ESCMID Assembly 2000 Minutes

ESCMID Co-operation between European Infections Societies

Forum UEMS and the Specialty of Infectious Diseases in Europe

Features The Tortuous Path of the Leprosy Bacilli
MYCOBACTERIUM LEPRAE

Mycobacterium leprae is an acid-alcohol fast, gram-positive bacillus. Living *M. leprae* produce no toxins and are immobile. *M. leprae* produces a substance called mycolic acid which makes it difficult to stain using ordinary staining procedures. Consequently, it is identified using the Ziehl-Neelsen staining method. *M. leprae* can be isolated from lesions on infected persons, but as of yet, cannot be grown in the laboratory. It will grow in the foot pads of mice and in armadillos. Transfer is thought to occur by a break in the skin or by the mucous membrane of the nose. Individuals suffering from lepromatous leprosy have over 1,000,000,000 *M. leprae* in their nasal cavity.

There are two kinds of leprosy, lepromatous leprosy and tuberculoid leprosy. Tuberculoid leprosy is a mild disease in which lesions occur on the skin, and there is paralysis and loss of sensation where these lesions are. *M. leprae* cells are rarely obtained from these lesions. Spontaneous recovery from tuberculoid leprosy is common. Lepromatous leprosy is a more severe disease that often results in death. Skin lesions associated with this form of the disease are very common and contain many *M. leprae* cells. In fact, in an individual suffering from lepromatous leprosy, *M. leprae* is found in nearly every organ in the body. Deformities are common including loss of fingers, toes, or noses and the disease is usually accompanied by blindness due to infections of the eyes.

Source: [http://www.plu.edu/~tartagjl/micro.html](http://www.plu.edu/~tartagjl/micro.html)
Editorial

One of the important tasks of ESCMID is to develop evidence-based guidelines for diagnosis and therapy. Much of that work is done by the ESCMID study groups and working parties, sometimes as a combined effort together with other societies in Europe or in other continents. Excellent examples are the “European Guidelines for the Clinical Evaluation of Antiinfective Drug Products” published in 1993 together with the Infectious Disease Society of America, “Consensus Guideline for Appropriate Use and Evaluation of Microbial Epidemiologic Typing System” published in CMI 1996, “Guidelines for Antimicrobial Treatment of Uncomplicated Acute Bacterial Cystitis and Acute Pyelonephritis in Women” published in CID 1999, “European Urinalysis Guidelines” published as a supplement to Scand. J. Clin. Lab. Invest 2000, and recently “Current Concepts in the Management of Helicobacter pylori Infection: The Maastricht 2-2000 Consensus Report”. These guidelines deserve widespread acknowledgement as the participation of many outstanding authorities from many different countries has resulted in a high professional and scientific quality. A very important task of ESCMID in the new millennium is to continue the development of such guidelines and to continue the modification of established guidelines when new knowledge is available.

Niels Haøby
Past Publication Officer
New Start of ESCMID News

In your hands lies the first issue of the new ESCMID News. The major changes relate to a new graphical layout, a broader content structure in up to nine different sections and the formation of an editorial team consisting of the ESCMID managing director (Peter Schoch), the past president (Carl Erik Nord, from April 2001 on) and a medical writer (Pamela Hunter). It is our goal to issue ESCMID News in future four times a year in March, June, September and December and to make it an informative and stimulating newsletter with a magazine-like style.

The primary target audience is the ESCMID membership, i.e. 2650 professionals in clinical microbiology and infectious diseases across Europe and the whole world. A second target group are the many professionals in the national societies from Turkey in the East to Iceland in the West who are not (yet) members of ESCMID. In the context of the affiliation programme (see page 16) this group is invited to use our newsletter as a vehicle to bring issues of general interest to the attention of an international audience. We thus hope that ESCMID News will develop shortly into the European forum for the spread of relevant information and the discussion of all kinds of professional issues in the infection disciplines.

This goal is reflected by the sections of the newsletter:
- ESCMID: Core section of the newsletter informing on the initiatives and decisions taken by the society’s committees, the Assembly of Members and the European Council
- Education: ECCMIDs, postgraduate courses and other educational events organised under the auspices of ESCMID, conference reports, CME, ESCMID summer school, educational website, etc.
- Forum: Discussion of professional issues of all kinds, e.g. specialist training, clinical and laboratory practice, etc.
- Features: Scientific articles (magazine-style) of general interest
- Interview: With persons who made important scientific contributions or have a strong vision about the development of our fields
- Excerpts: Short news-like articles on ‘drugs, bugs and companies’
- Affiliated Societies: Space for the affiliated societies to inform on their activities
- Calendar: Information on forthcoming events in clinical microbiology and infectious diseases
- Advertisement: We offer one company per issue to sponsor ESCMID News. This support will be mentioned on the front page and entitles the company to place a full page ad

The ambitious goal of filling ESCMID News four times per year and to render it lively and informative can only be reached with the help of our readers. We thus invite you to send us your manuscripts for the sections to which you think you might contribute. This is most critical for the sections Forum, Features, and Affiliated Societies. If each reader of ESCMID sends us one article during his or her entire professional life the future of ESCMID News is secured. But please don’t wait until your retirement - start now!

For the Editorial Board

Peter Schoch,
ESCMID Managing Director

Electron Micrographs of Influenza Virus

Infection with influenza virus can cause acute upper respiratory disease, usually accompanied by fever and myalgia.

Virions are usually roughly spherical and about 200nm in diameter. The envelope contains rigid "spikes" of haemagglutinin and neuraminidase which form a characteristic halo of projections around negatively stained virus particles. The viral genome is composed of eight segments of ssRNA. The helical ribonucleo-protein is not often seen, but occasional particles show evidence of internal helical components.

Source:
Dear Colleagues,

We are pleased to introduce the new ESCMID News to our members and hope that you will enjoy it. The Society has broadened and expanded its activities during the last years and will continue to do so.

The European Congresses of Clinical Microbiology and Infectious Diseases (ECCMIDs) are now held annually. The congress in Stockholm last year was very successful with 4076 participants and a programme of highest scientific quality. The forthcoming congresses will be held in Istanbul 2001, Milan 2002, Glasgow 2003, Prague 2004 and Copenhagen 2005. The ECCMID Programme Committee has prepared the scientific programme for the 11th ECCMID in Istanbul and has started to work with the programme for the 12th ECCMID in Milan. The high scientific quality of the programme will benefit our Society, the participants and the sponsors.

Clinical Microbiology and Infection, the Society’s journal, has a new editor, Professor Emilio Bouza, and a new publisher, Blackwell Science. The journal is now included in all important indexing systems. Since many changes have occurred with the journal, it will take some time before everything works in a satisfactory way.

The ESCMID European Council is acting as an advisory body to the Executive Committee. The council held its annual meeting on May 29, 2000 at the 10th ECCMID in Stockholm. At that meeting the elections to the Subcommittee for Awards, the 14th and 15th ECCMIDs, the affiliated membership and the annual ECCMIDs were discussed. The meeting was fruitful and provided many new ideas which will be debated in the Executive Committee. The ESCMID Assembly of Members met on May 30, 2000 at the 10th ECCMID in Stockholm. One hundred twenty-six members attended the meeting. For the business transactions dealt by the Assembly see the Minutes in this ESCMID News.

The ESCMID Study Groups and Working Parties are very active and the newly established Scientific Advisory Board reviewed the activities of the groups and discussed future activities in November last year. The establishment of new groups in the field of clinical microbiology and infectious diseases by ESCMID colleagues is encouraged by the Society.

The election of new or continuing members to the Executive Committee has taken place last autumn. Two clinical microbiologists and three infectious diseases colleagues were elected. We are convinced that “new and young blood” has been introduced in the Executive Committee.

An Education Committee is established for the start of the ESCMID Summer School on “The optimal use of antibiotics” and for the development of an educational website. All members are welcome to participate in the work of the new Education Committee.

Professional affairs are negotiated with the Union Européenne des Médecins Spécialistes (UEMS) for infectious diseases and with the European Confederation of Laboratory Medicine (ECLM) for clinical microbiology. The establishment of guidelines for a European Continuing Medical Education (CME) Accreditation Board together with UEMS is planned for this year.


Postgraduate and graduate courses during 2001 and 2002 are under preparation and will be announced separately.

The collaboration with other European societies interested in microbiology and infectious diseases will continue and increase. ESCMID and the Federation of European Microbiological Societies (FEMS) plan to arrange courses together and to offer grants for the participants in the courses. Other projects are under preparation with the European Society of Cardiology, the European Respiratory Society, the European Society of Intensive Care Medicine, and the European Society of Clinical Virology. Our Society is also involved in many European Union projects in microbiology and infectious diseases through study groups, working parties and individual members.

The affiliation of national societies to ESCMID will now be tested in a pilot project. Four societies – the Spanish Society of Infectious Diseases and Clinical Microbiology, the British Infection Society, the Swiss Society of Microbiology, and the Swiss Society of Infectious Diseases – have been offered to be affiliated with ESCMID for two years. The affiliation is based on mutual benefits at reasonable costs. After two years an evaluation will be made by ESCMID and the national societies.

The ESCMID Awards and Fellowships 2001 have been announced to all members by separate mail. The recipients of the Award for Excellence and the Young Investigator Awards will give “ESCMID lectures” at the 11th ECCMID in Istanbul. A new Award Committee consisting of the Past President and three members of the Scientific Advisory Committee has made the selection of the awardees.

Our Society is the major professional organisation that promotes scientific and clinical excellence in microbiology and infectious diseases across Europe and all members are invited to share the progress of ESCMID.

Carl Erik Nord
President ESCMID
Assembly of Members 2000

Minutes

ASSEMBLY OF MEMBERS
MAY 30, 2000,
STOCKHOLM
INTERNATIONAL FAIRS,
STOCKHOLM-ÅLVSJÖ,
SWEDEN

The Assembly of Member in the year 2000 was held during 10th ECCMID.

1 WELCOME
(C.E. Nord)
Prof Nord welcomed the 126 members attending the Assembly. He declared that the location, time and agenda of the Assembly have been correctly announced as stated in the Statutes. The proposed agenda was accepted without objection. In view of the tight schedule Prof Nord reminded all participants, including the reporting members of the EC, to be as brief as possible.

2 PRESIDENT’S REPORT
(C.E. Nord)
Prof Nord referred to his comprehensive annual report that appeared in the spring issue of ESCMID News. Among the many ongoing activities and achievements in the previous year he mentioned only a few. A major step forward during 10th ECCMID.

3 ELECTION TO THE EXECUTIVE COMMITTEE
(M. P. Glauser)
According to Prof Glauser (past president) five new members of the EC are to be elected in the fall 2000. An insufficient number of nominations does not allow the Nomination Subcommittee to make a well balanced proposal of at least 10 candidates. Michel P. Glauser thus urgently requests further nominations by the members and the national societies, especially of young professionals, females and representatives from Eastern European countries.

4 ESCMID AWARDS
(M. P. Glauser)
The ESCMID Award Subcommittee is composed of Prof M. P. Glauser (chairman), Prof E. Bouza, Prof R. Finch, Prof G.C. Schito, Prof F. Baquerio, Spain and Prof O. Cars, Sweden. The latter two persons were elected by the European Council, the others are members of this Subcommittee on the basis of their function in the EC of ESCMID. Research fellowships were awarded to Dr Franz-Josef Schmitz, born 1963, from Germany, Dr Panayotis T. Tassios, born 1967, from Greece and Dr Jannik Helweg-Larsen, born 1964, from Denmark. Dr Helweg-Larsen sent his apologies for not being able to attend. The former two persons, however, were present and received a cheque of DM 3850 from Prof Glauser and applause from the audience. The Award for Excellence (Prof. Claus Ola Solberg, born 1931 from Norway) and the Young Investigator Awards (Dr Patricia Murizoz, born 1962, from Spain and Dr Ute Römling, born 1964, from Germany) had already been presented to the respective recipients by the president of ESCMID, Prof C. E. Nord, at the Opening Ceremony. On behalf of the EC and all members of ESCMID Prof M.P. Glauser once again congratulated all recipients on their well deserved awards.

5 REPORT OF THE SECRETARY GENERAL
(E. Bouza)
By May 2000 the number of ESCMID members was 2625, only 23 more than one year ago. 1604 members live in the European Union, 601 in other European countries and 420 overseas. According to Prof Bouza these figures demonstrate that ESCMID has still a large growth potential which needs to be developed.

6 REPORT OF THE TREASURER
(G.C. Schito)
Since the treasurer of the Society, Prof Schito, could not attend, the financial report was presented by Dr P. Schoch. In 1999 the expenses amounted to DM 1’603’000 and the total income to DM 883’000. This difference has to be seen in the context of ESCMID’s assets as of Dec 31, 1999 of DM 1’577’000 which is mainly due to bank deposits (about DM 1 Million) and accounts receivable from 9th ECCMID in Berlin whose accounts are not closed yet. Taking into account the liabilities of DM 576’000 which consist mainly of open tax bills ESCMID has reserves as of Dec 31, 1999 of DM 1’001’000.

Questions from the floor:
The questions, partly submitted in advance of the Assembly, related a) to the charity status of the Society, b) the delay of tax payments and c) the ECCMID registration fee. Dr P. Schoch answered them as follows:
a) The withdrawal of the charity status in 1999 by the German tax authorities is temporary. It is assumed that ESCMID will regain it later this summer when the documents supporting the tax declaration 1997 have been accepted. These documents relate to the partition of the surplus of 8th ECCMID 1997 and to the economical situation of CMI.
b) The delay of tax payments is caused by the temporary loss of the charity status. When it is reinstated later this year submission of the 1998 and 1999 tax declarations will follow rapidly.
c) Big congresses like ECCMID have a complex cost and revenue structure. Approximately one third of the income is generated by registration fees with declining contributions from the sponsoring industry. In view of the need for a sound
profit the registration fees at ECCMIDs cannot be substantially reduced. Nevertheless, the EC will propose a new price structure with much lower fees for students and trainees as well as early registering ESCMID members. Non-members and late registrants would pay the usual fee. Social events like the president’s dinner, welcome reception or cultural events are not charged to the congress budget. They are favourite options within the sponsoring packages for the participating industry.

7 ACCEPTANCE OF THE ACCOUNT AND FORMAL APPROVAL – VOTE (C.E. Nord)

Prof Nord asked for a hand vote of approval of the Treasurer’s report. It was approved unanimously.

8 REPORT OF THE PROFESSIONAL AFFAIRS OFFICE AND PRESIDENT ELECT (R. Finch)

i) Prof Finch referred first to the ESCMID Workshop that he organised in Birmingham on April 14–16, 1999 on The Challenges in Clinical Microbiology and Infectious Diseases. It reviewed the status and development of diagnosis and treatment in Europe. The proceedings of the Workshop will be published later this year in CMI.

ii) In meetings with the UEMS section for infectious diseases (ID) a discussion has been started on a common initiative to establish an accreditation board for CME linked to EACCME (European Accreditation Council for Continuous Medical Education).

iii) Prof Finch has established working contacts with EMEA to discuss ways towards the harmonisation of procedures and methods in clinical practice across Europe. A remark from the audience related to the variable recognition of ID as medical speciality in different European countries. ESCMID should promote ID through its contacts with UEMS.

9 AFFILIATED MEMBERSHIP: PROPOSAL FOR A PILOT PROJECT (R. Finch)

To strengthen the impact of ESCMID across Europe the Society plans to enlarge its membership base by offering an affiliated membership to the national and specialist societies represented in the European Council. Members of affiliated societies would benefit from the Society in a similar way as regular ESCMID members with the exception of CMI subscription. ESCMID News will be included if distribution occurs through the affiliated organisation. Costs could be kept low, in the range of a few EUR per member. To evaluate the concept and to explore the financial and membership consequences a 2-year pilot will be initiated with a British, a Spanish and a Swiss society. Several speakers from the audience supported the idea, among them Prof R. Auckenthaler, president of FEMS, who expressed the wish to establish closer contacts with ESCMID.

10 REPORT OF THE EDUCATION OFFICER (C. Carbon)

Prof Carbon gave his account on the many educational projects ongoing in ESCMID:

i) A European accreditation board for CME in the area of clinical microbiology (CM) and ID is being developed together with UEMS section for ID.

ii) ESCMID is evaluating the development of an educational website which will serve the medical community, allow to acquire CME credits and produce revenue for the Society.

iii) In the year 2000 six Postgraduate Education Courses will be supported financially and conducted under the auspices of ESCMID. To standardise the organisation further new guidelines are being developed which need to be strictly followed.

iv) Plans have been discussed with WHO to set up a common summer school on the optimal use of antibiotics.

v) ESCMID supports the initiative of several European universities to organise a common educational programme for MD and PhD students in CM and ID. A proposal has been made that ESCMID conducts the first module under its auspices as summer school.

vi) ESCMID is establishing an Education Subcommittee supporting the Education Officer in implementing the educational programme. People interested in joining this Subcommittee are invited to contact Prof Carbon or the Executive Office in Basel.

11 REPORT OF THE SCIENTIFIC OFFICER (M. Struehler)

According to Prof Struehler twelve Study Groups and Working Parties function currently under the auspices of ESCMID. In view of the their manifold activities it was impossible to cover them individually. Interested people were referred to the symposia and business meetings of each Study Group or Working Party as indicated in the Congress Programme. Items of general interest in the reporting period were however the following:

i) New guidelines for Study Groups & Working Parties have been decided by the Executive Committee and published in ESCMID News and on the ESCMID Homepage.

ii) A Scientific Advisory Committee (SAC) has been established to support the Scientific Officer.

iii) A new Study Group on Clostridium difficile has been founded. It is headed by Prof J. Brazier, Cardiff, UK, e-mail brazier@cardiff.ac.uk

iv) Guidelines on Urinalysis have been completed and published (Scand J Clin Lab Invest 60, 231, 2000) in collaboration with ECLM.

v) A joint proposal by four ESCMID Study Groups on the surveillance and control of antibiotic resistance (ARPAC) has been submitted to DG XII.

vi) Comments have been made on an EFPIA position paper on antimicrobial resistance.

vii) Advice has been given to the EU on the exploration of a European Centre for Infectious Diseases.

viii) Joint projects are in development with related societies as FEMS and ESCV.

Questions from the floor:

a) Several questions submitted in advance of the Assembly referred to the financial support of Study Groups and Working Parties by ESCMID. Prof Struehler answered them as follows:

- Study Groups and Working Parties are financially independent from ESCMID. They raise their own money.

- They are requested to report annually on their activities and budget to their members (since 1995) and to the ESCMID
Scientific Officer and the SAC (since 1999)
- They are entitled to request partial support by ESCMID for scientific meetings, symposia at ECCMID, post-graduate courses and research projects. In previous years total support was the following: 1996: DM 0, 1997: DM 5000 (start up grant for ESGN), 1998: DM 1440 (meeting support for ESGAP), 1999: DM 17942 (meeting support for ESGEM, ESGMD and ESGAP), 2000: DM 15192 (start up grant for ARPAC)
- In addition, the ESCMID Executive Office supports Study Groups and Working Parties by administrative services as mailings to the ESCMID membership

b) Another spontaneous question related to the proposed revision of the Bylaws requiring chairpersons of Study Groups and Working Parties to be professionally active. What does it mean? Prof Struelens explained that in some European countries professors often retire from teaching in the faculty while still leading a research group. They would be considered professionally active and eligible for chairing a Study Group or Working Party. Professors no longer involved in teaching or research, however, should give up their chair as soon as a successor is found. As soon as the revision is approved by the EC the rule will be enforced for all groups.

i) Prof Høiby gave a brief account on the major recent developments with Clinical Microbiology and Infection (CMI) which will be dealt with in more detail by the President of the CMI Executive Committee, Prof I. Phillips (see below). He thanked Prof J. Acar, the first Editor-in-Chief who will retire from his position on May 31, 2000 for his pioneering work.

ii) For ESCMID News a new editorial concept is under development. The Newsletter is to gain information by covering more science related topics written in an entertaining magazine-like style. To this end a permanent professional input is being sought. The number of issues should be increased from the current two to four per year.

iii) Progress has been made regarding the society’s homepage. But still, there remains much to be improved regarding ESCMID’s presentation on the internet.

13 REPORT OF THE CHAIRMAN OF THE CMI EXECUTIVE COMMITTEE (I. Phillips)
Prof Phillips reported that on June 1, 2000 Prof J. Acar, Paris, is going to hand over the official responsibility as Editor-in-Chief of CMI to Prof E. Bouza, Madrid. He thanked the previous editor for his achievements with the journal which has grown continuously over the years in quality and volume to a now monthly publication which is indexed in Current Contents, Science Citation Index, Research Alert, EMBASE and CAS. Good news is the announcement by the National Library of Medicine, Washington, to re-evaluate its earlier decision not to index CMI in Index Medicus and MEDLINE. It may thus be a matter of a few weeks until CMI is a fully indexed journal. Prof Phillips wished the new editor further growth of CMI, success and satisfaction in his new job. Mrs Judith Crane, Editorial Assistant, will remain with CMI to provide continuity. With the end of this transitional period Prof Phillips’ own term as Chairman of the CMI Executive Committee also ends. The ESCMID Executive Committee will decide at its next meeting about the successor.

Questions from the floor:
a) How long does it take until a manuscript is accepted or rejected? Prof Phillips answered that according to current practice a submitter receives written notice about rejection or acceptance at the latest within 6 months. According to Prof Bouza the goal of the new editorial team is to provide an answer within 2 months.
b) What is the policy of CMI regarding advertisements? Prof Phillips answered that the new publisher, Blackwell Science Ltd., has agreed to develop a business plan and to look for advertisers. This will eventually strengthen the economical basis of CMI.
c) Is the Chairman of EUCAST also expected to be professionally active? Prof C. E. Nord answered that this is so.

14 REPORT OF THE ECCMID PROGRAMME DIRECTOR (P. Francioli)
Prof Francioli was in the fortunate position to be able to refer to the ongoing 10th ECCMID with its very well received scientific programme to demonstrate the good work that has been performed by the ECCMID programme committee. Since ECCMID is now held annually preparation and organisation of the congresses are overlapping. The scientific programme of the 11th ECCMID in Istanbul has been developed by the ECCMID programme committee during a 2-day meeting in February 2000, in February 2001 the committee will meet to prepare the 12th ECCMID in Milan. With a permanent Executive Office in Basel congress organisation will in future be more centralised. The Managing Director is also responsible for the Scientific Secretariat in charge of implementing the scientific programme.

Question from the floor:
Why are there no oral presentations by scientists from Bulgaria, Albania and Romania? Prof Francioli explained that most people submitting free communications actively chose poster presentation. They were thus not eligible for oral presentations even if the quality of their work would have allowed it. He additionally emphasised the fact that the quality of all submissions was ranked blindly and independently by three experts. Any bias by names or countries can thus be excluded.

15 REPORT ON THE 10TH ECCMID 2000 IN STOCKHOLM (S. R. Norrby)
Prof Norrby as president of the ongoing ECCMID expressed his satisfaction about the course of the congress and the quality of the scientific programme. He thanked his many collaborators for the excellent work. The congress had a total of 4100 participants, of which 3700 were fully paying.

16 REPORT ON THE 11TH ECCMID 2001 IN ISTANBUL (Ö. Ang)
Prof Ang as the president of the next ECCMID confirmed that the preparation is running on schedule and that the delegates can expect an attractive programme and a beautiful venue. Prof Nord then handed over the ‘challenge cup’ for the next
17 APPRECIATION OF J.F. ACAR’S, H. LODE’S AND I. PHILLIP’S ACCOMPLISHMENTS FOR ESCMID (C.E. Nord)

These three gentlemen all served ESCMID for many years in various functions. In brief: Prof Acar is a founding member of ESCMID, president from 1993–1995, past president from 1995–1996 and then editor-in-chief of CMI from 1995–2000. Prof Lode was member of the Executive Committee from 1989–2000, treasurer 1993–1997 and president of 9th ECCMID 1999 in Berlin. Prof Phillips was elected to the Executive Committee in 1989, was its president from 1995–1997, past president until 1998 and chairman of the CMI Executive Committee from 1998–2000. Now that their terms have come to an end Prof Nord thanked them for their valuable contributions to the growth and success of ESCMID and gave them a farewell present, in the name of the society, of an original painting by the Scene Master Lennart Mörk of the Royal Opera in Stockholm.

Basel, August 23, 2000

Carl Erik Nord
President

Peter Schoch
Managing Director

18 ANY OTHER BUSINESS (C.E. Nord)

Prof T. Bergan, Oslo requested a vote on a proposal that ESCMID and FESCI should collaborate to find a modus of conducting a single major congress on infectious diseases in Europe per year. Prof Nord refused to put this request to the vote since the full text of the proposal has not been submitted in time (30 days prior to the Assembly) and in writing for inclusion into the agenda and mailing to our members. During the discussion most speakers agreed with the goal of one major European congress. The way this should be achieved, however, is unclear. The proposals made up to now are not acceptable to ESCMID because of major differences between ECCMID / ECC and ESCMID / FESCI. The Executive Committee thus plans to consult the opinion of our members and sponsors and at the same time to continue negotiations with the president-elect of ISC, Prof Jean-Claude Pechère.

CLOSE OF THE MEETING

Prof Nord thanked the Assembly of Members for attending. He adjourned the meeting at 13.45 h.

Assembly of Members 2001

Invitation to the ESCMID Assembly of Members 2001

Dear ESCMID Member

On behalf of the Executive Committee, I cordially invite you to the next regular Assembly of Members of the European Society of Clinical Microbiology and Infectious Diseases, which will be held during the 11th European Congress of Clinical Microbiology and Infectious Disease in Istanbul.

Date and Time

April 3, 2001, 12.15 h – 13.45 h (Sandwiches will be provided)

Location

Room A5, Istanbul Convention and Exhibition Centre, Harbiye, 80230 Istanbul, Turkey

Agenda

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As you will note from the agenda, a number of important issues will be discussed. The Executive Committee has initiated several important projects of which you may get first-hand information by attending the Assembly. I thus count on your attendance and look forward to meeting you at the Assembly of Members in Istanbul. A personal invitation will be sent to all members in February 2000.

Yours sincerely,

Carl Erik Nord, President

Carl Erik Nord
President

Emilio Bouza
Secretary General

Peter Schoch
Managing Director
ESCMID EUROPEAN COUNCIL 2000

Minutes

MEETING OF THE EUROPEAN COUNCIL
MAY 29, 2000
STOCKHOLM
INTERNATIONAL FAIRS, STOCKHOLM-ÄLVSJÖ
SWEDEN

1 WELCOME AND PRESIDENT'S ADDRESS (C.E. Nord)
Carl Erik Nord welcomed the members of the European Council to the meeting 2000. A total of 95 elected country representatives, representatives from the associated societies and study group/working party chairpersons were invited, 52 thereof attended. In his address Carl Erik Nord reported on the extended activities of ESCMID during the last year as described in his comprehensive report in ESCMID News, No 14/2000, and in the Final Programme of 10th ECCMID.

2 REPORT ON THE ELECTION TO THE SUBCOMMITTEE OF AWARDS (M.P. Glauser)
Based on the society's by-laws two new representatives from the European Council (F. Baquero, Madrid, and O. Cars, Uppsala) were elected by the council members into the Subcommittee for Awards end of 1999. The subcommittee for 2000 thus consists of M.P. Glauser (chairman), F. Baquero, O. Cars, G.C. Schmitz, E. Bouza and R. Finch. The subcommittee selected the awardees 2000 (Award for Excellence: C.O. Solberg, Norway; Young Investigator Awards: P. Munoz, Spain and U. Römling, Germany) and research fellows (F-J. Schmitz, Germany, J. Helweg-Larsen, Denmark, and P. Tassios, Greece) as announced at the Opening Ceremony and the Assembly of Members as well as in the Final Programme of 10th ECCMID.

3 NOMINATION COMMITTEE (M. P. Glauser)
By the end of 2000, five members of the Executive Committee need to be re-elected or replaced. The ESCMID Nomination Committee will select the official candidates from those proposed by ESCMID members. The Nomination Committee consists of the chairperson, M.P. Glauser, two representatives of the Executive Committee, E. Bouza and N. Heiby, plus two members from the European Council elected early 1998, J. Kosmidis, Athens and J. van der Meer, Nijmegen.

4 ECCMID 2004 AND ECCMID 2005: REPORT ON THE CALL FOR BIDS (C.E. Nord)
Four full bids were received for Prague, Copenhagen, Vienna and Jerusalem, and one incomplete bid for Dublin. The Executive Committee will evaluate them carefully and take a decision in August 2000.

5 AFFILIATED MEMBERSHIP TO ESCMID: PROPOSAL FOR A PILOT PROJECT (R. Finch)
A proposal to strengthen the affiliation of ESCMID with national and specialist European societies with common scientific interests was presented. It will be based on mutual benefits (co-operation in postgraduate training/conferences, information exchange via ESCMID News, E-mail and Internet) at reasonable costs (approximately EUR 5 per member). The concept will be tested with four societies in a pilot project (2001/2002) before being offered to all societies represented in the European Council. During the discussion, most delegates supported the concept with the exception of one single critical comment requesting affiliation at no costs. P. Schoch answered that this might be difficult to achieve since ESCMID would risk its charity status if member services were to be subsidised.

6 ANY OTHER BUSINESS
An issue brought up by T. Bergan, Norway, and commented on by many delegates was the co-operation between European societies, in particular between ESCMID and FESCI, in the organisation of big European congresses in clinical microbiology and infectious diseases. Most delegates, including the members of the ESCMID Executive Committee, agreed that one major European congress in the infection disciplines would be preferred. The scientific and financial basis in Europe does not allow the nurture of more than one big conference. For formal reasons, the president did not allow a vote on Prof. Bergan’s proposal, that requested the holding of ECC and ECCMID in alternate years or one common annual congress with shared revenues. Other delegates, recognising the leadership of ESCMID / ECCMID, proposed that ESCMID should invite FESCI to organise a single event within ECCMID only. Carl Erik Nord and Roger Finch promised to first consult ESCMID’s membership, the regional societies and the sponsors on this issue and to enter negotiations with representatives from ISC.

The meeting adjourned at 13:50 h.

Basel, February 2000

Carl Eric Nord, President

Peter Schoch, Managing Director
Results of the Elections 2000

By the end of 2000 the term of five ESCMID officers ended (E. Bouza, C. Carbon (up for re-election), P. Francioli (co-opted since 1999), N. Høiby, G.C. Schito). In accordance with the Statutes elections were held. A total of 2309 ballots were mailed to all ESCMID members in good standing at the time of the elections, 1093 of which were returned in time. All but 18 ballots were valid. Out of eleven candidates the ESCMID members had to elect 3 infectious disease physicians and 2 clinical microbiologists.

Elected for a 4-year term (2001 to 2004) were

- Prof. Claude Carbon, Xavier Bichat School of Medicine, University Paris 7, Paris, France; from July 2001, University Hospital of Lausanne, Switzerland
- Dr. Giuseppe Cornaglia, Institute of Microbiology, University of Verona, Italy
- Prof. Patrick Francioli, University Hospital of Lausanne, Switzerland
- Prof. Ragnar S. Norrby, Swedish Institute for Infectious Disease Control, Stockholm, Sweden
- Dr. Andreas Voss, Department of Medical Microbiology, University Medical Centre St. Radboud, Nijmegen, The Netherlands

R. Finch, C.E. Nord and M. Struelens continue to serve for another term. E. Bouza, Ö. Ang, G.C. Schito and P. Schoch will remain ex-officio members of the Executive Committee in their functions as CMI Editor-in-Chief, President 11th ECCMID, President 12th ECCMID 2002 and Managing Director, respectively. At the Assembly of Members on April 2, 2001 R. Finch will take over presidency from C.E. Nord.

In 2001 M.P. Glauser, Past President and N. Høiby, Publication Officer will retire from the Executive Committee.

The new Executive Committee will constitute itself at its first meeting on February 1, 2001. At this occasion the option of co-opting two additional members and the functional responsibilities of the officers will also be discussed.

Note added in proof: The Executive Committee proposed at its meeting on February 1, 2001 to co-opt Prof Helen Giamarellou, Athens, and Prof Regine Hakenbeck, Kaiserslautern, Germany, as additional members. Both were pleased to accept. In addition, Prof Marc Struelens, Brussels, was unanimously elected as president-elect. He also accepted.

From April 3, 2001 when the presidency changes the positions of the individual officers as agreed by the Executive Committee on February 1 will be as follows:

Claude Carbon: Education Giuseppe Cornaglia:
Professional Affairs, Clinical Microbiology
Roger Finch: President Patrick Francioli: ECCMID Programme Director
Helen Giamarellou: Professional Affairs, Infectious Diseases
Regine Hakenbeck: Scientific Affairs
Carl Erik Nord:
Past President Ragnar S. Norrby:
Secretary General
Marc Struelens:
President-Elect
Andreas Voss: Treasurer

Peter Schoch

ESCMID Members by Country as of January 2001

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
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<td>Germany</td>
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<tr>
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<tr>
<td>Ireland</td>
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<tr>
<td>China</td>
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</tr>
<tr>
<td>and many other countries</td>
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<td>2.3%</td>
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</table>

Total: 2626 100,00%
ESCMID Awardees 2000

The ESCMID Awards for the year 2000 were presented during the 10th ECCMID in Stockholm.

Award for Excellence in Clinical Microbiology and Infectious Diseases
sponsored by AstraZeneca

CLAUS OLA SOLBERG, BORN 1931 IN MAALSELV, NORWAY
MD, PhD, Prof of Medicine and Infectious diseases, College of Medicine, University of Bergen, Norway
Active in the fields of staphylococcal infections, hospital infections, viral meningoencephalitis, bone marrow transplantation, disorders of phagocyte functions, meningococcal infections, antimicrobial agents and chemotherapy

Young Investigator Awards for Research in Clinical Microbiology and Infectious Diseases
sponsored by ESCMID

PATRICIA MUÑOZ, BORN 1962 IN MADRID, SPAIN
MD, PhD, Associate Professor of Medicine / Microbiology at the Microbiology and Infectious Disease Unit, Hospital 'Gregorio Marañon', Madrid, Spain
Active in the fields of infections in immunocompromised hosts, infections in surgical patients as well as bloodstream and nosocomial infections

UTE RÖMLING, BORN 1964 IN BAMBERG, GERMANY
PhD, Department of Cell Biology and Immunology, GBF, Braunschweig, Germany
Active in the field of genome analysis of Pseudomonas aeruginosa and biofilm formation in Salmonella typhimurium

ESCMID Fellowships
sponsored by ESCMID

JANNIK HELWEG-LARSEN, BORN 1964 IN DENMARK
MD, Department of Infectious Diseases, Hvidovre University Hospital, Denmark
Active in the field of Pneumocystis carinii pneumonia (PCP): Development of a non-invasive method for diagnosis and molecular typing

FRANZ-JOSEF SCHMITZ, BORN 1963 IN OBERHAUSEN, GERMANY
MD, PhD, Institute for Medical Microbiology and Virology, University Hospital, Düsseldorf, Germany
Active in the field of spread of resistance genes within hospitals and the impact of antibiotic usage of the emergence of resistant pathogens, especially Staphylococcus aureus

PANAYOTIS T. TASSIOS, BORN 1967 IN ATHENS, GREECE
BSc, PhD, Department of Microbiology, Medical School, University of Athens, Greece
Active in the field of molecular typing and antibiotic resistance mechanism of clinically important bacterial pathogens
Short Scientific Biography of Prof Claus Ola Solberg

Professor Claus Ola Solberg has published 250 original articles, books, monographs in books, review articles, and editorials. The main subjects of these publications include disorders of phagocyte functions, hospital infections, meningococcal infections, bone marrow transplantation, viral meningoencephalitis, bacterial endocarditis, and antimicrobial agents and chemotherapy. The role of phagocytic cells in host defence is best illustrated when defects in cell function occur. Solberg and co-workers have developed several methods for the evaluation of phagocyte function and demonstrated that serum factors, therapeutic agents and infections significantly influence cell functions. The methods have also been used to define inherited disorders of phagocytic cells further and to differentiate between viral and bacterial infections. In the early 1960s, it was known that there were differences in the rates of dissemination of *Staphylococcus aureus* by carriers, but the reasons for this were not clear. Solberg presented evidence that the dissemination of *S. aureus*, both by direct or indirect contact and also by airborne transmission, depended on the numbers of microorganisms present on various skin areas, particularly the hands and perineum. He showed airborne transmission to be caused mainly by desquamation of skin scales containing *S. aureus*. Solberg also demonstrated that the transmission of *S. aureus* could be reduced by local treatment with skin disinfectants and antibiotic nasal spray. This treatment can also significantly reduce hospital infections with *S. aureus*. Solberg and co-workers have published several studies on skin disinfection, isolation procedures, and the role of airborne transmission of microorganisms. A number of studies have focused on the role of serum bactericidal activity in host defence against meningococci and less attention has been given to the killing of the bacteria by serum opsonins and phagocytes. Solberg and co-workers have developed methods for the measurement of serum opsonic activity against serogroup B meningococci and demonstrated a close association between serum opsonic activity and the severity of the disease caused by serogroup B strains. In order to define antigens to be included in vaccines against serogroup B meningococci, antibodies to outer membrane antigens have been characterised and compared in sera from patients with serogroup B meningococcal disease and volunteers immunised with candidate vaccines. Clinical studies include infections in bone marrow transplant patients, corticosteroids in viral meningoencephalitis, bacterial endocarditis, transtracheal aspiration in the etiologic diagnosis of pneumonia, blood stream infections and evaluation of antimicrobial agents and chemotherapy.

Short Scientific Biography of Ass Prof Franz-Josef Schmitz

PD Dr. med. Franz-Josef Schmitz is a 37-year-old medical microbiologist, trained in clinical microbiology and virology, clinical chemistry, hygiene, and environmental medicine. He has been conducting research since 1993 at the Institute for Medical Microbiology and Virology, University Hospital, Düsseldorf, Germany. Since 1996, he has also been affiliated with the Eijkman-Winkler Institute of Medical Microbiology, University Hospital, Utrecht, the Netherlands, where, in 1998, he earned his Ph.D. degree in medical microbiology. His thesis was entitled: ‘Methicillin-resistant *Staphylococcus aureus*: detection, typing, epidemiology, virulence and therapy’. In 1999, he was appointed ‘Assistant Professor in Medical Microbiology’ at the University Hospital in Düsseldorf. Dr. Schmitz’s early research activities involved the development of different PCR methods for the detection of methicillin-resistant *S. aureus*. Later, he developed and evaluated several PCR methods, pulse-field gel electrophoresis, and ribotyping for typing purposes, and analysed the impact of delta-toxin and peptidoglycan as virulence factors in staphylococcal infections. Currently, his main research interests include analysing the resistance mechanisms of different antibiotic classes. He has already investigated the resistance mechanisms of quinolones, macrolides, aminoglycosides, mupirocin, rifampicin, and tetracyclines in different organisms, mainly in *S. aureus* and its small colony variants, and analysed the in vitro activities of recently developed antibiotics such as the newer quinolones, quinupristin/dalfopristin and oxazolidinones. As one of the European SENTRY participants, Dr. Schmitz is also involved in studying the epidemiology, susceptibility, and resistance mechanisms of nosocomial pathogens within Europe. The SENTRY program is a longitudinal surveillance program designed to monitor the predominant pathogens and antimicrobial resistance patterns of nosocomial and community-acquired infections both nationally and internationally. At present, he is conducting research on the nosocomial spread of resistance genes and genetic structures, e.g. integrons, within hospitals and the impact of antibiotic usage on the emergence of resistant pathogens.
Main Research Activities of Dr Ute Römling

GENOME ANALYSIS IN PSEUDOMONAS AERUGINOSA

Individuals suffering from the inherited disease cystic fibrosis (CF) almost without exception become infected with *Pseudomonas aeruginosa* in their lungs during their life span. Infection leads to a permanent bacterial colonisation which can last for more than a decade. Epidemiologic studies of strains from CF patients were carried out by evaluating the genomic fingerprints of chromosomes digested with the rare cutting restriction enzyme SpeI and separation of distinct fragments using pulsed-field gel electrophoresis. In the majority of cases patients were infected with one strain, although strain turn-over can occur at the beginning of the colonisation process. 30% of the patients were infected with one clone which was also found in the clinical environment and unrelated aquatic environments with the same prevalence. In addition, the same clone was found causing an ear infection in an unrelated case. Comparison of the patterns of fragments of individual clonal isolates revealed differences of up to 25%. Construction of macrorestriction maps of 21 clonal variants revealed a conserved DNA backbone while differences in the genome structure were mainly caused by complex recombination events. Insertions and deletions, which ranged from 1 to 214 kbp in size, occurred in the chromosome preferentially excluding the region around the origin of replication. Several “hotspots” of hypervariability corresponded with the DNA which had been newly introduced. Disease and environmental isolates could not be distinguished by specific DNA fragments. Specific to the CF lung environment were isolates that showed large chromosomal inversions affecting the gene order on the genome. Strains with those recombination events occurred transiently after one year of infection. Since the structural organisation of the genome is conserved in the species *P. aeruginosa* we concluded that a) the rearrangements may be able to create more adaptable strains or that b) the selective pressures which maintain the standard chromosome structure in the natural habitats no longer apply in the CF lung. Currently, we are trying to characterize the large chromosomal inversions on the molecular level and investigate the biological implications of large chromosomal inversions.

BIOFILM FORMATION IN SALMONELLA TYPHIMURIUM

It has been estimated that over 65% of the human bacterial infections are caused by surface-attached sessile (biofilm-forming) organisms. To develop successful strategies to prevent infection the biofilm-forming cells have to be analysed at the phenotypic and molecular level.

We identified a multicellular behaviour in *Salmonella typhimurium*. The multicellular morphotype is expressed among wild-type isolates of *Escherichia coli* and *Salmonella* spp. Cells expressing the multicellular morphotype display a network structure on agar plates (Fig. 1), autoaggregative behaviour in liquid culture, binding to human matrix proteins such as fibronectin and laminin and biofilm formation on abiotic surfaces.

We identified genes participating in the structure of the extracellular matrix, regulatory genes and regulatory switch points. The genes required for the formation of the multicellular behaviour are highly conserved between *E. coli* and *Salmonella* indicating that multicellular behaviour was already present in the ancestor genome of both species and has a similar function in the same ecological niche.

U. Römling

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Short Scientific Biography of Dr Panayotis T. Tassios

Panayotis T. Tassios was born in Athens in 1967. He studied Biochemistry at the University of Leeds, U.K., then worked in the Medical Research National Institute for Medical Research, Mill Hill, London, for his Ph.D. in Molecular Biology, which he received in 1993 from University College, London. Since 1994, he has been working in the field of Molecular Microbiology in the Department of Microbiology at the Medical School of the University of Athens, where he was elected Lecturer in 1999. His work has been concentrated largely on food-borne infections, especially by *Salmonella* spp., and streptococcal infections in the community, on the one hand, and nosocomial infections by *Staphylococcus aureus* and *Pseudomonas aeruginosa*, on the other. Molecular typing, with respect to both chromosomal and extraneous DNA, can be used to define specific clinically important clones, and to follow their evolution through time, as well as their dissemination in space. This knowledge can in turn be used to assist the control and prevention of the further spread of pathogenic strains.
Among nosocomial pathogens PFGE has been used to show the plasticity of methicillin-resistant (MRSA) isolates of *Staphylococcus aureus* which can occasionally lose the chromosomal locus encoding methicillin resistance, or develop reduced susceptibility to vancomycin. Similarly, *Pseudomonas aeruginosa* belonging to serogroup O:11, previously considered environmental and susceptible to antibiotics, has shown to develop multi-drug resistance, after becoming established in the environment of a number of different hospitals. Indeed, the accumulation of resistance traits in a short period of time could be tracked against the genetic background of a single strain.

Regarding community-acquired infections, PFGE, coupled to plasmid analysis, of *Salmonella enteritidis* has revealed the genotypic similarity among the majority of ampicillin-resistant isolates, regardless of human, animal or food origin. Nevertheless, the two major PFGE types of resistant strains were also present among the susceptible population in isolates that simply lacked the transferable plasmid encoding a TEM-type β-lactamase. In turn, this plasmid was also responsible for ampicillin-resistance in *S. typhi* and *S. paratyphi* B. The lack of genomic heterogeneity in *S. enteritidis* was in contrast to the diversity, both with respect to PFGE types and integrons harbouring resistance gene cassettes, observed among multi-drug resistant *S. typhimurium* isolates belonging to phage type DT104. On the other hand, the clonality, with respect to chromosomal background, CTX-M type β-lactamase gene and plasmid vector, of ceftriaxone-resistant *S. typhimurium* isolates, either sporadic or epidemic, from three European countries, was also proven. Finally, an analysis of outbreak *S. blockley* isolates by PFGE and antibiotic susceptibility testing was successful in discerning two groups of isolates with distinct molecular, phenotypic, and epidemiological characteristics. As a member of the European Study Group on Epidemiological Markers (ESGEM) of ESCMID, Dr. Tassios has participated in multi-centre studies for the harmonisation and standardisation of PFGE and PCR typing methods for methicillin-resistant *S. aureus*, and is heading a working party for the definition of bacterial types. He is responsible for co-ordination of the Greek team participating in Enter-net, the European Union (EU) network for the surveillance of salmonella and VTEC infections; responsible for the application of molecular methods within the Greek team participating in HARMONY, a EU project for the harmonisation and standardisation of methods to prevent, control and study nosocomial infections; and member of the Scientific Committee of FOOD-PCR, a EU research project for the molecular diagnosis of food-borne bacterial pathogens.

**Main Research Activities of Dr Jannik Helweg-Larsen**

*Pneumocystis carinii* pneumonia (PCP) is a common and serious opportunistic infection in immunocompromised patients, particularly in those infected with HIV-1. My research has focused on three areas of this disease: a) the development of a non-invasive test for PCP; b) molecular typing of *P. carinii* and c) the investigation of the clinical impact of sulphonamide-resistant mutations in *P. carinii*.

**Diagnosis.** Diagnosis of PCP usually requires detection of the organism in lung fluid obtained by bronchoalveolar lavage or induced sputum. Bronchoalveolar lavage, however, is an invasive procedure and can be difficult to perform in some patients. Also, induced sputum has variable diagnostic sensitivity and is unpleasant for the patient. We recently described a non-invasive test for detection of *P. carinii* DNA in oral washes. The test is based on a optimised PCR method which has the ability to detect PCR inhibition and has high sensitivity and specificity for the diagnosis of PCP in patients with HIV-1 and haematological cancers.

**Molecular typing.** The mode of acquisition and transmission of *P. carinii* is unclear. Despite many efforts the human form of the organism cannot be cultured in vitro. The observations of mini-epidemics with PCP have suggested that transmission between patients may occur. In order to investigate this possibility two possible outbreaks of PCP among Danish and British patients were studied in collaboration with Dr. Ann Wakefield, Oxford. Using DNA typing of the internal transcribed spacer regions (ITS) of rRNA obtained from respiratory specimens it was demonstrated that in the majority of cases there were different ITS types present, suggesting that transmission between patients may be a relatively infrequent event. To develop and evaluate molecular typing of *P. carinii* isolates further we have collaborated with Professor Chao-Hung Lee from Indiana University, and characterized more than 150 PCP isolates with the ITS typing system.

**Sulphonamide resistance.** Sulphonamide drugs, which inhibit the enzyme dihydropterate synthase (DHPS), are widely used for the treatment and prophylaxis of PCP. In HIV-1 positive patients co-trimoxazole, (a combination of sulphamethoxazole and trimethoprim), is recommended for all patients with a CD4 cell count of less than 200 cells/ml. Recently, in a study of 144 HIV patients diagnosed with PCP between 1989 and 1999, we demonstrated that mutations in the DHPS are associated with sulphur drug failures. Importantly, DHPS mutations were associated with breakthrough of PCP in patients taking sulphonamides prophylactically and a three-fold higher risk of death within 3 months of diagnosis, most probably because of poorer responses to therapy. In addition we have developed a rapid method for the detection of common DHPS mutations.

*J. Helweg-Larsen*
During 2000 the Executive Committee developed a concept of affiliation of related professional societies with ESCMID. The societies ESCMID has in mind are the national societies in clinical microbiology and infectious diseases across Europe as well as European specialist societies interested in the infection disciplines.

Affiliation is ESCMID’s strategic approach to develop a stronger European identity, to foster professional harmonisation and to grow its impact.

To learn more about the political implications and the consequences on our membership and the subscription rate of CMI we decided to run first a two year pilot with four societies, the British Infection Society, The Spanish Society of Infectious Diseases and Clinical Microbiology, the Swiss Society of Microbiology and the Swiss Society of Infectious Diseases. According to the current concept ESCMID offers the affiliated societies a whole package of benefits for modest EUR 5 per member per year. The benefits include the receipt of ESCMID News, space in ESCMID News to report and advertise the affiliated society’s activities, electronic mailings, mutual links on the websites, organisation of one postgraduate course per year under the auspices of ESCMID, subscription of CMI at the same conditions as ESCMID members, reduced registration fees at ECCMID, promotional booth at ECCMID at prime costs, business meeting at ECCMID with room paid by ECCMID and venue and programme announced in the final programme.

It is hoped that an agreement of affiliation can be signed with the four societies in early spring 2001. The pilot programme will be evaluated and possibly amended at the end of 2002. Extension to other societies can then follow in 2003.
The individuals mentioned below were awarded an ESCMID attendance grant for one of the six postgraduate courses in 2000 or the 10th ECCMID in Stockholm.

Postgraduate Education Courses

Adami, Cecilia Perugia, Italy
Akhan, Sila Cetin Istanbul, Turkey
Allengranzi, Benedetta Verona, Italy
Antozzi, Larissa Verona, Italy
Armstrong, Christopher Belfast, United Kingdom
Balis, Evangelos Athens, Greece
Bittincka, Svetlana Tirana, Albania
Blanco, José Ramón Lardero, Spain
Boras, Arjana Zagreb, Croatia
Bosma, Froukje Nijmegen, The Netherlands
Cani, Eli Tirana, Albania
Carev, Merica Split, Croatia
Codita, Irina Bucharest, Romania
Dorneanu, Olivia Iasi, Romania
Edelstein, Mikhail Smolensk, Russian Federation
Farmaki, Evangelina Thessaloniki, Greece
Glatt, Katalin Budapest, Hungary
Granier, Sophie Paris, France
Güven, Rabia Ankara, Turkey
Havasi, Katalin Budapest, Hungary
Jursa, Joanna Szczećin, Poland
Kaliterna, Vanja Split, Croatia
Karademir, Asli Ankara, Turkey
Karakus, Resul Gdansk, Poland
Komarnicka, Jolanta Smolensk, Russia
Kretchikov, Vladimir Pula, Croatia
Kucinar, Jasmina Zagreb, Croatia
Ladan, Vesna Pula, Croatia
Lazaric-Stefanovic, Lorena

Miftode, Egidia-Gabriela Iasi, Romania
Mihaylova, Sashka Pleven, Bulgaria
Milic, Nada Belgrade, Yugoslavia
Milotic, Irena Rijeka, Croatia
Naumiuk, Lukasz Gdansk, Poland
Navi, Margarita Barcelona, Spain
Oncu, Serkan Istanbul, Turkey
Pazuraskevi, Greene Athens, Greece
Pérez, Cristina Madrid, Spain
Pessoa da Silva, Carmen Rio de Janeiro, Brazil
Puntar, Alemka Zagreb, Croatia
Raka, Lul Prishtina, Yugoslavia
Randegger, Corinne Zurich, Switzerland
Rubinovitch, Bina Tel-Hashomer, Israel
Saenz, Yolanda Logroño, Spain
Sanchez-Conde, Matilde Madrid, Spain
Santini, Marija Velika Gorica, Croatia
Seme, Katja Ljubljana, Slovenia
Sisko Kraljevic, Katarina Split, Croatia
Slobodnikova, Livia Bratislava, Slovak Republic
Souweine, Betrand Clermont-Ferrand, France
Stankiewicz, Maria Wroclaw, Poland
Tansel, Özlem Warsaw, Poland
Wasyl, Dariusz Budapest, Hungary
Yagci, Aysegül Marmara, Turkey

10th ECCMID 2000 Stockholm

Akcam, Zeynep Samsun, Turkey
Andreeva, Irina Perm, Russia
Beneda, Bohumír Prague, Czech Republic
Bogdanowitch, Tatiana Smolensk, Russia
Dorneanu, Olivia Simona Iasi, Romania
Dziemiszkiewicz, Elżbieta Gdansk, Poland
Edelstein, Mihkail Smolensk, Russia
Khryanin, Alexei Novosibirsk, Russia
Kohlhaussen, Simone Potsdam, Germany
Kovacicova, Gabriela Bratislava, Slovak Republic
Kozlov, Roman S. Bern, Switzerland
Löffler, Jutta Belgrade, Yugoslavia
Milenkovic, Vladimir Bratislava, Slovak Republic
Nagyova, Martina Barcelona, Spain
Nava De Roux Margaratia Kurupelit, Turkey
Pekbay, Ayhan Athens, Greece
Tassios, Panayotis Tilisi, Georgia
Tsereteli, David Kaunas, Lithuania
Velvyvte, Daiva
Co-operation between European Infections Societies

Initiation of a consultation process

BACKGROUND
Europe has a rich history with regard to innovation, education and professional endeavours within the infection disciplines. This legacy has resulted in a plethora of scientific societies, many of which are national in profile, whilst others have developed international links built on common interests. The current rapid expansion in knowledge, and the increasing complexity of medicine has coincided with political convergence in Europe. There is therefore need for major European societies to ensure that their activities are complimentary, and not competing for valuable resources. For these reasons, informal meetings between Jean Claude Pechere, Chairman-Elect of the International Society for Chemotherapy (ISC) and Roger Finch, President-Elect of ESCMID, have resulted in the discussion document published here.

TASK FORCE FORMED
ESCMID has established a task force made up of Professor Carl Erik Nord, Professor Roger Finch and Dr Peter Schoch to meet with colleagues from the ISC and its European sub-section (FESCI), as well as with other societies with a European interest to identify common ground, advise and make recommendations. This can only be done with the support of the membership of ESCMID, whilst also seeking views from other members of the medical and scientific community. Likewise, our colleagues in industry are also welcome to comment in what is hoped to be a far reaching consultative process. This will hopefully result in a strengthened portfolio of activities aimed at promoting the science practice and education within the infection disciplines within Europe and beyond. Please give this careful consideration and send your thoughts and comments to the ESCMID Executive Office in Basel.

Roger Finch
ESCMID President-Elect

PROPOSAL FOR CO-OPERATION – A DISCUSSION DOCUMENT
• There is a continuing and expanding need for education and training in medical and science graduates in the infection disciplines, such as Medical Microbiology, Infectious Diseases, Public Health Medicine. This presents a major challenge as the knowledge base expands and the complexity of medicine increases.
• Political convergence in Europe has created the need for harmonisation in the practice of medicine and related disciplines. Advancement and exchange of scientific knowledge lies at the heart of ensuring quality and refinement in these endeavours.
• National and international societies have an important responsibility in promoting the science and practice of infection by serving their membership and the wider community. Continental based societies have an important role in ensuring that their activities complement and extend the activities of national societies and in providing leadership within Europe. No one society can claim a monopoly in all these areas.
• Collaboration between societies is increasing and makes strategic sense. Where there is complementarity of interests a basis for co-operation should be clearly defined and be supported by their executive, membership and the constituency they serve.
• International congresses are expensive, time consuming and complicated to organise. It is apparent that multiple congresses within the European setting are unnecessary, reduce overall quality and compromise the support of the delegate base they are intended to serve. They also undermine the financial benefit that results from a single well supported meeting. Any financial benefits that accrue should nurture and extend existing scientific, educational and professional activities. These should be defined, agreed democratically and made public.
• In promoting the concept of a single world class annual European congress, it is proposed that a process of convergence be established. For this to be achieved there will need to be commitment, vision and transparency at all levels. It is proposed that a task force be established to define, advise and make recommendations. The success of such a task force will depend on strong support from sponsoring societies to ensure that the momentum is maintained.

Figure 1

Figure 2

Cytomegalovirus (from: ASM Digital Image Collection, D.L. Wiedbrauk, J.E. Barenfanger)

Figure 1. H&E stained lung section showing typical owl-eye inclusions (480X).

Fig 2. Cytomegalovirus (CMV) in monocytes in the lung of a patient with AIDS who had disseminated CMV (culture proven, 1000X oil)
10th ECCMID 2000

REPORT FROM THE MAIN EUROPEAN MEETING IN MICROBIOLOGY AND INFECTIOUS DISEASES OF THE YEAR 2000 – THE 10th ECCMID IN STOCKHOLM 28–31 MAY

The Stockholm ECCMID marked a change from biannual to annual meetings. Only 14 months elapsed between the very successful ECCMID in Berlin and the one in Stockholm. It was also the first step towards a more structured process for developing a high-quality scientific programme. Thus, the 18 members of the new Programme Committee, under Professor Patrick Francioli, planned the scientific programme and did so very successfully. The 4076 active participants from more than 70 countries had a very extensive choice of scientific activities, which included 6 plenary lectures, 31 official symposia, 17 integrated symposia arranged by industry, 10 ESCMID sessions organised by ESCMID study groups and working parties, 3 pro-vs-con debates, 9 meet-the-expert sessions, 14 oral sessions, 4 of which included state-of-the-art mini-lectures and 64 poster sessions. In all, 1139 free communications from 61 countries were accepted for presentation. A small disappointment was that about 10% of those with accepted free presentations did not show up at the congress.

A matter of debate is the role of the pharmaceutical companies in meetings like ECCMID. We feel that in Stockholm we achieved a sound balance between industry-funded and independent presentations and had good co-operation with pharmaceutical companies. The organising committee approved the scientific contents of all integrated symposia which, thanks to the efforts of industry, generally had a very high scientific quality. In this context, it should also be mentioned that, without support from industry, the registration fees would be prohibitively high.

As president of the 10th ECCMID I had the pleasure of working together with a group of highly skilled people. In particular I would like to mention the members of the organising committee, Professor Carl Erik Nord, Mr. Lars Åke Pellborn, Professor Per Ljungman, Ass. Professor Lena Grillner, Ass. Professor Ingrid Uhnoo and Professor Patrick Francioli. Finally, we received excellent services from Stockholm Convention Bureau through the project leaders Lena Åberg and Monica Broberg and from Stockholm International Fairs.

Socially, the participants could enjoy an opening ceremony which was attended by HRH Princess Lilian and during which the ESCMID Award for Excellence in Clinical Microbiology and Infectious Diseases was presented to Professor Claus Ola Solberg from Bergen, Norway. Following a high quality musical programme, the many participants were able to meet at a reception. Despite the very high level of attendance at the scientific sessions, the participants also had several possibilities of enjoying Stockholm and the early Swedish summer.

The 10th ECCMID in Stockholm proved that the step to make these meetings annual was a correct one. ECCMID is now clearly established as the leading European meeting in the fields of microbiology and infectious diseases, both in terms of scientific quality and attendance. We all look forward to April 2001 and the 11th ECCMID in Istanbul.

S. Ragnar Norrby
President 10th ECCMID
Dear Colleagues and Friends

On behalf of the Organising Committee we invite you with great pleasure to the 11th European Congress of Clinical Microbiology and Infectious Diseases (11th ECCMID) which will take place 1–4 April, 2001 in Istanbul, Turkey.

Here you will find some key information on next years’ congress. If you would like to learn more about the 11th ECCMID, please visit our homepage www.escmid.org/eccmid2001 where the Scientific Programme and other information about the congress are available!

ORGANISING COMMITTEE
Özdem Ang, President
O. Sadi Yenen, Vice President
Haluk Eraksoy, Secretary General
Dilek Yaylali, Treasurer
Patrick Francioli, Chairman

ECCMID Programme Committee
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G. Yilmaz

ADMINISTRATIVE SECRETARIAT
11th ECCMID
c/o AKM Congress Service
P.O. Box
CH-4005 Basel
Switzerland
Phone +41 61 686 77 11
Fax +41 61 686 77 88
E-mail info@akm.ch
www.escmid.org/eccmid2001

ISTANBUL – A FABULOUS CITY OF TIMELESS TREASURES
Experience the exciting mixture that is Istanbul, a city where East meets West, the bridge between Europe and Asia, a thriving metropolis of 12 million people – exotic yet distinctly western. Over the course of millennia, Istanbul was the seat of three great empires – Roman, Byzantine and Ottoman, and a meeting place of people of many religions and cultures who came together and learned to live in peace and harmony. Modern amenities, the splendours of the Ottoman past and the honoured traditions of Turkish hospitality combine to make Istanbul a perfect city for a meeting, one that will give treasured and lasting memories. Istanbul will reward you with the comforts of home while offering sights, sounds and smells that carry you swiftly to another culture, and another time.

SCIENTIFIC PROGRAMME
The 11th ECCMID will address the most recent advances in the areas of clinical microbiology and infectious diseases, including the pathogens, pathogenesis, diagnosis, epidemiology, prevention and therapy of infectious diseases, drug usage policy, infection control and all other aspects of infection and host defence.

Sunday, April 1, 2001
On the opening day all participants are invited to register for the 11th ECCMID and to attend the Opening Ceremony followed by the Welcome Reception.

Monday, April 2 – Wednesday, April 4, 2001
A three-day scientific programme will run up to 14 parallel sessions comprised of the following:

• Keynote Lectures
• Official Symposia
• Meet-the-Expert Sessions
• Oral and Poster Presentations
• Integrated Symposia arranged by the Industry

EXCERPT OF THE SCIENTIFIC PROGRAMME
Keynote Lectures
Infectious Cost of Leisure
Serhat Unal, Ankara, Turkey

Candida in the 21st Century
Frank Odds, Aberdeen, UK

Technology Assessment: Where are we?
L. Barth Reller, Durham, USA

Pharmacogenetics: Perspectives for the Treatment of Infectious Diseases
David J. Back, Liverpool, UK

The Challenges of HIV in a Diverse World
Jens Lundgren, Hvidovre, Denmark

The Shifting Epidemiology and Biology of Prion Diseases
Adriano Aguzzi, Zurich, Switzerland

Official Symposia
• Emerging and Resurgent Infectious Diseases
• Tuberculosis: Epidemiology and Pathogenesis
• Typing Methods for the Epidemiological Analysis of Infectious Diseases
• Adventure of Microorganisms in Vessels
• Innate Immunity and Sepsis: From Flies to Humans
• Bacterial Toxins and Pathogenicity
• Current Issues in Enteric Infections
• Recent Progress on Legionellosis
• Update on Infections in Cancer Patients
• Management of Infections in Special Hosts
• Hydatid Disease and Leishmaniasis in Europe
• Rare Filamentous Fungal Infections in Europe
• Issues in Clinical Trials on Antifungal Agents
• Extended-Spectrum Beta-Lactamase and Carbapenemase: Biology, Detection and Epidemiology
• Antibiotic Resistance: Defining and Coping with the Problem
• Hospital Infection Control in the 21st Century
• Catheter-Related Infections: New Insights and Technologies
• Difficult-to-Treat Gram-Negative Hospital Infections
• New Strategies in the Management of HIV Infection
• Virus Infections in Solid Organ Transplant Recipients
• Antiviral Drug Resistance and Its Management
• Clinical Relevance of Quantitative Amplification and Genotyping in the Diagnosis and Management of Viral Infection
• Carriage of Streptococcus pneumoniae in the Era of Antibiotic Resistance and New Vaccines
• Quality Assurance of Antimicrobial Susceptibility Testing
• Conflicts of Interest Between the Prescriber, the Manufacturer and the Profit-maker
• Update on Helicobacter pylori Infection
• Epidemiology and Clinical Aspects of Foreign Body Infections
• Rickettsial Diseases: New Trends and Current Concepts
• Propionibacterium acnes in Human Infections
• Update on Clostridium difficile Infection
• Typing in Community Acquired Infections: Lessons from Food-borne Infections
• Quality Control in Molecular Diagnostics in Microbiology: Organisation, Pitfalls and Solutions
• Antimicrobial Resistance Surveillance: Lessons from the Past, Clues for the Future
• Experimental Infections: Advances in Understanding Microbial Pathogenesis and Disease
• Diagnosis of Tick-borne Diseases
• Meet-the-Expert Sessions
• Infection Control in countries with limited resources
• Viral infection and pregnancy: When, how and what to test for?
• Managing suspected or confirmed MDR-TB
• Malaria prophylaxis and treatment: Tailoring the need
• HCV therapy: When to start?
• Training in infectious diseases
• Antibiotic treatment strategies with ESBLs
• Animal models: Do we like them and do we need them?
• Molecular typing: Practical issues
• Optimal duration of treatment in infectious diseases
• Management of neutropenic patients
• Hospital water control: Where? What? When?
• Susceptibility testing of fungi
• Prions and infection control
• Oral Presentations
• New development in PCR-based diagnosis
• HIV / AIDS
• Lyme borreliosis
• In vitro studies of antimicrobial drugs
• Epidemiological issues
• Viral infections in transplant recipients
• Diagnosis of community acquired LRTI
• Epidemiology of antimicrobial resistance
• Pathogenesis of gram-negative bacterial infections
• Mechanism of resistance in bacteria
• Aspergillosis: Diagnostic and treatment issues
• Parasitic diseases
• Staphylococci and streptococci: Pathogeneses and vaccines
• Hepatitis B and C
• Nosocomial infections
• Quality of antibiotic usage
• Epidemiology and diagnosis of MRSA
• Mycobacterium tuberculosis: Rapid diagnosis and resistance

11th ECCMID “ON-LINE”

The following homepage has been set up for on-line information and registration for the 11th ECCMID 2001: www.escmid.org/eccmid2001

Before, during and after the congress this homepage will provide you with the following services/information:
• Programme of the 11th ECCMID – regularly updated
• On-line abstract submission
• On-line congress registration
• Scientific programme, including chairpersons and speakers
• Possibility to compose your personal congress programme: You can search for topics and authors
• Access to all accepted abstracts starting April 1, 2001
• Information on the congress venue and the city of Istanbul, social events, tours, hotel accommodation

ABSTRACT SUBMISSION

Deadline for the submission of free communication abstracts was November 22, 2000. More than 1650 abstracts were received for blind reviewing and scoring by the Abstract Review Committee.

REGISTRATION

All participants must register for the congress. You can do this either on-line via the 11th ECCMID homepage or by sending a registration form together with full payment to the Administrative Secretariat. There will be different categories of registration fees including reductions for students, ESCMID members and for those who register early. The registration fee for participants includes congress bag, Final Programme, Abstract Book, admission to all parts of the congress, Opening Ceremony and Welcome Reception.

TRAVEL GRANTS

Deadline of the application for a travel grant and free registration was November 15, 2000. 20 young Europeans who submitted an excellent abstract will be supported with €500, 26 additional young European scientists will profit from free registration.

ACCOMMODATION

The hotel situation in Istanbul is terrific! TOPKON Travel has reserved hotel rooms of different categories; most of them in the city centre at walking distance to the congress facilities. Please see the Preliminary Programme or the 11th ECCMID homepage for the hotel & tours registration form.
Dear Colleagues,

Supporters and Members of the European Society of Clinical Microbiology and Infectious Diseases

It is an honour and privilege to invite you to the 12th European Congress of Clinical Microbiology and Infectious Diseases that will take place in Milan, 24–27 April, 2002. ECCMID represents the major international meeting, based in Europe, on basic medical research related to human diseases, clinical diagnosis and therapeutics. It is also a forum where the most recent trends in health care management, the spread of new and old pathogens and the development of resistance to antimicrobial drugs are debated. Keynote and state-of-the-art lectures, symposia, workshops, oral presentations, meet-the-expert and poster sessions will disseminate new information and stimulate discussion among colleagues from around the world. Additional educational opportunities will be offered by the Exhibit Programme that traditionally enriches all ECCMID’s.

We are indeed proud that Milan has been selected for hosting the 12th ECCMID. This occasion will provide the participants and accompanying persons with the opportunity to visit and enjoy this European city and modern Italy, bustling with life, commerce, fashion, music, art and offering vast cultural attractions during the mild onset of spring. Known internationally as Italy’s “business centre”, Milan is not just a working city. In the city itself, there are plenty opportunities for sightseeing, the arts and entertainment. The city centre abounds in works of art and historic monuments, without mentioning fashion boutiques, fairs and restaurants. Centrally located in the city, Fiera Milano is just a few minutes away from the Cathedral, the famous Galleria, the La Scala Opera House, the Sforzesco Castle and the elegant Brera district.

We are confident that the 12th ECCMID will provide a scientifically as well as personally enriching experience for all participants and we warmly invite you to attend this important meeting in April 2002.

Gian Carlo Schito
President 12th ECCMID

For further information please contact:
Administrative Secretariat
12th ECCMID 2002
c/o AKM Congress Service
P.O. Box
CH-4005 Basel
Switzerland
Phone: +41 61 686 77 11
Fax: +41 61 686 77 88
E-mail: info@akm.ch
www.escmid.org/eccmid2002
Call to Organise ESCMID Postgraduate Courses in 2001/2002

In 2001 and 2002 so far only one Postgraduate Course has been announced: 16th ESCMID Postgraduate Course on the Management of Nosocomial Infections of Antibiotic Resistance, March 30 – April 1, 2001 in Antalya, Turkey, organised by the European Study Groups of Antibiotic Policies (ESGAP), Antibiotic Resistance Surveillance (ESGARS) and Nosocomial Infections (ESGNI).

ESCMID intends to sponsor about four Postgraduate Courses every year. We thus invite the Study Groups and the National Societies that are member of the ESCMID European Council to submit proposals for Postgraduate Courses in 2001 and 2002. For organisational guidelines see www.escmid.org or contact the ESCMID Executive Office at peter.schoch@escmid.org or phone +41 61 6867791.

La Ciotola (engl. bowl) by Roberto Rampinelli. Art exhibition in the Giorgio Cini Foundation, Venice, during the 3rd International symposium on Nosocomial Infections Today, Nov 5–8, 2000. The exhibition and publication were dedicated to ESCMID and sponsored by Pharmacia.
Guest Column

UEMS and the Specialty of Infectious Diseases in Europe

UEMS (Union Européenne des Médecins Spécialistes) was created by representatives delegated by the professional organisations of medical specialists of the European Community Member and Associated Countries. It is situated in Brussels close to the European Commission. The European Commission has a primary interest in facilitating the mobility of the workforce. The UEMS is in effect a lobby group directed towards the Commission with the main aim of establishing a consistent standard of quality of training of European Medical Specialists throughout all member countries so that when movement of specialists within Europe increases, as it surely will, there is a confidence in the quality of the medical specialists wishing to move from one member country to another. There is no system within the Commission to address the issue of ‘quality’ of the workforce. Currently there are 34 non-specialist sections from 24 countries representing more than 1 million doctors within the UEMS. Every National Medical association and Specialty Association in each individual country is requested to send two delegates as representatives on the Section of each discipline. In the spring of 1997 the first meeting of country representatives of specialists in Infectious Diseases was held in the headquarters of the UEMS in Brussels. For those present and for many others the ‘recognition’ of the specialty in Europe and the creation of the Infectious Diseases UEMS Section (UEMS/ID) had been sought for a long time. The first President of the Section was Dr Barbara Bannister (UK) and she was succeeded in 1999 by Dr Daniel Lew (Switzerland).

Although present in most European countries the specialty of Infectious Diseases has developed in different ways both clinically and politically. In some (such as the Scandinavian countries) it is structured in well sized clinical departments; in some (such as Spain) it is not yet recognised despite there being ‘extensive’ clinical activity in ID whereas in others (such as Germany), although ‘politically’ recognised by their authorities, it is struggling to get accepted in hospitals. The Table shows the official status of the specialty of Infectious Diseases in different European countries; it also indicates the countries which have thus far sent representatives to the UEMS/ID Section. The UEMS/ID Section is responsible for appointing a Board. The Board is responsible for developing systems to address issues of training programme, quality assurance, CME etc. The first President of the Board is Dr Mike McKendrick (UK). Since the Board was established in September 1998, it has worked hard to establish a core infrastructure. The papers from the Board are presented to and approved by the Section at the annual meeting prior to being placed on the ‘UEMS/ID Section’ web site at http://www.uems.be/infect.htm. Papers/actions completed or under development currently include:

- A European Training Programme in Infectious Diseases (on web page)
- A European log book for training (planned to be on web page by end 2000)
- Continuous Medical Education (CME) charter for ID (on web page).
- Database of European institutions able to offer a period of ID training to trainees from other European Countries (under discussion)
- Database of specialist numbers and training numbers in member countries (awaiting completion)

These papers are not prescriptive and the control of training within a country rests firmly with the National Authority. The training programme, for example, reflects aspects of training that have been agreed as important by all member countries represented at the UEMS Section and could form the basis of training programmes for countries which have not yet developed their own. The issue of Continuous Medical Education (CME) or Continuous Professional Development (CPD) is of increasing importance and most countries who do not yet have established structures for this are actively working to set them up. The topic of CME was the subject of a multidisciplinary meeting in Brussels at the UEMS in May 2000 and the potential for development of formal links between UEMS Sections and representative European Societies was discussed. Members of ESCMID were invited to the Section meeting in September 1999 and again in September 2000 in Budapest (ESCMID being the largest European provider of Infectious Diseases education). At the 2000 meeting it was decided that a priority is to help to develop and implement a coordinated system for accreditation of CME in ID. In order to approach this problem a task force will be established with representation from UEMS/ID and ESCMID. The UEMS representative and head of the task force is Dr Finn Trunk Black (Denmark). For countries which have not yet sent representatives to the ID Section who wish to make contact and/or for further related questions the secretary of the ID Section Dr Haakon Sjurson, Norway, may be contacted (e-mail: Haakon.sjurson@haukeland.no)

Infectious diseases is recognised as an essential and increasing part of the structure of medicine in Europe in the 21st century. By the work of the UEMS, we hope to facilitate the training of all infectious diseases’ specialists to a consistent high standard which will ensure optimal management of infection in the future and confidence in quality of ‘the workforce’ as movement of specialists in Europe becomes more common.

Professor Daniel Lew
President, Infectious Diseases Section of UEMS

Dr Haakon Sjurson
Secretary, Infectious Diseases Section of UEMS

Dr Mike McKendrick
President, Board of Infectious Diseases of UEMS
National Medical Associations being Full or Associated UEMS members, respectively

<table>
<thead>
<tr>
<th>Country</th>
<th>Recognition of Infectious Diseases as Medical Specialty</th>
<th>Status at UEMS ID Section</th>
<th>Country</th>
<th>Recognition of Infectious Diseases as Medical Specialty</th>
<th>Status at UEMS ID Section</th>
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<tbody>
<tr>
<td>Austria³</td>
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<td>not represented</td>
<td>Norway³</td>
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<td>member</td>
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<tr>
<td>Belgium¹</td>
<td>not recognised</td>
<td>observer</td>
<td>Portugal¹</td>
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<tr>
<td>Denmark¹</td>
<td>+</td>
<td>member</td>
<td>Spain¹</td>
<td>not recognised</td>
<td>observer</td>
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<tr>
<td>France¹</td>
<td>only in hospitals</td>
<td>observer</td>
<td>Sweden¹</td>
<td>+</td>
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<tr>
<td>Finland¹</td>
<td>not recognised</td>
<td>not represented</td>
<td>Switzerland¹</td>
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<tr>
<td>Germany¹</td>
<td>+</td>
<td>member</td>
<td>UK¹</td>
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<td>member</td>
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<tr>
<td>Greece¹</td>
<td>+</td>
<td>not represented</td>
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<td>+</td>
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</tr>
<tr>
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Training programmes, duration of training and recognition of infections diseases and clinical microbiology as medical specialties still vary considerably among different European countries. ESCMID has recently been approached by several members with the request to support the national societies and medical academies in their struggle for better training programmes, quality assurance and recognition of the infection disciplines as medical specialties in their countries. The Executive Committee recognises the need for further legal harmonisation across Europe and wants to support its colleagues in this endeavour. To this end the Executive Committee took the following decisions at its meeting of February 1:

1. ESCMID recognises that medical training is a national issue.
2. ESCMID is liaising with UEMS, Section for Infectious Diseases and Section for Medical Biophathology, to influence the political process in Europe wherever possible.
3. The Executive Committee is preparing official ESCMID position papers about the issue for publication in ESCMID News and/or CMI.
4. The issue of the development of the specialties of clinical microbiology and infectious diseases in Europe will be discussed at the ESCMID European Council meeting on April 2, 2001 in Istanbul.
5. It is planned to organise two symposia on regulatory issues in clinical microbiology and infectious diseases at the 12th ECCMID 2002 in Milan.
6. The opinion of our members, associated societies and any other professionals on these issues is very welcome. The Forum Section in ESCMID News is open for the discussion.

For the Executive Committee
Peter Schoch
The Tortuous Path of the Leprosy Bacilli

Questioning an Old Paradigm

The World Health Organisation (WHO) has set itself an ambitious goal: to reduce leprosy worldwide to a minor public health problem by the end of this year. To achieve this goal, it will be necessary to reduce the incidence in the 13 most affected countries from approximately 4.5 cases per 10,000 inhabitants per year to less than one per 10,000. The current strategy is based on the assumption that Mycobacterium leprae is transmitted exclusively from human to human and that the incidence can be reduced to zero if all patients receive adequate treatment. Recent scientific evidence, however, suggests that this assumption may be wrong.

Ever since the WHO decided, with the 1994 Declaration of Hanoi, to launch a systematic, worldwide attack on leprosy, the disease has been in decline. The number of registered leprosy patients had fallen from four million in the year 1985 to 740,000 by the end of 1998. Even if it is assumed that there are approximately 300,000 patients not yet aware of their condition or not yet registered, the number of active cases has decreased by 75% in less than 15 years.

The new WHO strategy is characterised by a triple approach. First, an attempt is made to reduce prejudice in local populations by an information campaign, and it is made clear to those stricken by the disease that leprosy, like any other mycobacterial infection, can be curable. At the same time, patients who are newly diagnosed receive a combined treatment of three highly efficacious antibiotics, with patient compliance being closely monitored. After six months, or at the latest, twelve months, a complete cure is almost certainly achieved.

Contrary to popular belief, leprosy, though clearly an infectious disease, is not highly contagious. No infections have ever been observed in medical personnel exposed for years, sometimes for decades, to leprosy patients and often living in close contact with them in so-called leprosaries. In contrast, tuberculosis, which is highly infectious, has been transmitted from infected patients to doctors and nurses caring for them. M. leprae differs from Mycobacterium tuberculosis, in that the leprosy bacterium cannot be grown on artificial media and replicates extremely slowly. The most intimate contact with body secretions from leprosy patients, over extended periods of time, is required for an infection to occur. This explains why leprosy, as an endemic disease, is a condition afflicting populations living in miserable dwellings under poor hygienic conditions. Malnutrition and ignorance, factors closely related with extreme poverty, are further elements keeping the ‘wheel of infection’ turning. As soon as the socio-economic conditions improve, the chances of transmission begin to decline. This is illustrated by the situation in Norway, a country ravaged by leprosy well into the last century.

Living conditions in Norway in the 19th Century were comparable to those prevailing in developing countries today, e.g. on the Indian subcontinent or in the Brazilian hinterland. People were living mostly on isolated farms and in small villages and were extremely poor. All members of the family ate and slept together in a single room. Often there were no real beds; children and adults sat huddled close together in a sort of short bed, barely long enough for sleeping in a sitting position. There was no personal hygiene as we know it today, food was scarce at all times and scarcer still during the long winter months.

For this thinly populated and bitterly poor farming and fishing country, leprosy had become such a health problem 150 years ago that the government invited Rudolf Virchow, foremost medical authority of the time, to come to Norway to investigate the causes of the disease. During his visit to the region of Bergen in the summer of 1859, Virchow often only had to take a few paces away from where his ship had landed to meet dozens of severely sick people. In many communities, one in every hundred – in some parishes one in fifty – inhabitants had contracted the disease. Even the German medical luminary, however, was not able to shed light on the obscurity surrounding the aetiology of the disease. Although Virchow did suspect a ‘germ’ as the causal agent, he could not prove this. It was only in 1873 that Armauer Gerhard Hansen, a Norwegian physician, was able to demonstrate in a Bergen hospital that leprosy was caused by a bacterium. This was 10 years before Robert Koch discovered the tubercle bacillus! Leprosy thus turned out to be simply another infectious disease.

Much more recently, it was again Norway where the first evidence was uncovered that the paradigm of a disease transmitted exclusively from human to human may be wrong: in the early 1980s, the Norwegian epidemiologist Lorenz W. Irgens, a professor at the University of Bergen, and the German microbiologist Jindrich Kazda, a professor at the University of Kiel, stumbled upon an unexpected treasure, the official Leprosy Register of Norway. Its large volumes recorded meticulously the place of residence, age, gender, profession, family relationship and other demographic data of every leprosy patient reported between 1835 and 1950. The two scientists fed these data into a computer and set to work. The results of their analysis were astonishing. It revealed that in 19th Century Norway, patients with leprosy clustered in a relatively limited number of sites, all of which displayed the same characteristics: isolated farms or hamlets near a fjord situated below a mountain range with a Southern orientation, and high atmospheric humidity. Because the rocky soil did not allow the digging of wells, the inhabitants fetched their water through wooden pipes from sources on the mountain slopes and from small ponds. These contained – then as now – certain kinds of mosses that proliferate because of the high humidity of the air. The statistical analysis of the Leprosy Register revealed that for people living in such an environment the risk of getting leprosy was 18 times higher than for those living in different geographical locations, with low atmospheric humidity.

The solution to this riddle was that inside a type of moss called Sphagnum,
which requires high atmospheric humidity for growth, temperatures could reach 30°C under intensive sunshine. Such conditions of temperature and humidity are those of an ideal 'incubator' in which various types of mycobacteria grow well. Systematic analysis of mosses in the vicinity of former leprosy 'hot spots' has revealed - and this could be regarded as the real scientific sensation - that even today bacteria are found in those spots that cannot be distinguished from *M. leprae* by any in vitro technique currently available. Since leprosy bacteria cannot be grown in culture, their identity can only be ascertained by injecting them into experimental animals.

Similar investigations have been carried out by Jindrich Kazda in former leprosy areas in Portugal and in the Southern USA, as well as in regions where leprosy is still widespread, such as the Ivory Coast, Peru and India. In each case, Kazda was able to confirm his findings from Norway. Most often, he found organisms apparently identical to *M. leprae* in mosses, and once even in moist soil.

Since several species of mycobacteria which are non-pathogenic to humans are commonly found in the environment, it could be that humans infect themselves at the same time with the leprosy agent and a non-pathogenic mycobacterium, and the German researcher investigated this possibility. Leprosy bacteria obtained from *Sphagnum* mosses were injected into the foot-pad of nude mice (the only animal model for leprosy apart from the nine-banded Armadillo) together with *Mycobacterium intracellularare*, a typical environmental bacterium that he had found in the vicinity of a leprosy colony in India.

When the two species were injected together, lepromas formed twice as fast as in control animals that had only been injected with *M. leprae*. Furthermore, fast systemic spreading of disease was observed in the nude mice comcomitantly infected. In a control group, only *M. intracellularare* was injected and these animals did not develop any signs of disease.

This leads to two conclusions: under specific climatic conditions leprosy bacteria seem to occur in the environment, and humans may then infect themselves by drinking contaminated water, or through small skin lesions, etc. The course of the disease seems to be particularly fast when there is a simultaneous infection with one of the mycobacterial species commonly found in the environment, even though most of these species are not pathogenic on their own. It seems that Armauer Gerhard Hansen, the discoverer of the leprosy pathogen, came to a similar conclusion, which he could not, however, demonstrate with the scientific tools of his time: in his 1895 treatise on leprosy, he states that 'Here in Norway, where people often wade through rivers, brooks and swamps with bare feet, it is interesting to observe that the first body parts to display signs of leprosy are the feet and calves'.

Official statistical data of the WHO also support the hypothesis of the occurrence of the causative agent of leprosy outside of the human body. Thus, whereas the prevalence of leprosy has decreased by approximately 80% in recent years, the incidence has remained constant during the same period and has even increased in some regions prone to leprosy, such as Northeastern Brazil. Theoretically, several explanations for this discrepancy are possible, but the most likely one is that healthy people become infected from an environmental reservoir, whatever this may be, while transmission from human to human is becoming less and less frequent. Today even faithful defenders of the old paradigm, such as Walter Kirchheimer from the US, admit that human-to-human transmission may well account for only 30 to 60% of all newly occurring cases.

And why should leprosy have disappeared from Norway without leaving a trace in the middle of the 20th Century? Because conditions had changed in such a fundamental way that both types of transmission of the disease-causing agent became unlikely: a nation of poor farmers and fishermen evolved into an affluent society based on a solid middle class of tradesmen, ship builders and craftsmen. As to the few farmers left, with the improvement of agricultural production methods they were soon able to afford larger houses, not to mention their own bed and shoes! And it has been a long time since anybody had to rely on a mountain source for water in Norway. As everywhere else in Europe, drinking water of the best quality is delivered directly from a water processing plant to the house.

Hermann Feldmeier

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**THE STIGMA OF LEPROSY**

Favoured by migration, war and increasing trade, leprosy started spreading from China and India to the West about 2000 years ago, reaching Europe in the early Middle Ages, and developing over the next centuries into an endemic disease that extended from Portugal to Iceland. France alone had 2000 leprosaries in the 12th Century, each harbouring several hundred inmates.

It became the most feared of all diseases, after plague. Because of the deformities and mutilations typical of leprosy, it was like a malignant disease, but unlike plague it afflicted the individual human being rather than society at large. Whoever caught leprosy was facing a bleak and inevitable destiny. Lacking any true knowledge about the disease and its cause, the highest authorities decreed the leper to be a social outcast, from whom society had to be protected.

Under the direction of the church, the diseased were henceforth isolated totally from the human community. This isolation, called 'exclusion from the century', was carried out using strange rites, all symbolising death: the church was draped in black cloths, a funeral mass was read, and earth was thrown on the head of the diseased. Then the leper was taken to the leprosarium and given a rattle with which to warn healthy people from approaching him or her. But this was not enough: since leprosy was considered to be a hereditary disease, the private life of the diseased was submitted to draconian laws. In 757, Pippin the Great decreed that married lepers should be divorced while the healthy partner was allowed to remarry. Soon after this, Charlemagne simply made marriage illegal for lepers. And in 1186 Pope Urban III declared that if, after becoming engaged, one of the partners contracted leprosy, the marriage promise was void. Scottish kings went one step further in their legislation and ordered lepromatous men to be castrated, while women were forbidden to cohabit with men, under penalty of being buried alive if they became pregnant and gave birth to a child.

News on “Bugs and Drugs”

Prions, BSE, Scrapie and vCJD

The increase in cases of BSE in cattle in France and in Germany has led to fear over the risks of eating beef, with a consequent drop in sales of beef. An interesting sideline to this, reported by Reuters on November 24th, is a marked increase in the consumption of Ostrich meat in France. The farmed Ostriches are fed on cereal grain and are thus perceived as not carrying any risk of being infected with BSE. Their meat retails at approximately the same cost as prime beef.

There have been some deaths from vCJD in France and two French families of victims have filed a suit against ‘persons unknown’ in the French and British Governments and the European Union on ‘poisoning and manslaughter charges’.

A recent paper published in The Journal of Virology by a group from the Robert-Koch Institut in Berlin, has shown that the upregulation of genes in sheep scrapie (another transmissible spongiform encephalopathy - TSE) could be induced by interferon. Basic knowledge of the pathogenesis of TSEs is not well understood and this group investigated genes in scrapie-infected brain tissue using various hybridisation techniques. They found that 19 genes were upregulated in the infected tissue, with mRNA levels 1.5-6 times increased compared with controls. Several of these genes were inducible by interferons.


A group in Zurich has found that abnormal scrapie prions (PrPSc), but not normal prions (PrP), are bound by plasminogen. The binding appears to be highly selective and was found in both human and mouse blood. They used magnetic beads coated with plasminogen and removed the PrPSc with magnets. They were also able to remove infective prions (PrPCJD) from the brain tissue of vCJD victims. It is believed that abnormal prions need to react with other previously unknown cellular constituents to cause neuropathy; plasminogen might be such a substance. This surprising finding could have major implications in the development of a diagnostic tool.

Fischer et al., Nature 2000; 408: 479-83

Infectious Diseases and Outbreaks

LEGIONELLA

There have been a number of recent reports of Legionnaire’s disease in Europe. At least 40 people have contracted Legionella in Barcelona, an area of Barcelona in Spain and four patients were reported to be in a critical condition. There is little obvious link between the patients and authorities have not been able to trace the source, but were checking water supplies and air-cooling towers, frequently found to be the source of infection.

Four people contracted the disease in the new Georges Pompidou European Hospital in Paris. The use of showers was banned immediately and the water system was disinfected. The hospital is only partly occupied and it is possible that Legionella has been able to multiply in stagnant parts of the water system.

A report in a Dutch newspaper (NRC Handelsblad) in September, 2000 claimed that hundreds of hotels and holiday apartments are high risks for contracting Legionella, and that European health authorities were suppressing this information. The newspaper gained access to results gathered from 31 European countries by the European Working Group on Legionella Infections (EWGLI). The Lancet commented on this story on September 30th. Apparently a number of the southern European countries will only co-operate with EWGLI if they are guaranteed anonymity, preventing the publication of lists of places where infections have occurred. Even when information is available, not all travel firms stop using suspect hotels.

In a letter responding to this report in the Lancet, Decludt and Etienne point out that care has to be taken in assuming that if people staying in a hotel develop Legionnaire’s disease, then the hotel is automatically the source. They also state that tourists do have a right to know whether hotels have taken preventative measures to prevent outbreaks and suggest that policy at a European level is required on this important matter.


SEXUALLY TRANSMITTED DISEASES (STDs)

At a meeting held at the Royal Society of Medicine in London on December 7th, 2000, Dr Nicoll, Director of the Communicable Diseases Surveillance Centre, UK described an alarming rise in STDs in the UK and in other European countries. The increase in the UK between 1990 and 1999 is documented in a report from the Communicable Diseases Surveillance Centre. The incidence of gonorrhoea has risen by 58% in the UK and by 50% in Sweden and there have been outbreaks of syphilis in several countries. These increases are most noted in young homosexuals and in gay men and have implications for the transfer of HIV.

Reported by Reuters and by CDSC, UK

MALARIA

The European Network on Imported Infectious Disease Surveillance (TropNetEurop) has identified 13 cases of falciparium malaria in Europeans who have visited the Dominican Republic recently. Ten of the patients were German, two were Spanish and one was Austrian. All became ill soon after returning home, having received treatment and have made an uneventful recovery.

Most of the Caribbean has been regarded as a low risk area for malaria and malaria prophylaxis has not been recommended for visitors. An article in Emerging Infectious Diseases discusses the cases and suggests that an epidemiological change has occurred in the area visited. The incidence of malaria in Dominica increased after the hurricane in 1999 and was traced to infected Haitian construction workers. Since there are anopheles mosquitoes and abundant breeding sites in the area, it is likely that malaria will now have established itself there.

Jelinek et al., Emerg Infect Dis. 2000; 6: 537-8
**NEISSERIA MENINGITIDIS**

A report in the Lancet shows that the conventional nasopharyngeal swab considerably underestimates the carriage of N. meningitidis. The authors used an immunohistochemical method to detect the organism and found that the rate of carriage in patients undergoing tonsillectomy was far higher than had previously been suspected, with the organisms being present below the mucosal surface. Their finding could have implications for the control of meningococcal disease. *Sim et al., Lancet, 2000; 356: 1653-4*

**Influenza Drugs**

The anti-influenza drug, zanamivir (Relenza®, Glaxo Wellcome – GW) was not originally recommended in the UK by the National Institute for Clinical Excellence (NICE), a Government body set up with the authority to approve drugs used in the National Health Service. The probable cost of the widespread use of the drug was regarded as prohibitive and its beneficial effects marginal. The decision led to furious comments from the Chairman of GW, Sir Richard Sykes who threatened that such decisions could lead to the cut back of research from the UK. If a drug is not approved by NICE, doctors would not get reimbursed for the cost of the drug, and since few patients would be prepared to pay for the drug themselves, it is unlikely that it would be used. In a surprising change of heart, the CEO of NICE, Dr Dillon announced at a news conference in London recently that NICE would recommend the drug for use in patients ‘at risk of serious complications’. This includes those over 65 years of age, or with chronic respiratory diseases, diabetes, significant cardiovascular disease, or reduced immunocompetence. Such a limitation would have far lower cost implications and the Department of Health has emphasised that the first line of defence against influenza is vaccination. This change of direction by NICE is apparently based on new data supplied by Glaxo Wellcome. One such paper was published in Clin Drug Invest and the results from this multicentre study in patients with asthma or chronic obstructive pulmonary disease (COPD) indicate that the drug can shorten the time to alleviation of symptoms by a median of 1.5 days and reduce the severity of the infection. Treated patients also had significantly fewer complications requiring antibiotics. *Murphy et al., Clin Drug Invest 2000; 20: 337-49*

Another recent paper from Kaiser et al. on the use of zanamivir looked at 37 trials with the drug in mostly otherwise healthy patients and concluded that for inhaled therapy a significant reduction could be seen in the number of lower respiratory events but not for upper respiratory events. A slight reduction was also seen in the numbers of prescriptions required for antibiotics in the patients receiving zanamivir. These results were not as impressive as those in patients with asthma and COPD. *Kaiser et al., Arch Intern Med 2000; 160: 3234-40*

An interesting complication of this latest decision by NICE is the announcement by a group of 60 general practitioners in Devon, UK that they would not prescribe Relenza®. They are not apparently convinced that the drug offers sufficient benefits to offset the expense. Roche also have an anti-influenza drug, Tamiflu® (oseltamivir), co-developed by Gilead Sciences and Hoffman-La Roche. Tamiflu® has been used for over a year for treating influenza in the US and many other countries, but in Europe it has only been launched in Switzerland. In many other European countries it is only in phase III. It has now just received approval in the US for prophylaxis. A submission has been filed for use in Europe but as yet it does not have approval either for treatment or for prophylaxis.

**Pharmaceutical Companies and Compounds**

Bayer AG has announced changes in their drug research portfolio; this will include work on AIDS. The company further announced that their fluoroquinolone, moxifloxacin (Avelox®) has been prescribed to more than 3 million patients world-wide in 25 countries and is now approved in 52 countries.

**Bristol Myers Squibb** (BMS) announced that their fluoroquinolone gatifloxacin (Tequin®) has reached 1 million new prescriptions in the US in its first 10 months since launch. They say that this exceeds the previous record attained by levofloxacin and exceeds prescriptions for Bayer’s moxifloxacin (Avelox®). Gatifloxacin is co-marketed in the US with Schering Plough and licensed from Kyorin. Tequin® is not marketed in Europe where gatifloxacin is licensed to Grunenthal, and it is currently in Phase III trials.

**Cubist Pharmaceuticals Inc.** and *Gilead Sciences Inc.* have agreed to the joint licensing of the antibacterial lipopeptide drug daptomycin (Cidecin®) in 16 European countries.

**Cubist Pharmaceuticals Inc.** has acquired the world rights to develop an oral formulation of ceftiraxone. The third generation cephalosporin, ceftiraxone (Rocephin®) is marketed by Roche as an intravenous drug and is one of the major selling antibacterials. The development of an oral formulation is the result of collaboration with MC Technologies, a small company in Utah, USA.

**SmithKline Beecham** and Glaxo Wellcome: the merger between these two major companies has now had final approval and from December 27th 2000, the new company will be known as Glaxo SmithKline.

**Vertex Pharmaceuticals Incorporated** have an HIV protease inhibitor, VX-175 which has just entered Phase III clinical trials. The compound is a prodrug of amprenavir and has the potential for once-daily dosing. It is licensed by GW for the US and Europe.

**History**

THE DEATH OF OSCAR WILDE – WAS IT REALLY SYPHILIS?

November 30th, 2000 marked the centenary of the death of Oscar Wilde in Paris. It had been assumed that Wilde suffered from syphilis and that he died from ‘meningitis, the legacy of an attack of tertiary syphilis’. This story has been perpetuated in various books published over the last century on Wilde, but in a fascinating article published in the Lancet on November 25th, 2001, Robins and Sellars present an alternative view of the cause of Wilde’s death. The au-
The authors claim that there is no evidence at all that Wilde ever had syphilis. They give an excellent reasoned account of his hearing problems and ear infections, dating from his youth. There was a history of infections with discharge, a perforated ear drum and abscesses in the right ear.

When Wilde was imprisoned in Reading Gaol (1895 to 1897) he petitioned the Home Secretary complaining of the lack of attention to his increasing problems. After this, he did receive better treatment for the ear, including syringing with carbolic and the symptoms subsided. By late September 1900, however, the problems recurred and Oscar Wilde rarely left his bed until his death ten weeks later. The authors have studied such records as are available, including documents that only came to light in 1982, and they believe that he had latent otitis media, typical of a cholesteatoma. In the last few weeks Wilde had to undergo an operation under chloroform, which Robins and Sellar suggest from the records, was most probably a radical mastoidectomy. By late October, Wilde made some recovery, although still suffering from typical middle ear disturbances, but within a couple of weeks, the infection returned.

Just before his death, on November 25th, after a detailed examination, a British Embassy Doctor and a Parisian doctor issued a joint certificate which clearly states their diagnosis of meningencephalitis secondary to chronic suppurative otitis media.

Robins & Sellar, Lancet, 2000; 556: 1841-43

Pamela Hunter, Medical Writer

Source: WHO Weekly Epidemiological Record, October 2, 1998, No 73, 40
Membership is open to any individual engaged in the fields of clinical microbiology and/or infectious diseases. Membership commences and is renewable each January. Membership applications received prior to October 31st become effective in the current year if not indicated otherwise, and journals will be supplied from the month of renewal/application receipt through the end of the relevant year; applications received after October 31st become effective the following January. Please note that your membership will become effective upon receipt of your dues, which should accompany your membership application.

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<th>Event Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>24–27 April 2002</td>
<td>12th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID), Milan, Italy</td>
</tr>
<tr>
<td>10–12 June 2001</td>
<td>7th International Symposium on New Quinolones, Edinburgh, Scotland, UK</td>
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<tr>
<td>16–19 September 2001</td>
<td>Antimicrobial Resistance: A Multidisciplinary Approach to Solutions and Containment, Montecarlo, Monaco</td>
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<tr>
<td>22–25 September 2001</td>
<td>41st ICAAC, Chicago, Illinois, USA</td>
</tr>
<tr>
<td>21–24 October 2001</td>
<td>2nd International Meeting on Antimicrobial Chemotherapy in Clinical Practice (ACCP), Porto, Italy</td>
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