International Society for Infectious Diseases

ISID NEWS

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The 10th International Congress on Infectious Diseases in Singapore

by Tim Brewer, ISID Program Director

In a tropical setting unmatched for its hospitality, blend of exotic cultures, and efficiency, the 10th International Congress on Infectious Diseases opened in Singapore on March 11, 2002. The day began with an industry-sponsored satellite symposium on hepatitis disease management; approximately 1000 physicians and scientists from around the world participated in this session. The 10th ICID officially began that night with the Opening Ceremony. Honored guests and delegates were treated to a traditional Chinese performance of the lion dance. The lion dance symbolizes good luck and success for the event being undertaken. By every measure, the 10th International Congress on Infectious Diseases was a resounding success.

After welcoming remarks from President Jean-Paul Butzler and Sin Yew Wong, Chairman of the Local Organizing Committee, Mr. Lim Hng Kiang, Minister for Health and Second Minister for Finance, Republic of Singapore gave the official government welcome. During his welcoming remarks, Minister Kiang described initiatives being undertaken by the Singapore government to address infectious diseases. He highlighted Singapore's continuing role as an international leader in infectious disease research and treatment. Minister Kiang's remarks were followed by the presentation of the Congress awards for the outstanding scientific abstracts submitted for the ICID. The awards included the Chiron Vaccines Awards for Epidemiology of Infectious Diseases, the Aventis Pasteur Award for Communicable Disease Epidemiology, and the ISID New Investigator award. The Opening Ceremony adjourned for a welcome reception for all delegates and their guests at the historic Chjimes building. The Chjimes was formerly a convent school and is now a colonial architectural landmark in Singapore. In a lush courtyard surrounded by palm trees under starlit skies, delegates had an opportunity to sample examples of the many different Singapore cuisines and hear a variety of entertaining musical groups.

The Plenary lectures are often the highlight of the Congress, and the 10th ICID was no exception. Martin Blaser, the Frederick H. King Professor and Chairman of the Department of Medicine at the New York University School of Medicine opened the Congress with an outstanding presentation on the plasticity of *Helicobacter pylori* during human colonization. As the Edward H. Kass lecturer for the 10th ICID, Prof. Blaser took delegates on

Sin Yew Wong, Chairman of the Local Organizing Committee, Mr. Lim Hng Kiang, Minister for Health and Second Minister for Finance, Republic of Singapore and ISID President Jean-Paul Butzler at the Opening Ceremony for the 10th ICID.

a fascinating evolutionary journey of how *H. pylori* and humans have coexisted over thousands of years. Covering epidemiology, genetics, pathogenesis, and evolution, Prof. Blaser detailed ways in which *H. pylori* changes to be able to exploit a unique environment in the gastrointestinal system and to become probably the most prevalent bacterial infectious agent among humans worldwide.

Prof. Charles Weissmann followed Prof. Blaser. Prof. Weissmann is a Senior Research Scientist at the Medical Research Council Prion Unit Imperial College School of Medicine in the United Kingdom. Prof. Weissmann gave an equally erudite and interesting presentation on the molecular biology of prion disease. These fascinating proteins have completely altered how scientists understand the concept of infectious agents. Prof. Weissmann's presentation not only shed light on the pathophysiology of these interesting proteins, but also provided delegates with an update on the bovine-spongiform encephalopathy epidemic in the United Kingdom.

The high scientific standards set by Profs. Blaser and Weissmann continued throughout the three days of the Congress. On the second day of the Congress, Prof. Ruth Bishop and Dr. Michel Caraël gave the plenary presentations. Prof. Bishop, Research

Dennis L. Kasper, M.D.
President
International Society for Infectious Diseases

A Letter from the President

As preparations get under way for the 11th International Congress on Infectious Diseases (ICID), it seems like a good time to consider the place of these biennial meetings in the history, the current endeavors, and the future of the International Society for Infectious Diseases (ISID).

The original focus of the ISID was on the Congress, which was intended to bring people together from around the globe to teach each other and learn from each other about infectious diseases. This effort flourished, and the Congress continues to be a high point on all our calendars. Over the years, we have traveled to some of the most interesting locales in the world to enjoy meetings that are now on a par scientifically with those of other prominent international societies. We have succeeded in attracting the world's foremost authorities to give presentations on many critical topics in infectious diseases. Thousands of participants from over 100 countries have attended these meetings. Each participant has brought along the perspective of a particular region and has taken back new information and ideas to apply to the prevention, treatment, and control of infectious diseases in that region.

In the past decade, however, the Society's activities and programs have expanded to fill the intervals between Congresses, providing us with the means to sustain the contacts we have made at the meetings, to support our members in their ongoing efforts to enhance their professional knowledge and expertise, and to interact more effectively with other organizations in order to attain our mutual goals. In short, the ISID has emerged as a full-fledged society, no longer serving simply as the organizing body for professional meetings but playing a significant and unique role in the global infectious-disease community.

Perhaps the most dramatic development in the ISID over the past decade centers on its increasing efforts to provide first-rate training to young investigators and practitioners from developing and transitional regions. The ISID International HIV/AIDS Clinical Training Program illustrates how the Society has looked for opportunities to benefit the infectious disease community and the populations served by that community. This program, originally established in the 1980s under the auspices of the Infectious Diseases Society of America and Pfizer Inc., was assumed by the ISID in 1998. Since that time, 70 participants from 40 countries have traveled to centers of excellence in the USA to undergo 2 weeks of intensive training in the clinical management of HIV-infected patients. The course includes formal lectures, practical training on inpatient HIV services and in outpatient clinics, and participation in public health and research activities. The trainees receive this training at no charge, with stipends to cover their expenses. The response to this program has been exceptional, to say the least. Participants report having returned to their home institutions well equipped to provide HIV/AIDS patients with high-quality care and to pass their training on to co-workers. Thus, this opportunity offered by the Society is the first link in a chain connecting the most advanced centers of HIV/AIDS care with health care providers scattered widely throughout the world.

The biennial Congress of the ISID will surely continue to enrich its participants, serving as a venue for the exchange of information and ideas and for the establishment of productive contacts and friendships. The future of the Society lies both in this periodic gathering of individuals with a common commitment to the management and prevention of infectious diseases and in the programs that continue to pursue the Society's goals between Congresses. ❖

Dennis L. Kasper, M.D.
President
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Fellow of the Murdoch Children's Research Institute, Royal Children's Hospital in Melbourne, presented an overview of rotavirus, a common cause of diarrheal disease particularly in children. Prof. Bishop led the team that discovered rotavirus in 1973, and has been a leader in understanding the epidemiology, pathogenesis, and immunological response to this virus. Her team also has been instrumental in the development of possible vaccine candidates. With her extensive experience in rotavirus, Prof. Bishop gave a fascinating presentation that was both comprehensive and insightful about the scientific and policy barriers to controlling this important public health organism.

HIV has emerged from being an unknown organism to the most deadly pandemic in the history of mankind. Prof. Caraël, Chief of Evaluation in UNAIDS in Geneva and Professor of Sociology of Health at the Free University of Brussels, shared with delegates the reasons that the HIV virus could spread from a confined focus within Africa to become the greatest infectious disease killer of mankind. Focusing in particular on the South East Asian region, he also highlighted some of our recent successes and failures in controlling the HIV/AIDS pandemic.

The plenary lectures concluded with presentations by Prof. Nicholas White and Prof. Francis Waldvogel. Prof. White is Chairman of the Wellcome Trust Oxford University-based South East Asian Research Units located in Bangkok and Ho Chi Minh City. One of the world's eminent researchers on multidrug-resistant malaria, Prof. White shared with colleagues the work he and others have done on understanding how malaria becomes resistant to standard therapies. He described the challenges to finding new treatments for malaria and to bringing those treatments through clinical trials and in to use. Prof. White presented some of the fascinating ways in which organisms can evade our efforts to control and to treat the diseases they cause.

From his vantage point as Chairman of the Department of Medicine at the University of Geneva and past president of the ISID, Prof. Waldvogel has been in the forefront of infectious disease research for over 25 years. As such, he was uniquely qualified for the final plenary talk of the Congress, "Infectious Diseases in the 21st century: Challenges and Opportunities." Prof. Waldvogel reviewed a number of significant changes that have occurred globally to alter the relationship between microbes and humans. Urbanization, global warming, rapid travel, and widespread antimicrobial use are some of the forces that are substantially changing how microbes and humans interact with each other. Prof. Waldvogel described how these changes create new diseases and new challenges with familiar pathogens, yet at the same time allow for new opportunities for infectious disease control. Despite the undeniable public health success with the development of vaccines and antimicrobial agents, infectious diseases remain important causes of morbidity and mortality.

Forty-one symposia were held over the 3 days of the Congress. As expected from a meeting that attracted approximately 3000 infectious disease physicians and scientists from over 96 countries, these symposia ran the gamut from basic science research to public health epidemiology. Delegates heard how genome sequencing was advancing the ability to understand organism pathogenesis and create new treatments to how infection control practices can reduce nosocomial morbidity and mortality in low resource settings. A number of related symposia occurred throughout the 3 days of scientific sessions. One block of symposia touched on different aspects of HIV. There were sessions on pediatric HIV including maternal-to-child transmission, on extending HIV treatments and prevention strategies to low resource areas, to the latest advances in antiretroviral therapies.

New developments in vaccine and vaccine use also were well represented throughout the Congress. Sessions covered topics such as the expanded role of vaccines for influenza, *Streptococcus pneumoniae*, and *Haemophilus influenzae* Type B. Advances in vaccine technology, the role of vaccines in the prevention of pertussis in adults, and new directions for the Extended Program on Immunization also were discussed in symposia presentations.

The scientific program of each ICID always has a distinctive regional component. Speakers from the Western Pacific and Asia were well represented throughout the congress, and a number of symposia were dedicated to regional issues. Symposia on melioidosis, dengue, and malaria addressed topics of significant regional interest. Hepatitis B and C, important causes of morbidity and mortality in the Western Pacific Region, were prominently featured in scientific sessions.

The eclectic and exciting scientific program was the result of efforts of the International Organizing Committee, the regional and local organizing committees, and cooperating and collaborating organizations. Important collaborators in the scientific program included the Society of Infectious Diseases of Singapore and the Singapore Society for Microbiology and Biotechnology. Cooperating organizations included: the Alliance for Prudent Use of Antibiotics, the Asia Pacific Society for Infection Control, the US Centers for Disease Control and Prevention, the European Society of Clinical Microbiology and Infectious Diseases, the International Society for Chemotherapy, the International Society for Anaerobic Bacteria, the Japanese Association for Infectious Diseases, the John E. Fogarty International Center-National

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ISID Program Director Tim Brewer with one of the recipients of the Aventis Pasteur Awards for Communicable Disease Epidemiology David Patrick (Canada), Dr. Stanley Plotkin from Aventis Pasteur, Aventis Pasteur Award recipients Gunay Saner (Turkey), and Jung Soo Kim (Korea), and ISID President Jean-Paul Butzler.

ISID Program Highlight: The 2002 International HIV/AIDS Training Program

Participants and Training Staff
New York City
Memorial Sloan-Kettering Cancer Center

Participants
San Francisco
San Francisco General Hospital

As the HIV pandemic continues to spread alarmingly in many regions of the world, the need to provide proper and effective medical treatment for people living with HIV/AIDS grows. Today about 40 million people worldwide are living with HIV/AIDS, a devastating reality made even more tragic by the fact that most people suffering from HIV infection do not have access to necessary medicines or trained healthcare. The ISID HIV/AIDS Training Program is a vital part of the Society's response to the need for improved and expanded capacity in HIV/AIDS medical care, particularly in resource-poor settings.

Every year the program brings physicians from developing and transitional countries involved in the care of HIV-positive patients to U.S. medical institutions for two intensive weeks of multidisciplinary instruction and hands-on training in HIV/AIDS care. The program curricula integrate teaching on the clinical, epidemiological, and public health aspects of HIV/AIDS treatment, prevention, and research. Trainees partake in formal lectures, inpatient HIV services, outpatient clinics, and public health and research activities. Since 1998, ISID has trained approximately 70 participants from almost 40 different countries.

For 2002, the HIV/AIDS Training Program was held on April 22–May 3 at three training sites: National Institutes of Health (NIH) in Bethesda, Maryland; Memorial Sloan-Kettering Cancer Center (MSKCC) in New York City, New York; and San Francisco General Hospital (SFGH) in San Francisco, California. Sixteen physicians traveled from 14 countries to take part in the program. They came from Brazil, China, Ecuador, Ghana, Honduras, India, Jamaica, Kenya, Lithuania, Nepal, Russia, Tanzania, Uganda, and Zambia. Their diversity and range of experiences with HIV/AIDS in their home countries, combined with their enthusiasm and dedication, added to the learning environment of the program. Eight participants were based at MSKCC; four participants each were at NIH and SFGH.

The intensive program provided valuable opportunities for participants to update their knowledge of HIV/AIDS treatment including antiretroviral therapy; to become involved in clinical rounds; to visit community health and research centers; and to gain exposure to state-of-the-art HIV/AIDS clinical practice. Participants learned from and interacted with experienced HIV/AIDS care providers. They also discussed with each other experience and the challenges they face at home. Although the 2002 course is over, it is hoped that participants will maintain their connections with the faculty and with each other.

The exceptional efforts of the Program Directors and Coordinators at each training site made this year's training another success. The Society is grateful for their ongoing partnership and commitment to the program: Dr. Henry Masur and Ms. Melissa Harris at NIH; Dr. Kent Sepkowitz and Ms. Melanie Carrow at MSKCC; and Dr. Meg Newman and Ms. Carla Dos Santos as SFGH.

The Society recognizes the importance of providing educational opportunities in HIV/AIDS care to clinicians around the world. To ensure that the Society's Training Program is accessible to physicians from resource-poor settings, there are no course or tuition fees for participants. In addition, a stipend of $2,500 is provided to help defray travel and living expenses. Details of the 2003 HIV/AIDS Training Program will be forthcoming in October and will be posted on the ISID web site at http://www.isid.org. ❖

ISID Program Highlight: The 2002 International HIV/AIDS Training Program *(continued)*

Dr. Natalia Pchenithnaia of Russia sums up for ISID her learning experience as a participant in the HIV/AIDS Training Program and her plans to put the knowledge and skills she acquired into practice.

Within the past few years, Russia has had to face a difficult epidemiological situation with HIV. The prevalence of HIV infection in 2000 was 47,675 cases (32.67 per 100,000 population), including 261 children (0.98 per 100,000 population). In 2001, the prevalence of HIV infection rose to 70,830 cases (48.78 per 100,000 population), including 442 children (1.74 per 100,000 population). Between 2000 and 2001, prevalence of HIV infection increased by 49.3 % in the general population and by 77.6 % among children.

I live and work in Rostov-on-Don, the capital of the Southern Federal Region of Russia and the administrative center of the Rostov region. The Rostov region is in need of trained specialists in HIV care because the number of patients with HIV is steadily increasing. Other doctors and I constantly feel the necessity to update our knowledge of clinical diagnosis and treatment of HIV infection and opportunistic infections. Due to financial difficulties, during the last several years physicians from the Rostov region have not had opportunities to be participants of training programs in HIV care in Russia or abroad.

I am very grateful for the opportunity I had to participate in the 2002 ISID HIV/AIDS Training Program at the Memorial Sloan-Kettering Cancer Center (MSKCC) in New York City. It was an important event not only for me but also for Russia because I was the first physician from my home region to attend a training program in HIV care.

My experience in the training made a large impact on me. I would like to thank all the doctors and nurses at MSKCC, especially Dr. Kent Sepkowitz and Ms. Melanie Carrow, for their very attentive and benevolent attitude to us, the participants.

The educational program was a successful mixture of lectures, clinical work in the hospital with adult and pediatric patients, and participation in infectious disease conferences. The program was characterized by a large amount of instruction on a variety of topics. It was very interesting and useful for all of us. We were able to form professional relationships with many doctors at MSKCC, the New York Hospital, and the North Central Bronx Hospital.

In two short weeks we received a huge amount of information on HIV/AIDS. I have received information that is very valuable to me on the principles of observation and treatment of patients with HIV, treatment of pregnant women with HIV, and administration of prophylaxis to newborns at risk. I also learned about recognizing the development of resistance to antiretroviral therapy and about prophylaxis and treatment of opportunistic infections. These sessions were very important and new to me. Lectures about Kaposi's sarcoma, hepatitis C, ethics in HIV care, and other topics also helped me to update my knowledge.

Since my return to Rostov, I have given a presentation on my training experience to an assembly of my employers at the Rostov State Medical University and the Rostov Municipal Hospital.

In the near future I plan to develop a series of lectures for the students and residents at my university based on the knowledge I received through the HIV/AIDS Training Program. I also intend to present a series of reports for my colleagues at the monthly meetings of our Infectious Disease Society and selected reports at meetings of other professional societies. I plan to put together educational brochures based on selected lectures that will provide information on the most important problems of HIV-infection we face (such as treatment of adults, children, and pregnant women; occupational prevention of HIV; HIV and ethics) and to disseminate these materials to medical students, physicians, and health care officials. I hope these brochures and seminars will help to improve quality of service and treatment of the patients in our region.

My participation in this training program has benefited not only me and my patients but also other doctors and patients in the Southern Federal District. ❖

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Institutes of Health, UNAIDS, and the World Health Organization. The combined efforts of the organizing committees and organizations produced what many felt was one of the best infectious diseases meetings to date.

Over 950 posters were presented throughout the course of the Congress. Meet-the-Expert sessions, workshops on rabies, the Gideon computer program, and the Society's Program for monitoring emerging diseases (ProMED-mail) rounded out the official scientific program of the meeting. In addition to the official scientific program, there were a number of industry-sponsored satellite sessions held in conjunction with the ICID.

Singapore provided an exotic and friendly backdrop for the Congress. Orchid parks, night safaris, and an almost limitless selection of restaurants and cuisines were some of the treats awaiting delegates after the official program was over. The meeting and the country brought together a wonderful blend of international elements that culminated in an educational and enjoyable experience for all who participated. The 10th ICID set a high standard for infectious disease meetings that the 11th ICID Program Committee is looking forward to matching. ❖

Willy Tonui

Willy Tonui was awarded ISID Small Grants in 2000 and 2001 for research into vaccine candidates against Leishmania. *He conducted his investigations at the Kenya Medical Research Institute (KEMRI) in Nairobi from February 2000 to November 2001. Tonui has dual roles at KEMRI as Research Officer (Immunologist) and Director of the WHO AFRO Polio Laboratory Network. He is currently participating in further studies of vaccines against Leishmania as a visiting scientist at Colorado State University in the U.S.*

Project Title:
Evaluation of *Leishmania donovani*-derived lipophosphoglycan as a candidate vaccine against visceral leishmaniasis in murine models

Leishmaniae, trypanosomatids transmitted by the bite of an infected phlebotomine sand fly, are the etiological agents for leishmaniasis, a group of diseases prevalent in both tropical and subtropical areas. Worldwide, there are 2 million new cases each year, and one tenth of the world's population is at risk of infection (see WHO Reports: http://www.who.int/emc/diseases/leish/index.html). The disease is endemic throughout parts of Africa, India, the Middle East, southern Europe, and Central and South America. Epidemics of leishmaniasis are also well recognized. The disease has four main forms, depending on the parasite species and the cellular immune system of the patient: cutaneous leishmaniasis (CL), diffuse cutaneous leishmaniasis (DCL), mucocutaneous leishmaniasis (MCL), and visceral leishmaniasis (VL) or kala-azar. VL is the most severe form of leishmaniasis and is usually fatal if left untreated.

In contrast to the number of immunoprophylactic studies of cutaneous leishmaniasis, relatively few investigations of the visceral form have been carried out. Our study sought to assess the efficacy of *Leishmania donovani*-derived lipophosphoglycan (LPG) as a vaccine against visceral leishmaniasis in susceptible BALB/c mouse and Syrian Golden hamster (*Mesocricetus auratus*) models. Triple vaccination of hamsters and BALB/c mice with a total dose of 60mg and 30mg of LPG, respectively, mixed with bacille Calmette-Guérin (BCG), produced no noticeable side effects either locally or systemically. This implied that the LPG molecule was safe at these dosage levels. There was activation of both the humoral and cell-mediated response to LPG mixed with BCG, which correlated with resistance against the disease. However, protection by LPG was only partial, as the remaining immunized animals showed disease progression leading to severe disease, indicated by emaciation, weight loss, and heavy splenic parasitemia. Furthermore, animals previously immunized with *L. donovani*-derived LPG were not protected against *Leishmania major* infections. It can be concluded from these immunization studies using *L. donovani*-derived LPG and the previous reports in *L. major* that protection depended on the use of adjuvants and on the integrity of the LPG molecule. The purified water-soluble LPG used in this study may explain the low immunogenicity and partial protection observed in immunized rodents. It may be rewarding to re-evaluate the potential of LPG as a vaccine candidate in leishmaniasis using different adjuvants to improve its immunogenicity.

Secondly, this study also investigated the effect of monoclonal antibodies (MABs) raised against *L. major*-derived LPG on the development of *L. major in vitro* and in its natural vector *Phlebotomus duboscqi* Neveu Lemaire (Diptera: Psychodidae). Interestingly, at 36 hours parasites that had previously been incubated with 1:100 MABS showed a significantly high number ($P<0.05$) of early log phase procyclic promastigotes in culture, whereas the control group showed mainly haptomonads and metacyclic promastigotes. Sand flies that fed on *L. major* 1:100 MABs also showed mainly the procyclics and a few haptomonads on day 6 post-feeding ($P<0.05$). Very few sand flies were found to be infected with the haptomonad forms. In the control group, parasite development followed the normal stages until the metacyclic stage. Results also showed that flies that had fed on anti-*L. major*-derived LPG MABs showed lower parasitemia levels (less than 3+) than did their controls ($P<0.5$). These findings suggest that MABs were effective in reducing sand fly infections and that humoral mechanisms may have a role in protection against leishmaniasis. This study also supports previous findings that the LPG molecule is a promising vaccine candidate for blocking transmission of leishmaniasis.

Finally, this study used the SDS-PAGE technique to determine whether the sand fly and the *Leishmania* parasite have molecules with similar molecular weights. Interestingly, the sandfly gut lysates and the proteins present in *L. major*-derived LPG showed two common proteins of 105kDa and 106kDa, respectively. However, anti-LPG sera did not recognize these sandfly molecules on western blot analysis, suggesting that the sandfly may have other molecules that are capable of influencing the process of metacyclogenesis apart from the known ligands for LPG. Further analysis of these individual proteins from the gut should be pursued with a view to determining their vaccine potential.

I wish to express my sincere thanks to ISID for having selected me to receive two research grants under the Small Grants Program. These grants enabled me to pursue my PhD in Immunology at Kenyatta University, Nairobi, Kenya, and also helped to sustain phlebotomine sandfly and Syrian Golden hamster colonies at the Kenya Medical Research Institute. ISID's help will go a long way in supporting my studies of transmission blocking vaccines and in strengthening the Institute's research activities in leishmaniasis. ❖

I would like to introduce myself to ISID members as the new Managing Editor of ProMED-mail as of February of 2002. As a practicing infectious disease physician with an interest in emerging infections and vaccine development, and as a longtime reader of the service, I was thrilled by the opportunity given to me by ISID to help guide ProMED-mail.

I met a number of ProMED-mail readers at the 10th ICID who commented upon the direct impact ProMED-mail reports have on their daily lives. One such subscriber was a physician from India. He told me that his hospital had observed several cases of *Pseudomonas* infections associated with bronchoscope use, but that he had been unable to convince others of the association until he read one of our posts reporting a recall based upon just this issue. The ProMED-mail demonstration session at the ICID was very well attended and Jack Woodall, Associate Editor, was able to show the attendees the improved website design (www.promedmail.org) and explain its user-friendly search features. Over 10,000 reports dating back to 1994 are now easily accessible via the web and can be searched by location, disease, or other keywords.

ProMED-mail continues to grow in popularity and expand into new areas. We recently passed the milestone of 25,000 subscribers in over 150 countries. In addition, our recently upgraded website receives over 5,000 'hits' each day. Our unofficial outbreak reporting continues to post news of outbreaks ranging from Ebola to Foot and Mouth Disease, to hepatitis A, often days or weeks ahead of official reports.

Behind the scenes, the first-ever meeting of ProMED-mail moderators and editors was held in Boston in April. It was a unique opportunity to address the editorial and operational issues facing ProMED-mail. Unveiled at the meeting was a newly developed "Moderator's workbench" created for us by the Oracle Corporation. This web-enabled tool will streamline the process of receiving reports, authenticating and editing them, and providing expert commentary to our readers.

At the moderators' meeting, we also planned the launch of a new reporting system, ProMED-BT. This system will provide specialized information regarding bioterrorism and biological warfare: outbreaks potentially related to bioterrorist agents, strategies for the detection and prevention of attacks, and of course, up-to-the-minute accounts of any actual attacks with biological agents.

We also wish to welcome two new members of our Editorial Staff. Larry Lutwick, MD, joins us as Bacterial Diseases Moderator. Larry, who did his clinical training at Barnes Hospital in St. Louis and Stanford, is the Chief of Infectious Diseases at the VA New York Harbor Health Care System (Brooklyn campus) and Professor of Medicine at SUNY Downstate. He brings extensive clinical experience with infectious diseases and a background in electronic medical journalism to ProMED-mail. Larry's interests and knowledge span a variety of disciplines within infectious disease and will bring great expertise to ProMED-mail.

We are also pleased to welcome Donald Kaye, MD as a new Associate Editor. He is Professor of Medicine at MCP Hahnemann School of Medicine and the former Chairman of Medicine there. Highly regarded as an authority in infectious disease, he is author of over 300 academic publications and brings a wealth of experience spanning four decades in the field. His numerous honors include Master of the American College of Physicians and honorary professorship at the University of Bahia, Brazil, where he originated an exchange program with the Medical College of Pennsylvania.

Marjorie Pollack, MD, whom many of you know as our Epidemiology Moderator for the past three years, will be taking on the additional responsibility of Associate Editor. She is a consulting medical epidemiologist with experience in over 40 countries. One of our most frequent contributors, Marjorie posted more than 500 reports in her first 9 months after joining ProMED-mail, and this pace has continued throughout her tenure. Her background in medicine and epidemiology, including service as an EIS officer at CDC, followed by the preventive medicine residency at CDC and her prolific service as Moderator with ProMED-mail, will allow for her smooth transition into the role of Associate Editor. We welcome her increased involvement.

ProMED-mail is a major program of ISID, and Society members are encouraged to subscribe. Subscription to ProMED-mail is easy and free of charge. To sign up, go to the ProMED-mail website and click on 'subscribe'. You can choose to receive all of the postings, or join any number of subgroups (ProMED-EDR for emerging disease reports may be of particular interest to ISID members). Many members choose to receive ProMED-digest, and receive approximately one e-mail each day with a compendium of all reports. ISID members are also encouraged to send news regarding infectious disease outbreaks and occurrences of new or emerging diseases to promed@promedmail.org. ❖

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Education:
- ❑ MD (or equivalent)
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Primary job-related activity:
- ❑ Administration
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- ❑ Other_____

Areas of interest:
- ❑ Antimicrobial & Antiviral Resist.
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- ❑ Mycobacteriology
- ❑ Nosocomial Infections
- ❑ Parasitic Infections
- ❑ Vaccines
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- ❑ Other_____

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Individuals from developing countries may receive the Guide free of charge upon request by contacting ISID directly. The Guide has been translated into Spanish, Polish, and Croatian. For more information regarding the translated versions of the Guide, please contact ISID directly.

To contact ISID about the Guide, please send an email to: info@isid.org.

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