Bylaws of the ESCMID Study Group for Respiratory Viruses (ESGREV)

These Bylaws are written rules of conduct of the Study Group, based on the Statutes of the Study Group and in particular Article 5. They set out the form, manner or procedure in which the Study Group is run.

§ 1 Name
ESCMID Study Group for Respiratory Viruses (ESGREV)

§ 2 Purpose of the Study Group
Respiratory viruses are responsible for a range of clinical entities and gaps exist in knowledge around epidemiology and disease burden. Both Influenza mortality and burden of respiratory virus infections in adults seem to be underreported.

Benefits for patient care, patient flow within institutions, as well as laboratory utilization have been identified, due to improved diagnostic test characteristics, however, further research is needed to define optimal routine testing strategies.

Influenza viruses cause seasonal epidemics, which affect about 1 billion of the global population and cause up to half a million deaths every year, according to the WHO. The annual economic burden due to influenza epidemics is estimated to be around $87 billion, while direct and indirect costs of other viral respiratory tract infections sum up to $40 billion/year in the US alone.

Respiratory syncytial virus (RSV) infection is one of the most important causes of bronchiolitis and other lower respiratory tract infections during the first year of life, and is also one of the major causes of hospital admissions in infants under 1 year of age. Other causative viruses for bronchiolitis are rhinovirus, human metapneumovirus, adenovirus and influenza virus.

In children, the most frequent reason for consulting a general practitioner and/or hospital admission is respiratory morbidity, mainly asthma, bronchiolitis, acute bronchitis and respiratory infections. Acute lower respiratory infections are also a leading cause of sickness and mortality in adults worldwide. The incidence of acute bronchitis in adults is 30-50/1,000 people/year. This means that in Europe, approximately 16,500,000 adult cases are seen each year in primary care. Almost 90% of cases are related to viruses such as adenovirus, coronavirus, parainfluenza, influenza and rhinovirus.

Respiratory viruses are being increasingly recognized as co-pathogens in major respiratory syndromes such as community acquired pneumonia, due to the availability of novel molecular methods enabling their detection in respiratory samples.

Finally, respiratory viruses carry an important morbidity burden in immunocompromised hosts in the context of seasonal or healthcare-associated dispersion.

Aims
• Bring together Europe’s leading experts on respiratory viruses and link existing initiatives and align efforts
• Seek scientific consensus on recent scientific data and remaining data gaps
• Drive development of cross-organizational clinical guideline recommendations on diagnostic testing strategies and antiviral treatment and vaccines
• Help reduce the burden of respiratory viruses in society and the public health threat by raising public awareness through educational activities to provide guidance on when to seek medical help
Topics covered by the ESCMID Study Group on respiratory viruses

- Epidemiology, including molecular
- Pathogenesis, including long-term sequelae
- Innate immunity, adaptive immunity, airway virome, trans-kingdom interactions (with bacteria, fungi)
- Antiviral vaccines, antiviral drugs
- Research models
- Diagnostics
- Public health aspects of Influenza and other viruses
- Emerging respiratory viruses other than influenza

§ 3 Membership
No additions to what is stated in the Article 3 of the Study Group Statutes.

§ 4 Assembly of members
All members of the Study Group shall be entitled to attend the Assembly of Members, which is usually held during ECCMID. The chair of the Study Group convenes the Assembly of Members by sending electronically the Agenda. The notice period shall be at least six weeks from the day following the dispatch of convocation. Assembly of members can be held online, except for the annual assembly at ECCMID. The Assembly of Members pass resolutions by a simple majority of the members present.

§ 5 Composition of the Executive Committee
The executive power of the Study Group is vested in the Executive Committee, which consists of:

- Chair
- Secretary
- Treasurer
- Education officer
- Scientific officer

As stated in article 4 of the Statutes, no more than one elected member of the Executive Committee shall come from the same country.

§ 6 Meetings of the Executive Committee
The Executive Committee passes resolutions with the simple majority of its members present; the Chair has the casting vote. The quorum consists of 3 members, of whom the Chair and Treasurer or Secretary must be present. A secret voting procedure may be requested by the majority of the voting members.

§ 7 Vacancies in the Executive Committee
A member of the Executive Committee may vacate the position by resignation or termination of ESCMID membership. Any vacancy occurring in the Committee will normally be filled at the next scheduled election. If the vacancy cannot be filled with the interim appointment of another member, the Executive Committee may initiate new elections for a new member, to cover the remaining period of the term.
§ 8 Conferences
The Executive Committee decides on the location and timing of the periodic scientific meetings. The Executive Committee appoints a local organising team that is in charge of the organisation of this meeting. The local organising committee is responsible for drafting a budget that needs to be approved by the Executive Committee.

Approved by the ESGREV Executive Committee: 11 March 2019
Approved by the ESGREV membership: 14 March 2019
Approved by ESCMID Executive Committee: 14 March 2019