has a new educational subcommittee (see BIA website for structure). This group has commissioned redevelopment of a web-based Learn Infection training resource. Any volunteers to help with the design, content, question writing are welcomed and can contact the Learn Infection Lead (Bethany Davies, Senior Lecturer in Infection, Brighton and Sussex Medical School, B.Davies@bsms.ac.uk).

Bridget Atkins
BIA Manpower & Training Secretary



Scientific and Research Report

One of the core aims of the BIA is to improve patient care through basic and clinical infection research. As Scientific and Research Secretary, I want to re-emphasise that the BIA remains committed to the highest quality infection research. Our grant scheme supports the most talented early career researchers and future leaders in their field, particularly as they navigate the difficult gaps between projects, fellowship opportunities and independent funding. The BIA runs one of the few grant schemes that fulfils this important need. However, we are aware that many of these benefits are long-term and difficult to quantify in their impact on members' daily work and direct patient care. We continually review how to best balance these various needs and, later this year, we will be enhancing the BIA website with highlights of how grants over the years have impacted both individuals and clinical infection as a whole. I hope these will engage members, promote the value of this part of our work and encourage applications from many more potential researchers who have innovative ideas for patient-facing infection research in funding rounds to come.

Ongoing scientific work supported by BIA was highlighted in another very successful Spring Meeting, which was held in May 2018. Awards totaling £1,800 were made for the best scientific free paper, the best clinical case, and best poster presentation. Prize winners were Daniela Kirwan (London), Iain Page (Manchester), Philip Simpson (Sheffield) and Thomas Locke (Sheffield).

This year, the association made a total of around £142,000 worth of grant awards as follows:

The BIA Research Fellowship of £70,000 was awarded to Angel Ibler (Cambridge) to investigate virulence mechanisms in multi-drug resistant typhoid. Three small project grants for £20,000 were awarded to Ilsa Haeusler (UCL) to investigate TB in prison populations, Benjamin Lindsey (Imperial) for influenza whole-genome sequencing and Rebecca Drummond (Birmingham) for healthcare-associated fungal infections.

In addition, 6 travel awards were made out of 32 applications. The Clinical Exchange award for £5,000 was awarded to Christopher Smith (Malawi Intern, Liverpool) to study the economic burden of typhoid in Blantyre and, finally, the prestigious Barnet Christie Lecture at the Federation of Infection Societies Meeting 2018 in Newcastle was awarded to Bernadette Young (University of Oxford), who presented her talk entitled "Passengers and pathogens: how can bacterial genomes help us understand *Staphylococcus aureus* infections?".

As you can see even from just these projects, the breadth of research covering diverse pathogens in a variety of clinical settings and ranging from basic virulence mechanism research to clinical impact of infections and molecular epidemiology is impressive. We look forward to promoting more of these types of research in the future.

Chris Chiu
BIA Scientific and Research Secretary



BIA Research Project Grant award winner 2016

In April 2007, having just obtained Diploma in Tropical Medicine & Hygiene, I volunteered as a clinician in a rural hospital in Tanzania. I faced, for the first time, the enormous challenge of TB diagnosis, particularly due to the lack of sensitive diagnostic tests for TB in children and people living with HIV. This experience motivated me to train in Tropical and General Medicine and pursue a research career in tuberculosis, undertaking a Wellcome Clinical Research Training Fellowship investigating mechanisms of TB immunopathology in Cape Town, South Africa. Now, as an Academic Clinical Lecturer in Tropical Medicine based at London School of Hygiene and Tropical Medicine, funded by a British Infection Association Research Project Grant, I am investigating novel biomarkers for TB diagnosis, by examining the host immune response to *Mycobacterium tuberculosis* (Mtb) and the effects of Mtb-driven tissue damage. This project entitled "Matrix degradation products for TB diagnosis" aims to translate recent knowledge of how Mtb causes tissue damage, into better diagnostic tests for patients with TB.

Matrix degradation products (MDPs) are released into the circulation when the structural proteins of the extracellular matrix (such as collagen and elastin) are broken down. Earlier work demonstrated that Mtb upregulates host enzymes called matrix metalloproteinases (MMPs) that degrade these proteins. During my PhD, I found that specific MMPs (particularly MMP-1) closely associated with the extent of tissue damage, including cavitation, in TB patients. My current hypothesis is that increased MMP activity in TB generates matrix degradation products in plasma that can help distinguish TB from conditions that mimic TB. The project has involved study of a wide range of analytes in samples from several different patient cohorts in South Africa, in collaboration with investigators from CIDRI-Africa at University of Cape Town and Africa Health Research Institute. This included symptomatic patients with advanced HIV who required hospital admission and are in great need of diagnostic advances, due to high mortality rates (around 20%). I have also studied patients with HIV-associated TB, who started anti-retroviral therapy after TB treatment, and were at risk of TB immune reconstitution inflammatory syndrome (TB-IRIS), and have examined how MDPs might help to predict TB patients at risk of complications such as TB-IRIS and poor outcomes.

Approximately 10 million new TB diagnoses are made every year, but diagnosis often occurs late and many cases are missed. The challenge I first faced in Tanzania, and faced again and again during clinical practice subsequently, in Europe and Africa, is shared by clinicians and patients worldwide. Despite effective TB treatment, mortality in HIV-infected patients remains extremely high. Whilst further analysis is ongoing, I am looking forward to presenting the early results at the BIA Spring Meeting. I think it is extremely important to translate pathogenesis insights into tools that improve patient outcomes and I intend to take this forward in a future research fellowship application. I am extremely grateful to the British Infection Association for supporting me in this work.

Dr Naomi F Walker
London School of Hygiene and Tropical Medicine



FIS 2019
11- 14 NOVEMBER, EDINBURGH, UK

HOSTED BY
MICROBIOLOGY SOCIETY
ON BEHALF OF THE FEDERATION OF INFECTION SOCIETIES

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This has been another productive year for the Journal with record numbers of submissions during 2018 (1409). The Journal's impact factor increased to 5.099 in 2018, the highest ever figure recorded by the Journal. It is now ranked 14/88 in the Infectious Diseases category of the Journal Citation Reports.

Over 400,000 papers were downloaded in 2018 (across all platforms), an average of over 33,000 per month.

We are very fortunate to have a superb editorial team in Delia Goletti, Katie Jeffery, Keith Neal, Mark Nelson Richard J. Hamill, Odile Harrison, Tom Darton, Dimitrios Kontoniyianis, Shamez Ladhani, Peter Moss, Martin Wiselka and Sam Shelburne

This year we said goodbye to two longstanding Assistant Editors – David Partridge and David Laloo. The editor would like to thank both of them for the tremendous service they have given over the last 12 years since they joined the team.

Downloads	Downloads (lifetime)	Article Title	Authors	Publication Year	Document Type	Open Access (Y/N)
6,023	17,182	Antibiotics for treatment and prevention of exacerbations of chronic obstructive pulmonary disease	Wilson R., Sethi S., Anzueto A., Miravittles M.	2013	Review	Y
3,278	3,503	Encephalitis diagnosis using metagenomics: application of next generation sequencing for undiagnosed cases	Brown J.R., Bharucha T., Breuer J.	2018	Review	Y
2,180	10,117	UK malaria treatment guidelines 2016	Laloo D.G., Shingadia D., Bell D.J., Beeching N.J., Whitty C.J.M., Chiodini P.L.	2016	Article	N
2,163	5,900	The burden of influenza in England by age and clinical risk group: A statistical analysis to inform vaccine policy.	Cromer D., Van Hoek A.J., Jit M., Edmunds W.J., Fleming D., Miller E.	2014	Article	Y
1,880	1,955	Gut dysbiosis and irritable bowel syndrome: The potential role of probiotics	Principi N., Cozzali R., Farinelli E., Brusaferrero A., Esposito S.	2018	Review	N
1,770	4,450	Risk factors for Clostridium difficile infection in hospitalized patients with community-acquired pneumonia	Chalmers J.D., Akram A.R., Singanayagam A., Wilcox M.H., Hill A.T.	2016	Article	Y
1,659	8,387	The UK joint specialist societies guideline on the diagnosis and management of acute meningitis and meningococcal sepsis in immunocompetent adults	McGill F., Heyderman R.S., Michael B.D., Defres S., Beeching N.J., Borrow R., et al	2016	Article	Y
1,637	2,789	Meningococcal disease in the Middle East and Africa: Findings and updates from the Global Meningococcal Initiative	Borrow R., Caugant D.A., Ceyhan M., Christensen H., Dinleyici E.C., Findlow J., et al	2017	Review	Y
1,458	7,364	Leishmaniasis	Pace D.	2014	Article	N
1,385	6,172	Guidelines for prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK	Steer J.A., Lamagni T., Healy B., Morgan M., Dryden M., Rao B., et al	2012	Review	N

Tabled information is taken from the Elsevier 2018 report, which is available upon request

Rep Reports

The majority of the focus for the professional affairs trainee rep was in attending JRCPTB SAC meetings for Infection training and disseminating feedback to trainees nationally. Much of the focus of these meetings has been around developing the new ID, MM and MV curricula with consideration for Shape of Training.

By way of update the CIT SAC has appointed a focus group to develop these curricula, with the aim of having these submitted by 2020. The CIT SAC has defined the specialty specific CiPS (capabilities in practice). These are essentially headline/core competencies that need to be evidenced and signed off through training and these will be finalised and submitted to the relevant committees for approval in due course.

There is an ongoing debate around the fitness for purpose of the Part 1/CICE. Current format is MCQ and feedback is sought regarding the current format of the exam and how we could improve this going forward.

Sara Boyd

BIA Professional Affairs Trainee Representative, ID and CIT SAC trainee representative.



LearnInfection

The BIA LearnInfection website is being revamped! The aim is to have this invaluable learning resource back up and available to our trainees by the autumn. However, we need your contributions:

1. Review of previous content to ensure that all the materials are up to date, and accurate by current best practice
2. Writing new questions – topics that are frequent flyers in the exams, subjects close to your heart etc
3. Supporting material, such as the downlow on the different exam formats, FAQs on exam preparation
4. Thinking outside the box! Creating new material to support learning in different ways, such as for our visual learners, or audio / video resources.

We would also really welcome your ideas as to what you would like to see from the LearnInfection resource – what would help you prepare for exams and support you in your specialty training?

Please get in touch – Bethany Davies b.davies@bsms.ac.uk



The Healthcare Infection Society (HIS) has two upcoming events which may be of interest to trainees. These events are open to HIS Trainee members but Trainee membership is free for doctors on a specialty training programme in Microbiology, Virology or Infectious Diseases.

Outbreaks training course

11 December 2019 | QMC, Nottingham

Registration online at www.his.org.uk

Trainee education day - IPC in non-acute settings

26 November 2019 | Manchester Conference Centre

Programme and registration will be available shortly.

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

The NITCAR Collaborative is a trainee-led organisation. It brings together infection trainees from across the UK to facilitate multi-centre service evaluation, audit and research, to improve patient care within the field of infection. Since its inception in 2015, NITCAR has facilitated five trainee-led projects on a range of infection topics. The most recent, the National Audit of Meningitis Management has collected data on 1536 patients with meningitis from 64 different sites from the UK and Ireland. The team is currently collating and verifying data prior to analysis.

NITCAR has just seen its first collaborative study published. Led by Damian Mawer, the HOODINI (HOspital-Onset Diarrhoea INvestigation) project's 32-centre, 80-author "Cross-sectional study of the prevalence, causes and management of hospital-onset diarrhoea", studying 5142 patients on 141 wards in 32 hospitals, can be read in the Journal of Hospital Infection (doi.org/10.1016/j.jhin.2019.05.001), and shows a lower than previously recorded prevalence, multiple causes, and the possibility of missed *C. difficile* cases.

Our annual meeting took place in the evening of the BIA Spring Trainees' Day on 22nd May; we heard three exciting new project proposals and selected one, on necrotising otitis externa, to take forward. Visit www.nitcollaborative.org.uk for more information and to sign up for mailings with information.

Jordan Skittrall
NITCAR Chair

Clinical Infection in Practice



The Journal provides a forum for the advancement of knowledge and discussion of clinical infection in practice. It embraces relevant clinical research and clinical management issues, including case reports and case series demonstrating novel or interesting findings. This is of particular value in a field where clinicians are often faced with relatively rare conditions or clinical problems where the only supportive literature is at case report level.

It is aimed at all specialists and trainees working in clinical infection-related disciplines including Clinical Microbiologists/Virologists, Infectious Diseases and Tropical Disease physicians, Public Health Specialists and supporting professional staff. The Journal publishes high-quality peer-reviewed clinically relevant research and case-based reports.

This journal is an on-line peer reviewed, open access journal. All articles published open access will be immediately and permanently free for everyone to read, download, copy and distribute. As an open access journal with no subscription charges, a fee is payable by the author or research funder to cover the costs associated with publication.

The BIA will waive the publishing charges for the first 25 accepted papers for BIA trainee and associate members who are currently training and/or working in healthcare in the UK and Ireland.

Publication of the first edition is planned for summer 2019, once sufficient articles have been accepted.

Articles can be submitted at this address
<https://www.editorialmanager.com/CLINPR/default.aspx>



Martin Wiselka
Editor in Chief

BIA Council (updated May 2019)

Principal Officers:

President (Chair of Council): Prof Martin Llewelyn (Brighton & Sussex)

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Clinical Services Secretary (ID): Dr Joanna Herman (London)

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Trainee (Professional Affairs) Secretary: Dr Sara Boyd (London)

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Newsletter Editor: Dr Naomi Meardon (Sheffield)

Devolved Administrations Secretary: Dr Ray Fox (Glasgow)

Editor - Journal of Infection: Prof Robert Read (Southampton)

Editor – Clinical Infection in Practice (CLIP): Professor Martin Wiselka (Leicester)

Calendar of events

Meeting	Date & Location
Trainee education day - IPC in non-acute settings	4 July 2019; Birmingham
1st Barts Heart Centre Infective Endocarditis (IE) Conference	8 July 2019; RSM London
Infection Today 2019 (West Midlands Branch Conference)	10 July 2019; Wolverhampton
Virology 2019	25 – 26 July 2019; Rome
BSAC Residential Workshop for EUCAST Susceptibility Testing 2019	20 – 22 August 2019; Cardiff
DIPC Day 2019	22 September 2019; Liverpool
Infection Prevention 2019	22 – 24 September 2019; Liverpool
4th East Midlands Laboratory Diagnostic Mycology Course	26 – 27 September 2019; Leicester
Infection Prevention Conference 2019	16 October 2019; Wolverhampton
FIS 2019	11 – 14 November; Edinburgh
Antibiotic Resistance and Mechanisms Workshop for Researchers	28 – 29 November 2019; Birmingham



British Infection Association

Autumn Trainees' Meeting

Thursday 17th October

University of Manchester

Trainee call for abstracts:

BIA invites trainees to submit abstracts of interesting infection cases/case series. Abstracts should be no more than 250 words, and ideally include a summary of several key learning points

Please submit abstracts by **Tuesday 1st October 2019** at 5pm via email to Farnaz.Dave@nhs.net

Please include a title for your abstract and your place of work. Trainees invited to present will be informed by the end of Friday 4th October 2019

There is a prize of £100 for the best presentation and £50 for the runner up

Registration

Fee: £48

Online registration is available at:

www.hartleytaylor.co.uk

For further information please contact Hannah on 01565 621967

or via meetings@hartleytaylor.co.uk