

## **Minutes of the ESGCD Committee meeting, Brussels, 11 October 2006.**

**Present:** Anne Collignon, Paola Mastrantonio, Michel Delmée, Ed Kuijper and Ian Poxton.

**Apologies** from Jon Brazier and Frederic Barbut.

Beginning at 13.00

Agenda:

1. Meetings and symposia
2. Financial situation
3. Collaboration with ECDC
4. Progress STREP-SME study
5. Ideas for future studies
6. Update of 027 in Europe

### **1. Meetings and symposia.**

**ECCMID 2006 Nice** – study group meeting, a 1 hour symposium and a “meet-the-expert” session. The symposium consisted of two excellent presentations by Clifford McDonald from (CDC) and Ed Kuijper (representing ECDC/ESGCD) with a large and enthusiastic audience. The study group meeting has not been well advertised in the ECCMID programme and the location was not suitable for digital presentations. The attendance could have been better, but two presentations i) Frederic Barbut on the latest results on the European Study and Anne Collignon and Ian Poxton on the immune response to *C. difficile*. These were followed by an extensive discussion on issues which has recently been published as a special supplement of CMI. The meet-the-expert session was also attended by many people and the interaction with the audience involved many issues on combating outbreaks of CDAD by the emerging 027 strains.

**ICAAC 2006.** Ed attended the meeting. There were two sessions on *C. difficile*, with several Dutch speakers. A remarkable finding was that the incidence of CDAD in Canada has reached its pre-outbreak number by the application of a multifaceted approach of rapid and easy diagnostics, patient isolation, effective environmental cleaning and antibiotic restriction

**ECCMID 2007 (Munich).** The ESGCD has organised a 2 hour symposium with four speakers: Frederic Barbut: European study final reports; Maja Rupnik: new insights in molecular diagnostics and epidemiology; Ed Kuijper: novel challenges to infection control (on behalf of ECDC); Dale Gerding; old dogmas and new perspectives for treatment of CDAD.

The special study group meeting will focus on an update on CDAD in each country and a new committee with officers for 2007-2008 will be elected. Possible new candidates could also include epidemiologists, infectious disease specialists and medical microbiologists. All current members of the committee should be asked if they are willing to continue to stand for membership. All ESGCD members will be asked to nominate candidates by e-mail. Future members of the committee are requested to attend meetings twice per year. Each two years a new president will be elected; the maximal period for a president is 4 years.

**Educational workshop 2007** on anaerobic bacteria (only lectures) will be organised by Elizabeth Nagy in Szeged, Hungary and is scheduled 1 week prior the 2<sup>nd</sup> ICDS in Maribor (2-4 June 2007). Title: Role of Anaerobic Bacteria in infections: Diagnostics, Antibiotic Resistance and New Therapeutic Options. Jon Brazier and Ian Poxton from ESGCD will be speakers. See: [http://www.escmid.org/sites/index\\_f.aspx?par=2.2](http://www.escmid.org/sites/index_f.aspx?par=2.2)

**Second ISCD** (Maribor, Slovenia 8-11 June 2007), organized by Maja Rupnik, (with Ian, Paola, Anne, and Michel from ESGCD on organising committee). Ed will contact Maja to offer additional funding from ECDC.

**ESCMID** educational workshop(s) in Turkey in 2008 (or later) will be organized with Ian Poxton as representative from ESGCD. Local people have to organize the venue. ESGCD will define the programme and ECCMID organizes the travel of speakers.

## **2. Financial situation.**

The treasurer will move the Belgian account into an ECCMID account. It will be done after 1<sup>st</sup> January, 2007 when the transfer to Maja of the sponsoring received for the FISCD will be made possible. Currently, a total amount of just over €8000 is in our account, but charges still have to be made for the recent study. The current account statement is attached to the minutes.

## **3. Links of ESGCD with ECDC**

ECDC want to make a plan in the coming year to perform a surveillance study in all 25 member states. Ed has been asked to coordinate this. This means that a network of reference laboratories have to be build, preferable with 1 lab for each country. The laboratories should have access to patient material, should have molecular tools for typing studies and should collaborate with National Institutes of Health. Two or three laboratories should have a central reference function to provide databases of type strains. As this moment, PCR ribotyping is considered as the typing method of first choice, but MLST and MLVA are interesting new techniques which should be investigated further. Two recent publications (Marsh et al, July 2006 in JCM and van den Berg et al, oral presentation ICAAC 2006) mention MLVA as more discriminative than PCR ribotyping. Ed wants the support of ESGCD and all its committee members to build this network. A second important issue of ECDC is the preparation of guidelines for diagnosis of CDAD and infection control measures for outbreaks. Ed will be in charge of that with our help to contact National Health laboratories

## **4. The recently granted European SME-STREP project “European approach to combat outbreaks of *Clostridium difficile* associated diarrhoea by development of new diagnostic tests”**

The project will start in December 2006 and has seven principal investigators (four research institutes, three small medium enterprises) and 3 sub-contractors. Anne Collignon is listed as subcontractor with M Delmée and F Barbut in the final project. The project consists of three working packages; target finding, development of diagnostics tests and validation of the new assays. Paola is participating on the antimicrobial susceptibility tests and has already made some interesting findings on

fluoroquinolone resistance. The results of the recently completed surveillance study will also be included in the working package of target finding. All members agreed that the isolates should also be investigated by PCR ribotyping. Ed will undertake a final effort to convince Jon Brazier.

#### **4. Ideas for future research projects (All)**

1. Exploration of new typing methods, such as MLST and MLVA. The ESGCD should have access to a central collection of all currently available PCR-ribotypes as the “gold standard” European typing method.
2. Studying the immune response: shared antigens, T and B cell responses

#### **5. Update of 027 in Europe**

In 27 health care facilities, more than 170 patients with type 027 have been diagnosed in Belgium. France report on 266 patients with 027 infection in 16 health care facilities. In The Netherlands, outbreaks have been found in 11 health care facilities, whereas seven other hospitals have isolated cases of 027. One hospital is suffering from two outbreaks (027 and 017) simultaneously and a case-control study has been initiated to determine specific risk factors for each type. Up to October 2006, more than 90 health care facilities in England have been affected by 027 with 740 isolates typed by the reference laboratory of Jon. Scotland appears to have no 027. The situation in Ireland ( 1 strain?) is unknown. One British tourist has been found with severe PMC due to 027 during her stay in Austria (Eurosurveillance September 2006). She already had diarrhoea before she left the UK. The patient was admitted to a hospital in Tirol and no further spread has been found. Unfortunately, the strain was tested as resistant to metronidazole but a confirmation test was not in agreement with this observation. The North-Western part of Germany also report an increase of severe cases of CDAD (dr. Hans-Peter Weil, Nordhorn) but no 027 has been found. Remarkably, typing of the strains revealed the presence of fluoroquinolone resistant PCR ribotypes 001 and 046.

#### **6. Date of next meeting.**

To be in Munich at a time close to our symposium. To be fixed once programme is finalised

Closure of the meeting at 16.00 hrs.

	<b><u>Account 310-1478501-16</u></b>		
	<b><u>European Study Group on <i>Clostridium difficile</i></u></b>		
<b>Dates</b>	<b>Justification</b>	<b>Income</b>	<b>Expenses</b>
<b>2002</b>			
31.12.02	Laboratoire Biocodex-Epidemiological study sponsoring	10.000,00	
<b>2003</b>			
03.01.03	Interest		-8,72
27.02.03	Biosearch Italia Meeting		
	Activities 13th ECCMID Glasgow 10-13th May 2003	1.995,46	
11.02.03	Travel reimbursement M. Rupnik (meeting 20.01.03)		-191,08
14.10.03	Transfer saving account		-11.000,00
17.11.03	Reimbursement Mainz Dr Poxton		-454,10
17.11.03	Reimbursement Mainz Dr Brazier		-182,10
<b>2004</b>			
02.01.04	Interest	3,39	
27.02.04	Mitsubishi Gas Chemical	723,04	
09.03.04	Charges		-2,42
09.03.04	First International Symposium Accreditation		-100,00
10.03.04	Mucovax BV FICDS sponsoring	1.000,00	
29.04.04	Biosite FICDS sponsoring	980,76	
28.04.04	Travel reimbursement Mc Farland (FICDS)		-1.503,00
05.05.04	BIO-X Diagnostics FICDS sponsoring	250,00	
06.05.04	Dr von Eichel Streiber FICDS sponsoring	500,00	
18.06.04	Acambis Research LTD FICDS sponsoring	2.000,00	
08.09.04	Reimbursement FICDS Hanover/Meeting M. Rupnik		-373,56
15.09.04	Reimbursement FICDS Trip Mainz/Bxl		-140,52
24.09.04	Reimbursement FICDS Paris/Bxl F. Barbut		-122,42
24.09.04	Reimbursement FICDS Paris/Bxl JC. Petit		-122,42
<b>2005</b>			
03.01.05	Charges		-20,35
17.02.05	Agios/commission GSK International		-43,96
24.05.05	Reimbursement Brussels Dr Barbut		-95,42
05.10.05	Reimbursement Dr Barbut		-216,42
11.10.05	Virement European Study Group	6.500,00	
12.10.05	Reimbursement Assoc Robert Debre		-6.502,42
13.12.05	Reimbursement Prof. Poxton		-794,32

<b>2006</b>			
02.01.06	Charges		-17,96
18.01.06	Europ.Soc.Clin.Microbiol. Infect.Support admin. Duties 05	500,00	
09.05.06	Agios/commission Genzyme		-37,55
<b>BALANCE</b>		<b>2.523,91</b>	
	GSK International (3.000 USD)	2.357,90	
	Genzyme (5.000 USD)	3.929,83	
	Saving account	4.843,70	
		<b>13.655,34</b>	
	FICDS sponsoring (balance)	7.811,70	-2.261,92
	<b>Balance</b>	<b>8.105,56</b>	<b>5.549,78</b>