



Victorian News

The Australian Society for Microbiology VIC Branch Newsletter

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Submission Deadline: 4th of the Month

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ASM Vic Branch Christmas Party

- Event Report -

On Thursday the 7th of December, ASM Vic Branch members and their families, friends and colleagues gathered at Hofbräuhaus Melbourne in the CBD to celebrate the year that has been. Although there was no strict microbiology theme to the evening, guests were treated to beers hand-picked from the finest breweries in Bavaria, as well as Bavarian delicacies including the fermented cabbage condiment sauerkraut. Guests enjoyed a sit-down Bavarian meal, feast-style, whilst socialising with branch members they have known for years. It was also nice to see a strong contingent of 'younger' microbiologists, as well as the networking between members from varying work places and fields afforded by the casual event. Hofbräuhaus Melbourne provided a fantastic atmosphere for the evening, with the Bavarian house band enjoyed by everyone and a few people even getting up to dance. The ASM Vic Branch Christmas Party caps off another successful year of branch activities. Stay tuned for more great ASM Vic Branch events in the New Year!



Event report contributed by Jacqueline Heath



Science in the Spotlight

Event Report



On Saturday 18th and Sunday 19th November 2017, the *Science in the Spotlight* conference was held at Vibe Hotel in the picturesque town of Marysville, Victoria. This scientific meeting was jointly held by the ASM and Australian Institute of Medical Scientists (AIMS) Victorian branches. Approximately 50 people were in attendance at each day of the conference who came from varying areas and levels of experience within the microbiological and medical sciences. Delegates were treated with an outstanding array of presentations and an opportunity to network with their peers and colleagues in a beautiful setting.

There were 17 invited speakers from diverse clinical and research backgrounds who delivered engaging presentations of high calibre, shared their expertise and innovation with us, and ensured we left with our minds enriched!



Keynote speaker Dr Denese Marks (Australian Red Cross Blood Service, NSW) presented 'How would you like your platelets: warm, cold or frozen?' about the cryo-preservation of blood products.



Keynote speaker Dr Denese Marks (Australian Red Cross Blood Service, NSW)

Featured speaker David Barton (RMIT University) presented a personal and moving account of the Black Saturday Bushfires that devastated Marysville in 2009 and his PhD research 'Disaster in Relation to Attachment, Loss, Grief and Recovery: The Marysville Experience'.



Left: Featured Speaker David Barton (RMIT University).

Right: AIMS Travelling Orator Robyn Coleman (Sullivan Nicolaides Pathology, QLD)

AIMS Travelling Orator Robyn Coleman (Sullivan Nicolaides Pathology, QLD) presented 'Coagulation Considerations in the Patient with Burns'.

Additionally, microbiology topics ranged from innovative diagnostic testing including the latest POCT technology for malaria diagnosis, molecular testing of faecal pathogens, detection of carbapenemase Gram negative bacteria, latest advances in star-shaped peptide polymers for drug-resistant bacteria, novel research into HIV restriction, malaria and pneumococcal vaccine research, using a bacterium to fight mosquito vector-borne disease, and whole genome sequencing to track antimicrobial-resistant infections.

The sessions were kindly chaired by the members of the organising committee.

Three 15 minute talks and five posters were also presented at the conference. Congratulations to Jeremy Wells (Monash Health) who won the \$200 prize for his poster 'Severe haemophilia A caused by a duplication in the factor VIII gene covering exons 7 to 9'.

The Conference Dinner held on Saturday night was sponsored by Cellavision and featured a delightfully surprising Hawaiian theme, delicious dinner provided by Vibe Hotel with tropical inspired dessert and live entertainment by local singer and guitarist Ben Mitchell who entertained and had us up and dancing into the night!



A sincere and warm thank you is extended to all of our generous sponsors as we could not have held this conference without them!



A special thank you is in order for my fellow organising committee members Karena Waller (University of Melbourne, ASM Vic Chair), Kerryn Weekes (Monash Health, AIMS Vic Chair), Tina Pham (Alfred Hospital), Patricia Szczurek (Austin Health) and Edward Fox (CSIRO).



Organising Committee & Poster Prize Winner L – R: Patricia Szczurek, Tina Pham, Kerryn Weekes, prize winner Jeremy Wells, Karena Waller, Jaelyne Birrell, Edward Fox.

Event report contributed by Jaelyne Birrell (Microgenetix), Organising Committee.



Public Health Night

- Event Report -

On the evening of Wednesday 30th August the Victorian Branch of the ASM and the Doherty Public Health Cross Cutting Discipline co-hosted the 2017 Public Health Night, held at The Doherty Institute (PDI). With 8 speakers representing both the PDI and the Department of Health and Human Services (DHHS), and over 90 attendees, it was an engaging and scientifically stimulating evening.

Dr. Mihaela Ivan (Senior Medical Advisor, DHHS) was the first to speak and provided an overview of the current public health response aimed at reducing the burden of legionellosis in Victoria. She addressed some of the challenges encountered in the investigation of outbreaks of legionellosis and walked the audience through the role of risk-based regulatory practice in the prevention of this disease. Her co-presenter, Andrew Buultjens (PhD Student, PDI) then presented a novel genomic-based source-attribution tool that is currently being developed to support outbreak investigation of *Legionella pneumophila* by identifying possible environmental reservoirs. It is critical that outbreak source predictions of *L. pneumophila* are accurate as this pathogen can spread rapidly via cooling systems and cause Legionnaires' disease. This technique could help to reduce the ambiguity of source-attribution in traditional legionella-phylogenetic models as it takes in multiple forms of genetic variation. This model also incorporates geographic data, previous outbreak and environmental isolates, and has the potential to rapidly identify the likely source of new cases. This information could be used to stop outbreaks earlier and prevent cases of legionellosis.

Assoc. Professor Peter Revill (VIRDL, PDI) conveyed the new global initiative to cure chronic Hepatitis B (HBV). Each year 257 million people are chronically infected with HBV (CHB) worldwide, with 880,000 HBV attributable deaths. HBV causes 40% of all liver cancer and, unlike Hepatitis C, there is no cure because the nuclear viral reservoir is not targeted by any treatment. The current preventative vaccine is not therapeutic and has no impact on chronic infections. CHB disproportionately affects Indigenous Australians and people of culturally and linguistically diverse backgrounds. Appropriate treatment can control but not eliminate the virus, and for most people therapy is life-long. A current challenge in the field is to develop ways of eliminating or to "silence" the cccDNA minichromosome. Natural cure (HBsAg sero-clearance) is observed in a small but significant number of patients each year; this is encouraging and suggests that the development of a therapeutic cure is a realistic goal. In 2016, a "Call to Arms" was published to establish an International Coalition to Eliminate Hepatitis B (ICE-HBV) and outlined the global strategies required to cure and eliminate HBV infection. The coalition formed a number of working groups which focused on Innovative Tools, Immunology, Clinical Studies and Virology. Through its global network, cure-focused objective, strong scientific, clinical, stakeholder and institutional linkages, ICE-HBV is striving to promote effective collaboration and facilitate opportunities that can produce a timely cure of chronic HBV infection as quickly and efficiently as possible.

Dr. Genevieve Cowie (Principal Public Health Medical Officer, DHHS) described the Victorian DHHS's response to the significant increase in the number of notifications and antimicrobial resistance of gonorrhoea, linked with enhanced surveillance and case follow-up, including test of cure. Increasing

resistance in *Shigella spp.* has changed recommendations, with a greater emphasis placed on supportive treatment, personal hygiene, promotion of safe-sex, and exclusion from or isolation in high risk settings. If indicated, choice of antibiotic should be based on sensitivity testing, especially if acquired overseas or from men-who-have sex with men, as options are extremely limited. Dr. Deborah Williamson (Deputy Director, MDU PHL, PDI) expanded on this topic, communicating the challenges of sexually transmitted infections (STIs), in particular antimicrobial resistance in *Neisseria gonorrhoeae*, *Shigella spp.*, and *Treponema pallidum*. The increasing use of culture independent diagnostic testing has led to a dearth of isolates, limiting the ability to detect AMR and perform molecular epidemiological typing. In 2000, the number of STIs notified to NNDSS and the number of isolates cultured was comparable (~ 900). However, in 2016, only one third of notifications had a cultured isolate (~1,800 isolates for ~5,500 notifications). The annual incidence of gonorrhoea notifications in Australia has increased over the last 10 years, particularly in males, from 50 to almost 160 notifications per 100,000 population in 2007 and 2016, respectively. An increase in the annual incidence of syphilis and shigellosis notifications in males are also apparent since 2011 and 2013, respectively. In recent years, azithromycin-resistance has emerged *N. gonorrhoeae*, *S. flexneri* and *T. pallidum*, and ciprofloxacin-resistance has been reported in *S. flexneri*. Resistant sexually transmitted bacteria represent a major and growing threat to public health in Australia. Whole genome sequencing has shown that these resistant lineages are global and can spread readily through populations, likely facilitated by the selection pressure imposed from empiric treatment. Prevention and control of STIs in the 21st century requires timely, effective and high-resolution investigations which may be provided by genomic technologies.

Prof. Scott Bowden (VIDRL, PDI) discussed the forgotten hepatitis viruses: Hepatitis A, E and D (HAV, HEV, and HDV). Transmission for HAV and HEV occurs via the faecal/oral route whereas HDV is blood borne. HAV has caused outbreaks in Australia; vehicles have included contaminated local oysters and imported ready-to-eat products, semidried tomatoes and frozen mixed berries. HAV gene sequencing, and the establishment of a local database has revealed clusters of infection. HDV (a defective or incomplete virus) was first discovered in 1977, is the least common hepatitis virus but is associated with the most severe liver disease. HDV is only found with co-existent HBV and is known as a “satellite” virus, as it relies on HBsAg for its envelope and subsequently its ability to enter and exit cells. HDV prevalence is 8-10% in the CHB population in the developing world, but is decreasing in developed countries where the HBV vaccine is available. HEV can cause a range of clinical manifestations from subclinical to fulminant hepatitis. HEV consists of one serotype and 4 genotypes; genotypes 1&2 are associated with epidemic outbreaks, whereas genotypes 3&4 are zoonotic (swine) viruses but can infect humans. There are 20 million cases of acute hepatitis worldwide annually due to HEV.

Lucinda Franklin (Epidemiologist, DHHS) and Courtney Lane (Epidemiologist, MDU PHL, PDI) co-presented the final topic, an update of meningococcal epidemiology and the W135 strain. In Victoria, meningococcal surveillance has been ongoing since at least 1936 with the number of cases fluctuating over the years. The peak was 575 cases in 1941 and the lowest point was 5 cases in 1974, gradually increasing again in the 1980's. Since the introduction of the Men C vaccination in 2003, serogroup B (Men B) became the predominant disease-causing strain in Victoria. However, since 2013/14, there has been a rapid increase in serogroup W (Men W) cases, which was previously rare and usually only seen in travellers. With this switch, there has also been a discernible change in the patient demographics and clinical manifestation of meningococcal disease. Traditionally the incidence was higher in the very young and adolescent age groups, but there has been an alarming increase in Men W cases in the older age groups. Additionally, fewer ‘classic’ meningitis presentations have been observed, and there have been more cases of septicaemia, pneumonia, and other ‘atypical’ presentations (e.g. epiglottitis and septic arthritis). The case fatality rate with Men W also appeared to be double the rate observed amongst other serogroups. The national burden of MenW is largely driven by high rates in Victoria (17 of the 34 (50%) cases reported from 2012 to 2015) and New South Wales, although clonal outbreaks in other states are emerging. The recent increase in MenW in Australia has been driven by a hypervirulent clone belonging to clonal complex 11, and is similar to that observed in recent outbreaks in the UK and South America. Worryingly the genomic similarity among some Australian MenW isolates suggests the possibility of ongoing local transmission.

Event report contributed by Sarah Baines and Mary Valcanis

Call for Abstracts

Apply NOW to participate in

ASM Student Travel Awards 2018

It's a great way to attend next year's ASM Annual Scientific Meeting in Brisbane
(1-4 July 2018)

Where: Ground Floor Auditorium, Doherty Institute
Cnr Grattan and Elizabeth Streets, Melbourne VIC 3000

When: Tuesday 20 February 2018, commencing at 6.30pm

Presentations: Competitors will deliver 10 minute presentations and receive 5 minutes of question time

Awards: Two major awards are available to help students attend the national ASM meeting. Winners will receive:

- ASM Student Travel Award – conference registration, a return economy airfare and \$500 towards the cost of accommodation and is awarded to the best student presenting research carried out as part of a PhD or Masters by Research
- Victorian ASM Branch Award – conference registration and \$200 towards the cost of a return economy airfare and is awarded to the best student presenting research carried out as part of a Masters by Coursework or an Honours degree

Applications close: 5pm on Friday 2 February 2018

Further details (including application forms and instructions) can be
obtained by emailing:

Karena Waller (klwaller@unimelb.edu.au)



How to join the Australian Society for Microbiology at a reduced rate!

Did you know that non-members can join the Australian Society for Microbiology at a reduced rate? Well, you can!

As a non-member, by paying the fee to attend an event hosted by ASM VIC Branch, you can use this amount to put towards an annual membership of the Australian Society for Microbiology. To do so, please follow these instructions:

1. Register to attend the event hosted by ASM VIC Branch via the advertised trybooking link, and pay the attendance fee.
2. Attend the event, and then within 2 weeks after the event, go to the ASM membership area at <http://www.theasm.org.au/membership/>
3. Choose the appropriate membership for you and then click on:
[Click here to join or update your details](#)
4. Click 'Begin here' and create a Currinda membership profile for yourself. Then, pay the membership full fee.
5. Following payment, download the paid receipt (showing your payment) and email it along with your postal address to:
Priscilla Johanesen, Treasurer VIC Branch priscilla.johanesen@monash.edu
6. A cheque refunding the event fee will be posted to you.

Please note: you must complete the above process within 2 weeks following an event to take advantage of this offer. After this time, the event fee cannot be used to pay membership fees.

ASM Member Awards Apply Now

The ASM offers a variety of awards to its members. Take full advantage of your membership by applying now for one of the awards listed below with deadlines approaching. For more details and additional awards please refer to the National webpage <http://www.theasm.org.au/awards/>

The deadlines for all award applications are now **March 31st** of each year.

ASM Business – Secretarial Help Required

Help is required to revise and update several ASM documents.

If you have reasonable writing and editing skills and some spare time in January please contact me via email: cheryljp@unimelb.edu.au OR
via phone: 0422463780.

This is paid work, rates and hours to be negotiated by mutual agreement.

Cheryl Power
Vice President Corporate Affairs
ASM



ASM History SIG – Column

ASM History SIG Column: December 2017

Did you know there is a Millis room in the Royal Society of Victoria [RSV] building in Melbourne?

Emeritus Professor Nancy Millis was a member of the RSV for many years. Her contribution to microbiology, science, higher education, public policy and the role of women in science in Victoria was noted by the RSV through the “The Nancy Millis AC Symposium” held on Saturday 18th April 2009. The ASM Nancy Millis Mentoring Scheme was launched at a function at the RSV on the 5th April 2014.

Amid the various books on the shelves of Melbourne University’s University House [Nancy was a member of University House] is a publication “The Festive Season [Vol. 1] – The Nancy Millis Selection”. Nancy’s contribution was “Melons in Muscat”. Produced by The Friends of University House the book was used as a fundraiser for the 2012 Ride to Conquer Cancer. Not only did Professor Millis act as the book’s sponsor she wrote the forward for the publication.

Dr D Lightfoot, Convener for ASM History SIG

ASM Memorabilia

If any ASM members have significant ASM memorabilia that they would like to donate to the ASM archives or would like to suggest topics suitable for possible symposia at future ASM Annual Scientific Meetings, please send details of the memorabilia or suggested symposia topics to:

History SIG convener
c/o Australian Society for Microbiology Office
9/397 Smith Street
Fitzroy VIC 3068

Visiting Speakers Program

**Do you know of an outstanding speaker coming to
Australia?**

**If so, consider them for the Visiting Speakers
Program (VSP).**

**Further information about the VSP and the speaker
recommendation form can be found at:**

**[http://www.theasm.org.au/events/visiting-speakers-
program/](http://www.theasm.org.au/events/visiting-speakers-program/)**

**Alternatively, contact Catherine Satzke
(catherine.satzke@mcri.edu.au), who is the VSP
Coordinator for the ASM VIC Branch.**

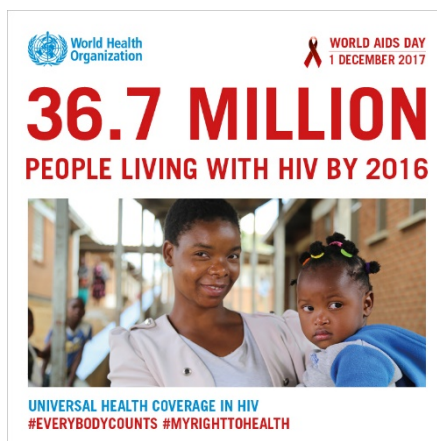
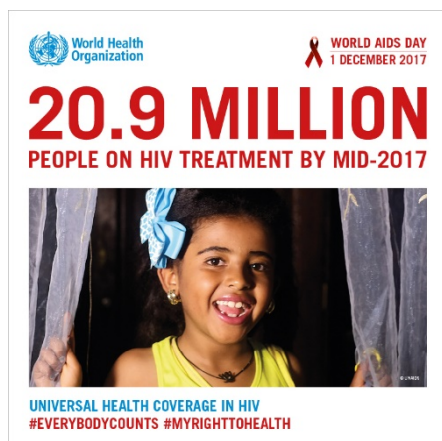
MICRO NEWS and VIEWS

- Symbiosis and cell evolution: Lynn Margulis and the origin of eukaryotes
<https://theconversation.com/symbiosis-and-cell-evolution-lynn-margulis-and-the-origin-of-eukaryotes-87220>
- The US Just Ended Its Own Ban on Engineering Deadly Viruses in The Lab
<https://www.sciencealert.com/the-us-just-ended-ban-engineering-deadly-viruses-in-lab-pathogens-function>
- Biofilms as construction workers
<https://www.sciencedaily.com/releases/2017/12/171219092849.htm>
- How to Correctly Wash Your Hands, According to a Microbiologist
<https://sciencealert.com/how-to-correctly-wash-hands-germs-microbiology?perpetual=yes&limitstart=1>
- Dengue 'Achilles heel' insight offers hope for better vaccines
<https://www.sciencedaily.com/releases/2017/12/171219092858.htm>
- Plague Ravaging Madagascar
<https://www.the-scientist.com/?articles.view/articleNo/50590/title/Plague-Ravaging-Madagascar/>
- Designer nanoparticles destroy a broad array of viruses
<https://www.sciencedaily.com/releases/2017/12/171218154928.htm>
- Microbes of the Human Tongue Form Organized Clusters
<https://www.the-scientist.com/?articles.view/articleNo/51098/title/Microbes-of-the-Human-Tongue-Form-Organized-Clusters/>
- Ancient fossil microorganisms indicate that life in the universe is common
<https://www.sciencedaily.com/releases/2017/12/171218154925.htm>
- Tracking effects of a food preservative on the gut microbiome
<https://www.sciencedaily.com/releases/2017/12/171218090930.htm>

MICRO NEWS and VIEWS

World AIDS Day, 1 December 2017

Reproduced from: <http://www.who.int/campaigns/aids-day/2017/en/>



10 Facts on HIV/AIDS

HIV/AIDS remains one of the world's most significant public health challenges, particularly in low- and middle-income countries. As a result of recent advances in access to antiretroviral therapy (ART), HIV-positive people now live longer and healthier lives. In addition, it has been confirmed that ART prevents onward transmission of HIV. An estimated 20.9 million people were receiving HIV treatment in mid-2017. However, globally, only 53% of the 36.7 million people living with HIV in 2016 were receiving ART. Progress has also been made in preventing and eliminating mother-to-child transmission and keeping mothers alive. In 2016, almost 8 out of 10 pregnant women living with HIV, or 1.1 million women, received antiretrovirals (ARVs). WHO has released a set of normative guidelines and provides support to countries in formulating and implementing policies and programmes to improve and scale up HIV prevention, treatment, care and support services for all people in need.

This fact file provides current data on the disease, and ways to prevent and treat it.

Fact 1: HIV (human immunodeficiency virus) infects cells of the immune system

Infection results in the progressive deterioration of the immune system, breaking down the body's ability to fend off some infections and other diseases. AIDS (Acquired immune deficiency syndrome) refers to the most advanced stages of HIV infection, defined by the occurrence of any of more than 20 opportunistic infections or related cancers

Fact 2: HIV can be transmitted in several ways

HIV can be transmitted through:

- unprotected sexual intercourse (vaginal or anal) or oral sex with an infected person;
- transfusions of contaminated blood or blood products or transplantation of contaminated tissue;
- the sharing of contaminated injecting equipment and solutions (needles, syringes) or tattooing equipment;
- through the use of contaminated surgical equipment and other sharp instruments;
- the transmission between a mother and her baby during pregnancy, childbirth and breastfeeding.

Fact 3: There are several ways to prevent HIV transmission

Key ways to prevent HIV transmission:

- practice safe sexual behaviours such as using condoms;
- get tested and treated for sexually transmitted infections, including HIV to prevent onward transmission;
- avoid injecting drugs, or if you do, always use sterile needles and syringes;
- ensure that any blood or blood products that you might need are tested for HIV;

- access voluntary medical male circumcision if you live in one of the 14 countries where this intervention is promoted;
- if you have HIV start antiretroviral therapy as soon as possible for your own health and to prevent HIV transmission to your sexual or drug using partner or to your infant (if you are pregnant or breastfeeding);
- use pre-exposure prophylaxis prior to engaging in high risk behaviour; demand post-exposure prophylaxis if there is the risk that you have been exposed to HIV infection in both occupational and non-occupational settings.

Fact 4: 36.7 million people are living with HIV worldwide.

Globally, an estimated 36.7 million (34.0–39.8 million) people were living with HIV in 2015, and 1.8 million (1.5–2.0 million) of these were children. The vast majority of people living with HIV are in low- and middle-income countries. An estimated 2.1 million (1.8–2.4 million) people were newly infected with with HIV in 2015. An estimated 35 million people have died from HIV-related causes so far, including 1.1 million (940 000–1.3 million) in 2015

Fact 5: Combination antiretroviral therapy (ART) prevents HIV from multiplying in the body

If the reproduction of HIV stops, then the body's immune cells are able to live longer and provide the body with protection from infections. Effective ART results in a reduction in viral load, the amount of virus in the body, greatly reducing the risk of transmitting the virus sexual partners. If the HIV positive partner in a couple is on effective ART, the likelihood of sexual transmission to the HIV-negative partner can be reduced by as much as 96%. Expanding coverage of HIV treatment contributes to HIV prevention efforts.

Fact 6: As of mid-2016, 18.2 million people were receiving ART worldwide

Of these, more than 16 million lived in low- and middle-income countries. In 2016, WHO released the second edition of the "Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection." These guidelines present several new recommendations, including the recommendation to provide lifelong ART to all children, adolescents and adults, including all pregnant and breastfeeding women living with HIV, regardless of CD4 cell count as soon as possible after diagnosis. WHO has also expanded earlier recommendations to offer pre-exposure prophylaxis of HIV (PrEP) to selected people at substantial risk of acquiring HIV. Alternative first-line treatment regimens are also recommended.

Fact 7: HIV testing can help to ensure treatment for people in need

Access to HIV testing and medicines should be dramatically accelerated in order to reach the goal of ending AIDS by 2030. HIV testing reach is still limited, as an estimated 40% of people with HIV or over 14 million people remain undiagnosed and don't know their infection status. WHO is recommending innovative HIV-self-testing and partner notification approaches to increase HIV testing services among undiagnosed people.

Fact 8: An estimated 1.8 million children are living with HIV

According to 2015 figures most of these children live in sub-Saharan Africa and were infected through transmission from their HIV-positive mothers during pregnancy, childbirth or breastfeeding. Close to 150 000 children (110 000–190 000) became newly infected with HIV in 2015.

Fact 9: Elimination of mother-to-child-transmission is becoming a reality

Access to preventive interventions remains limited in many low- and middle-income countries. But progress has been made in some areas such as prevention of mother-to-child transmission of HIV and keeping mothers alive. In 2015, almost 8 out of 10 pregnant women living with HIV – 1.1 million women – received antiretrovirals worldwide. In 2015, Cuba was the first country declared by WHO as having eliminated mother-to-child transmission of HIV and syphilis. In June 2016, 3 other countries: Armenia, Belarus and Thailand were also validated for eliminating mother-to-child HIV.

Fact 10: HIV is the greatest risk factor for developing active TB disease

In 2015, an estimated 1.2 million (11%) of the 10.4 million people who developed TB worldwide were HIV-positive. In the same year approximately 390 000 deaths from tuberculosis occurred among people living with HIV. The WHO African Region accounted for around 75% of the estimated number of HIV-related TB deaths.

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Would you like to advertise your event, job vacancy or other news item in our newsletter?

Advertising rates are:

Not-for-profit adverts: free of charge

For-profit adverts: \$50 per advert

If so, please contact Karena Waller
(klwaller@unimelb.edu.au)

ASM VIC CALENDAR 2018

When planning meetings, please book dates with Karena Waller
(Phone: (03) 8344 0045, Email: klwaller@unimelb.edu.au)

- ASM Student Travel Awards – 20th February 2017, Melbourne VIC

**Submission Deadline for February ASM Victorian
News:
February 4th 2018**

Email submissions to: jhea@unimelb.edu.au or
cbutler@unimelb.edu.au