

ESCMID

EUROPEAN SOCIETY
OF CLINICAL MICROBIOLOGY
AND INFECTIOUS DISEASES



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Final Programme

European Congress of
Clinical Microbiology
and Infectious Diseases

**Barcelona, Spain
10 – 13 May 2014**

ECCMID



24th

www.eccmid.org



25th

ECCMID

FIRST ANNOUNCEMENT
25–28 APRIL 2015
COPENHAGEN, DENMARK



ESCMID

EUROPEAN SOCIETY
OF CLINICAL MICROBIOLOGY
AND INFECTIOUS DISEASES

Istanbul 2016

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ESCMID 2014

- ECCMID Barcelona with >10 000 attendees
- Research Grants
- Awards and attendance grants
- 150 young scientist awards
- ESCMID Collaborative Centres – Europe, China, Africa and South America
- Observerships (between countries)
- WHO and ECDC Observerships
- Post Graduate courses (dry and wet) and Summer school
- CMI and nm&ni – ESCMID journals
- Subcommittees (science, education, professional affairs, parity)
- Trainee Association (≤ 35 yrs) of ESCMID (TAE)

- Study Groups, EUCAST and Infection Control Committee

Status of ECCs



67 fully
approved
ECCs

as of 8 April 2014

- 8 new ECCs in 2013/2014
- 2 ECCs were closed in the last year on request

ECDC and WHO Observerships in 2014

ESCMID ECDC Observerships 2014

1 – 5 September 2014

10 Observers

ESCMID WHO Observerships 2014

30 September – 2 October 2014

10 Observers



PA Conference 2014

3rd ESCMID Workshop on Professional Affairs in Clinical Microbiology and Infectious Diseases

5-6 June 2014, Ljubljana, Slovenia



ECCMID Educational Workshops

- EW01: Infection prevention and management in long-term care facilities (ESGIE, ESGAP, ESGNI)
- EW02: Basic concepts of pharmacokinetics and pharmacodynamics (EPASG)
- EW03: Tuberculosis and other mycobacterial infections in low-income countries (ESGMYC)
- EW04: Vaccination in the elderly: perspectives (ESGIE, EVASG)
- EW05: Tick-borne diseases prevalent in Europe (ESGBOR, ESCAR)
- EW06: Diagnosis and treatment of Helicobacter pylori infection. What is new in 2014? (EHSG)
- EW07: Viral infections in pregnancy (ESGVH)
- EW08: Management of ocular parasitic diseases (ESGCP)
- EW09: How to diagnose and treat bacterial and fungal biofilm infections (ESGB)
- EW10: Antimicrobial susceptibility testing with EUCAST breakpoints and methods (EUCAST)
- EW11: Recent research in critically ill patients: hands-on evidence (ESGCIP)
- EW12: Bloodstream infections: opportunities for outcome improvement (ESGBIS)
- EW13: Basics of infections in travellers (ESGITM)
- EW14: Elderly and chronic hepatitis C - to treat or not to treat?
(Group of ESCMID ID members interested in viral hepatitis - lead persons: Adriana Vince, Zagreb, Croatia and Heiner Wedemeyer, Hannover, Germany)
- EW15: When is a food-borne infection not a food-borne infection? (EFWISG)
- EW16: Update on anaerobes: new methods bring new information about the bugs and their importance in health and disease (ESGAI, TAE)
- EW17: How to prevent the consequences of EBV infection in transplant recipients? (ESGICH)
- EW18: Human parasites of the gut: epidemiology and diagnostic approaches in the molecular era (ESGMD, ESGCP)
- EW19: ESCMID guidelines for diagnosis and treatment of Aspergillus diseases (EFISG, ESGICH, ECMM, ERS and EACCI)

Educational Events 2014

28 Feb – 1 Mar 2014	Viral Hepatitis: Recent Advances in Diagnosis and Treatment Istanbul, Turkey ESCMID Postgraduate Education Course	4 – 6 Jul 2014	Bringing PK and PD in Fungal Infections into the Clinic Nijmegen, The Netherlands ESCMID Postgraduate Education Course	20 – 23 Oct 2014	ESCMID-SHEA Training Course in Hospital Epidemiology Phuket, Thailand
5 – 7 Mar 2014	Principles of Molecular Microbiological Diagnostics Maastricht, The Netherlands ESCMID Postgraduate Education Course	16 – 19 Sep 2014	3rd Workshop on Antimicrobial Susceptibility Testing and Surveillance Linz, Austria ESCMID Postgraduate Technical Workshop	29 – 31 Oct 2014	Acute Infectious Encephalitis: Challenges in Clinical and Biological Diagnosis Grenoble, France ESCMID Postgraduate Education Course
17 – 19 Mar 2014	Practical Diagnosis of Arthropod-Borne Infections Marseille, France ESCMID Postgraduate Education Course	22 – 24 Sep 2014	Infectious Diseases in the Mediterranean and the Middle East: Current Challenges Izmir, Turkey ESCMID Postgraduate Education Course	7 – 8 Nov 2014	How to Design and Perform your Clinical Studies in Infectious Diseases and Clinical Microbiology Tübingen, Germany ESCMID Postgraduate Education Course
27 – 28 Mar 2014	Bloodstream Infections: Management and Research Seville, Spain ESCMID Postgraduate Education Course	29 Sep – 1 Oct 2014	Anaerobic Bacteria: Next Generation Technology Meets Anaerobic Diagnostics Groningen, The Netherlands ESCMID Postgraduate Technical Workshop		
2 – 5 Apr 2014	Infections by Legionella: Surveillance, Prevention and Control Erice, Italy ESCMID Postgraduate Education Course	2 – 3 Oct 2014	Infection Management in the Elderly: Boom for Improvement Annecy, France ESCMID Postgraduate Education Course		
25 – 26 Apr 2014	Educational Programme on Transplant Infectious Diseases Sao Paulo, Brazil ESCMID Postgraduate Education Course	6 – 8 Oct 2014	Advanced Antimicrobial Pharmacokinetic and Pharmacodynamic Modelling and Simulation Liverpool, United Kingdom ESCMID Postgraduate Technical Workshop		
8 – 10 May 2014	Antimicrobial Stewardship Programmes: Developing, Implementing & Measuring Seva (Barcelona), Spain ESCMID Postgraduate Education Course	16 – 17 Oct 2014	Mobility and Infection: Diagnosis and Management Dubrovnik, Croatia ESCMID Postgraduate Education Course		
30 Jun – 4 Jul 2014	Molecular Typing Methods for Pathogens Lyon, France ESCMID Postgraduate Technical Workshop				

Submitted	1148	100%
Immediat reject	724	63%
Reject after peer review	180	16%
Accepted/published	244	21%

Rejection rate: 79 %



CMI Editor-in-Chief
Didier Raoult



NM&NI Editor-in-Chief
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24th **ECCMID** **Barcelona, Spain**
10 – 13 May 2014

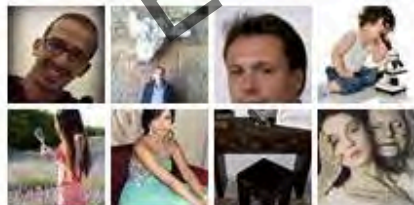
- [+ Abstracts, posters, talks, and handouts are now available online](#)

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Latest News

02 July 2014



Ragnar Norrby, former ESCMID President, died on 17 June 2014

Former president of ESCMID (2005 – 2007) Ragnar Norrby, Stockholm, Sweden, died on 17 June 2014, at the age of 71. Ragnar's dedication to the profession and to science and to ESCMID will be sorely missed by all of us. He was a central figure in international medical microbiology, infectious diseases and vaccinology. He became the professor and chairman of the Department of Infectious Diseases in Umeå already 1980 and stayed until he was appointed professor and chairman of the Department of Infectious Diseases in Lund

ESCMID

- emphasises CM and ID equally
- considers both full specialties
- specialties of equal standing
- encourage interaction between them
- both in need of a European curriculum

....but also realizes that there are many ways in which you can become and be a CM and an ID physician

Challenges in Clinical microbiology and Infectious Diseases

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Challenges

- Defining curricula for harmonised European specialties CM and ID
- Achieving acceptance for CM and ID in all countries
- Staffing – we need new skills (molecular microbiology, pharmacology, epidemiology, bioinformatics, computer science, statistics, infection control) and acceptance for these and to strengthen the need for “old skills” – the “medical microbiologist”.
- Retaining identity when amalgamated with other specialties (CM with “biopathology” and ID with Internal Medicine
- Old diseases with new faces – tuberculosis, influenza, C.difficile, poliomyelitis,
- Antimicrobial resistance (bacteria, mycobacteria, fungi, parasites ..) obviating successful treatment.
- New emerging diseases –

Emerging Infectious Diseases

New Hepatitis E Virus Genotype in Camels, the Middle East

Patrick C.Y. Woo, Susanna K.P. Lau, Jade L.L. Teng, Alan K. L. Tsang, Marina Joseph, Emily Y.M. Wong, Ying Tang, Saritha Sivakumar, Jun Xie, Ru Bai, Renate Wernery, Ulrich Wernery, Kwok-Yung Yuen

Emerg Infect Dis. Jun 2014; 20(6): 1044–1048. doi: 10.3201/eid2006.140140

MERS Coronaviruses in Dromedary Camels, Egypt

Daniel K.W. Chu, Leo L.M. Poon, Mokhtar M. Gomaa, Mahmoud M. Shehata, Ranawaka A.P.M. Perera, Dina Abu Zeid, Amira S. El Rifay, Lewis Y. Siu, Yi Guan, Richard J. Webby, Mohamed A. Ali, Malik Peiris, Ghazi Kayali

Emerg Infect Dis. Jun 2014; 20(6): 1049–1053. doi: 10.3201/eid2006.140299

Unraveling the Mysteries of Middle East Respiratory Syndrome Coronavirus

John T. Watson, Aron J. Hall, Dean D. Erdman, David L Swerdlow, Susan I. Gerber

Emerg Infect Dis. Jun 2014; 20(6): 1054–1056. doi: 10.3201/eid2006.140322

Challenge

Epidemics – new or old - microorganisms travel faster and faster and wider and wider

- Refugees
- Migration
- Tourism
- Foods and feeds and other goods

Decontamination

Containment - prevent dissemination

Vaccines

New techniques for treatment of bacteria (non-antibiotics)

Neither **Clinical Microbiology*** nor **Infectious Diseases** are uniformly practised or recognised in all European countries.

*UEMS – Medical microbiology

Infectious Diseases

Traditions vary...in Europe

1. Full specialty with dedicated wards

- Complete spectrum from "difficult-to-treat" bacterial infections to HIV, viral hepatitis, tropical medicine, vaccinology, community public health
- CM then often emphasis on **analysis** with few or no direct patient contact
- A typical ratio ID / CM is then 5 / 1

2. Sub-specialty (with variations)

- Limited spectrum (HIV, tropical medicine, vaccinology)
- CM then often emphasis on **clinical consultation and direct patient care involvement**
- A typical ratio ID / CM is then 1 / 5

Challenge:

Current trends in Infectious Diseases

The loss of...

- Hepatitis
- Tuberculosis
 - STI
- Infections in Compromised host
- Infections in Intensive care

Clinical microbiology

Traditions vary...in Europe

- **Clinical and laboratory specialty**
 - partly clinical work (regular consultation in the ward, on rounds).
 - prescribes antibiotics and orders cultures.
 - "interferes" directly in patient care.
- **Laboratory specialty**
 - Hands on laboratory work (methods, QC, accreditation, computer, stats...)
 - consultation by telephone, committee work, education.
 - "interferes" only indirectly in patient care.
- **"High-throughput production" in "cold" labs**
 - a laboratory far removed from the patient (and in some models the clinical microbiologist) and with no or very little consultation.
 - outsourcing of one, several or all services
 - does not interfere in patient care

Warning!

- The discussion around a coffee table in a healthy clinical microbiology department should be about cases, diagnostics and grandchildren.
- **Danger**: when all discussions centre on organisation, workflow, throughput, economy...

Challenge:

Current trends in clinical microbiology

- Concentration – of resources
- Amalgamation/Integration – of services
 - Outsourcing – of samples
 - Automation – of analysis

Microbiological services in European countries 2010

(laboratories/million inhabitants)

- Sweden 3.9
- The Netherlands 4.4
- The UK 4.6

The number of laboratories is decreasing, automation is popular, unemployment is increasing, and know-how and quality are jeopardized.

- Croatia 8.9
- Czech Republic 9.0
- Ireland 9.9
- Estonia 13.1
- Hungary 13.5
- Belgium 17.2
- France 69.2

Challenge:
How to build uniform European specialties
(common content, curricula, training)

One Clinical microbiology

One Infectious Diseases

CM and ID working together

- **Diagnosis**

- increasingly complicated: new techniques; new or changing pathogens and diseases.

- **Therapy**

- increasingly difficult due to the combined effect of antimicrobial resistance development, complicated multiple resistance and the failing development of new antimicrobials.

- **Infection control** in healthcare and community

- increasingly difficult due to the spread of successful clones (bacteria with competent antimicrobial resistance, virus).

- Advice on and surveillance of antimicrobial resistance and several other "**Public health**" issues on a national and European level.

Clinical microbiology – identity problem?

- Microbiology, and especially clinical microbiology, is a poorly defined subject during medical studies (early as a very theoretical subject with little or no clinical basis; later as part of other specialties).
 - Microbiology – suitable for academic “integration” in any other subject during medical studies and training (ID, Communicable diseases, surgery, internal medicine, travel medicine....)
 - Difficult to “sell” as a package with an identity to young colleagues
- CM is in several countries perceived as part of a general laboratory service.

Clinical microbiology – identity problem?

- CM is considered by many “a laboratory discipline tasked with churning out laboratory results”.
- The competition from many other specialties such as ID, IC, Pediatrics, Internal medicine, Public health officers, Pharmacists, Molecular biologists.
- Many want and use our data – but we are not always credited.

Infectious diseases – identity problem?

- Infectious diseases is either
 - a stand alone specialty with a defined course during medical education and training –
 - in this case it is obvious to all who are trained what an ID physician does and what is included in the specialty
 - or
 - Integrated in the training of other specialties - in which case it is easy to loose ones identity.

Challenge:

**There will be no new antibiotics
and we are rapidly destroying the existing**

- We must take better care of the existing antibiotics
- We shall need to resuscitate older antibiotics (colistin/polymyxin, nitrofurantoin, pivmecillinam, temocillin, and others)
- We need to develop alternative strategies for treatment – meanwhile we quibble over whose fault it is (the use in human, animals, waste, water etc).

Wild type* isolates vs. non-wild type populations

In community isolates of Escherichia coli**

75 % were wild type in Sweden, Finland and Norway

50 % were wild type in Spain, Greece and Portugal

*Wild type = wild type to 15 different antibiotics

**ECO-SENS publications 2000 - 2010

Challenge:

Multiresistant bacteria

- the need to avoid empirical therapy
 - the need for rapid diagnostics
 - the need for high quality, rapid AST
- the need to find therapy for complicated strains
 - therapy on the “R-side of breakpoints”
 - the need for shorter TAT for blood cultures
 - the need to stop dissemination in institutions
- the need for molecular typing and epidemiological workups

Challenge:

Diagnostic speed

60 min identification using MT

IT vs. paper

“Rapid methods in ...” (runtime)

Batching vs. continuous access

Availability of blood culture cabinets

Eliminating time thieves

Opening times, staffing

Health Care Associated Infection Infection Control

Hospital/Health care hygiene

No quibbling – joint effort between

CM and **ID**.

New rules for sponsorship affect resources for education

Both CM and ID are in need of
systematic Continued Medical
Education – where is the money for it
going to come from?

New and cheaper methods for CME are
needed.

What to do?

- Regain the **leadership** in Microbiological laboratories
- **Defend the subject “Medical microbiology”** as part of education and training of all medical staff.
- Increase the number of **CM specialists** in each country
- **Attract young MDs** deciding on a specialty
- Explain the need for **analysing samples, analysing results** and **dispensing advice**.
- Make sure our **data/efforts/skills are acknowledged** when used by ECDC, national institutes, MOCD.
- Make our national reference laboratories and institutes for communicable diseases and ECDC **take responsibility**.
- **Advertise the importance of Microbiology** – we need professional help to do this.
- **Make use of the young** – give them resources to attract their contemporaries.

Discussion

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