Australasian Society for Infectious Diseases
Annual Scientific Meeting
Canberra ACT

21-25 March 2012

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Myra Hardy

With the financial support of RAMUS Conference Placement Program I travelled from Darwin to Canberra to attend the 2013 Annual Scientific Meeting for the Australasian Society for Infectious Diseases (ASID). For the first time this year they combined the first day with the end of the Communicable Disease Control Conference. This allowed for discussion of topics with an extended public health focus.

During the conference the topics covered included national and international interests. For example, research into the burden of hookworm in the Northern Territory to management of outbreaks of bird flu in Indonesia. The international perspective is paramount in a world where international travel allows most infections to freely cross borders. For example, antibiotic resistance is limited in Australia currently but the extreme resistance in India is of international concern. The Infectious Diseases community should be assisting countries like India and China to build guidelines for antibiotic use to limit unnecessary prescribing. For my own practice I will endeavour to use antibiotics only when clearly indicated and keep the choice of antibiotic as narrow as possible.

One talk in particular discussed a hospital’s experience of environmental contamination of equipment leading to infection in two children. I plan to take this experience back to Royal Darwin Hospital to review our practice where there is a high potential for similar environmental contamination.

Another research project of interest reviewed the success of teleconferencing and use of interpreter services. This is an important tool for rural and remote medicine as well as servicing minority groups in our community. There were positive results for the program which followed patients via a basic setup teleconference format. They utilised a voice over internet program like Skype and aimed to have the patient with their GP or practice nurse discuss progress with the urban based physician via an interpreter. Most patients and doctors were happy with the outcome of the Telehealth clinic and most agreed that video interpreting was superior to phone interpreting. The main issue was with technology being unreliable. The researchers found that changing to the most simple to use mode e.g. Skype, resulted in less complications for setup of the teleconference.

There were multiple talks on investigations for diagnosis of infections. Some reflected on the need to increase screening of patients, for example, strongyloides serology in patients with eosinophilia noted on blood film. Another discussed the futility of screening patients prior to commencing immunosuppressive therapy for TB due to the inadequate cost-benefit ratio and harm of treating false positives. Some speakers discussed new methods of diagnosis like using sonication to diagnose prosthetic joint infections. Others discussed the future potential of diagnostic possibilities as we increase our knowledge of our own genome, pharmacogenomics (individual reaction to medication) and our understanding of the virulence of bacteria, virus and parasites.
I had the opportunity to meet new colleagues in the Infectious Diseases Training program as well as catch up with colleagues I have previously met in Melbourne. It was useful to be able to discuss aspects of my training and to gain advice on preparing for future rotations and research projects based on their own experiences. Research projects varied from a simple case report of a patient treated at their hospital to others that involved relocation overseas and multiple years of collating observational or interventional data. Over an impromptu Paediatric Infectious Diseases dinner I was able to meet many interstate colleagues who I will hopefully have the opportunity to practice alongside in the future. One particular fellow trainee was chosen to present her research during the conference. She has worked in Melbourne, Alice Springs and Sydney. She is an amazing role model and I aspire to achieve the same level of professional aptitude and academic performance.

I also discussed with many senior physicians in the field how they juggle commitments of inpatient and outpatient medicine, public and private practice and domestic and international research. One consultant based in regional New South Wales openly discussed the varied and interesting cases she will follow in her private Outpatient Clinic. Some patients will be reviews from hospital inpatient stays but others can be returned travellers, zoonotic infections, and vector borne viruses. She reassured me that there is ample amount of work in regional Australia for an Infectious Diseases physician.

During a lunchtime break I attended the Paediatric Group of ASID Business meeting. This gave me insight into the running of ASID and potential opportunities to contribute in the future. It has encouraged me to register as a member with ASID and follow their website with discussions of diagnostic or management dilemmas as well as future research opportunities which are advertised there.
Magdalene Parkes

I’ve just returned from attending the 2013 Australasian Society for Infectious Diseases ASM in Canberra on 19-23 March. The conference has been without a doubt one of the most inspirational events of my medical life so far, and I am extremely grateful to the RAMUS team for making it possible.

I was lucky to attend along with my RAMUS mentor, Dr Katie Flanagan, who was presenting ongoing research from her years as a physician and researcher in Gambia. Dr Flanagan is also collaborating with Professor Nigel Curtis in vaccine and immunology research, and it was a pleasure and privilege to hear more about their work from the team themselves.

While I was initially nervous to be what felt like to the only student amongst an impressively educated cohort, it was lovely to discover the unifying reliance on caffeine all medics shared. I had some hilarious chats while we all milled around the coffee machine. The word ‘bleary’ seems to feature highly in CPP reports, and given the seven am starts most days my experience was no exception.

I began by attending the annual trainee breakfast, where I accidentally met a large group of Infectious Disease physicians and advanced trainees from my home state of Tasmania. We were distracted from an almost endless supply of food with three excellent introductory talks: on recent advances in the genetics of drug metabolism and the progress made towards understanding individual metaboliser profiles from Dr Heather Wilson; a brilliant review of the history and evolution of cytomegalovirus treatment in neonates and infants by Dr Emma Goeman, which was particularly resonant given my growing interest in paediatrics and ID; and a warm and witty talk by Dr Andrew Henderson on growing challenges to the use of gentamicin, which was also highly relevant given recent observations on my surgical rotation.

The conference began in earnest with a proffered paper session on parasites and viruses, a subject somewhat perplexingly dear to my heart. I was lucky enough to hear of some great research emerging on Human Lymphotrophic Virus Type 1 (HLTV-1) in Alice Springs, and of a study evaluating the efficacy of rapid–test kits for species identification in malaria infections in Indonesia. Having lived in both the NT and Indonesia and having seen the consequences of endemic infection on communities in both it was inspiring to see the tenacity and enthusiasm with which the research teams approached their work. I also enjoyed the chance to see Dr James McCarthy speak on malaria research in Australian volunteers, and a great talk on efforts to track the present and potential range of dengue infection in Queensland.

The breadth, depth and creativity of research presented was impressive. The range of topics presented was such that every single session I attended was not just interesting but clearly relevant for my current and future practice. As well as being able to follow research in areas of specific interest to me, the conference introduced me to some fascinating new concepts. Work on the non–specific effects of vaccines (especially the anti-tuberculosis BCG vaccine) sepsis was revelatory, as was some fascinating work on histones and the pathogenesis of

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
SIRS. While there were plenty of talks that went pretty stratospherically above my head, the overwhelming majority were accessible, interesting, and for most, actually exciting.

I was also interested to see how much ASID invests in ensuring its research accords with clinical priorities. Considerable effort is taken to ensure that research is quickly translated into clinical practice in wards and theatres, and that the antimicrobial stewardship guidelines developed by the college are rapidly disseminated and updated frequently. This maximised the relevance of the conference for me - while the predictive genetics of sepsis are interesting, knowing the warning signs of people at greater risk of succumbing to shock is invaluable.

In addition to the exposure I’ve gained to emerging trends in ID research I was grateful for the chance to meet and get to know some extraordinary researchers and clinicians in the field. I was extremely lucky to get to know a group of people working with Mark Kendall on transdermal vaccine trials, and am looking forward to catching up with them soon in Brisbane. Their work in developing patch delivery systems for vaccines has the potential to be one of the most significant breakthroughs in disease prevention in my lifetime.

Attending the conference has without a doubt galvanised my commitment to working in regional Australia. The burden of preventable infectious disease faced by communities outside coastal centres remains unacceptably high, and this is further exacerbated in Aboriginal and Torres Strait Island peoples. The conference also stressed the crossover between infectious disease and public health, and I’ve been encouraged (and inspired) to apply for my Masters in International Public Health while finishing my medical degree. I’ve also started joining ID rounds and specialist clinics at the hospital during the week, and have organised an ID elective for the coming year. I’d again like to thank the RAMUS team for the opportunity to attend. I got so much more out of the conference than I had thought possible.