**History** - Ever since one of the founding fathers of microbiology, Antonie van Leeuwenhoek (17th century Delft) described minuscule animals in a drop of water with his self-constructed microscope, the science of microbiology has been one of the strongholds of scientific research in the Netherlands. The classical physiological methodology for identification of bacteria and yeasts was developed also in Delft by M. W. Beyerinck and Nobel-prize winner C. Eijkman. In 1904, almost 100 years ago, the Centraalbureau voor Schimmelcultures was founded in the Netherlands, which now harbours the world’s largest fungal culture collection and is one of the main centres of fungal biodiversity studies. However, it is only over the last two decades that active, clinical mycology centres have been established in Nijmegen, Utrecht, Amsterdam, Rotterdam, Leiden, and Groningen. This has resulted in the founding in 1988 of the Netherlands Society for Medical Mycology, which now has over 150 members representing several disciplines. The Society organizes scientific meetings twice a year, one of which is in close collaboration with the larger Dutch Society for Medical Microbiology at their yearly Spring Meeting. The Netherlands is one of the few countries with a well-organized infrastructure for the dissemination of mycological knowledge to routine laboratories in healthcare centres; clinical mycology has become an integral part of the training of every clinical microbiologist in the Netherlands. Today’s fundamental research focuses on mechanisms of action of antimycotics, comparative and functional genomics, microarray technology, fungal pathogenicity and host defence against invasive mycosis. Through the unique combination of clinical, applied and fundamental approaches, the mycologists and clinicians in the Netherlands are ready to organize an international multidisciplinary meeting on clinical mycology. Both the former Chairman of the EORTC Invasive Fungal Infections Group, Prof. Dr. B.E. de Pauw and the former President of the ECMM, Prof. Dr. R. Hay have strongly advocated the collaboration within Europe of clinical and medical mycologists. Therefore, the organizing committees of the 9th Congress of the European Confederation of Medical Mycology (ECMM) and the 7th Trends in Invasive Fungal Infections (TIFI) have decided to merge these two meetings into the major European Meeting on Clinical and Medical Mycology in the capital city of Amsterdam. The Netherlands. We are confident that these joint forces will produce mutual scientific fertilisation in a cosmopolitan and friendly atmosphere.

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New Directions in the ECMM?

The European Confederation for Medical Mycology was created to bring together all the European national societies for medical mycology in a forum for contact and exchange of expertise and opinions on what is, today, known as the field of medical mycology. The Confederation’s success in networking is clear from its well attended annual meetings, from its Newsletter and from the creative achievements of its epidemiology working groups.

However, the ECMM cannot afford to remain content with its history. It needs to move forward and to build on its past success. The ECMM is dependent for funding on the subscriptions paid by its member societies. These are not expensive, and the ECMM is not a wealthy organization by any means. The Confederation is dependent for its sustained productivity on the personal efforts and hard work of a small number of individuals who have devoted a lot of their time to its affairs. All of the ECMM Council members since the first Budapest meeting, myself included, are new to the job. We face a number of challenges for the future in seeking to keep the ECMM as lively and as productive as it has been through its first 10 years. In Budapest we set up a small working group comprising myself, our new Secretary, Prof. R. Ollideo, our new Treasurer, Dr. Schaller, and Dr. Nolard from Belgium and Professor Dupont from Paris, who will seek to analyse the present strengths and weaknesses of the ECMM and come up with suggestions for new activities the Confederation can undertake. We hope we will have your support in these efforts.

Meanwhile we look forward to our first new venture: holding our 2003 meeting jointly with the Trend in Invasive Fungal Infections (TIFI) meeting in Amsterdam. Many people complain there are too many meetings to attend nowadays, so this venture reduces that number by one in the same year as we also have the triennial ISHAM meeting to attend in San Antonio. The Amsterdam ECMM/TIFI Congress is an experiment to see how well a joint meeting of this type works out in practice. We owe a debt of gratitude to Jacques Meis and his colleagues for all their hard work in organizing the meeting and in putting together an exciting programme.

Frank Odds, ECMM President

Epidemiological Working Groups of ECMM

We present here an overview of the results of the first epidemiological surveys organized by the ECMM. The Convenor of each study has kindly reviewed their data; the results show the high quality of epidemiological work the Confederation has stimulated and supported.

The review is preceded by reflections on the importance of epidemiological surveys written by the well-known epidemiologist Rana A. Hajjeh, of the Mycotic Diseases Branch, National Center for Infectious Diseases, Centers for Disease Control and Prevention of Atlanta.

Surveillance for Fungal Diseases. What is it and Why is it Important?

Over the last two decades fungal diseases have emerged as an important public health problem, due in large part to the increasing numbers of persons at risk, in hospitals and in the community. The number of immunocompromised persons, such as those with AIDS, malignancies and transplant recipients, is at an all-time high. In the rates of AIDS-related fungal disease and other invasive and therapeutic and invasive technologies, particularly the development of novel immunosuppressive therapies, have augmented and prolonged the period of risk for many individuals. Furthermore, increasing travel, especially adventure travel, has led to the emergence of endemic mycoses as important international infections. Despite this general sense that invasive mycoses are becoming more important, our understanding of the public health burden of these diseases remains incomplete, mostly due to lack of adequate surveillance data.

Establishing the true incidence and economic burden of the mycoses in high-risk groups, as well as in the general population, is one of the major challenges facing medical epidemiologists and microbiologists dealing with fungal infections today. Without such data, the true importance of fungal diseases is underestimated, and as a result, funding to support research will be very limited, whether it relates to diagnostic development, therapeutic trials, or design of prevention strategies.

Epidemiological surveillance is the single most important tool for measuring the magnitude and health-care costs of mycotic diseases, as well as the effectiveness of various interventions. It should be distinguished from microbiological surveillance, which consists of collecting cultures from selected body sites. Epidemiologic surveillance consists of the systematic collection, analysis and interpretation of disease data for use in public health practice. The quality of the data generated during surveillance depends on having a defined population, clear case definition, a mechanism for reporting, and a sufficient incentive for all participants to conduct surveillance. For mycotic diseases, several of these elements present distinct challenges, since case definitions can be quite complicated and the diseases are not usually nationally notifiable. However, in spite of these limitations, there have been important and growing efforts at conducting fungal surveillance activities over the last few years, both in the United States and Europe. Various surveillance systems have been used to assess the incidence and trends of fungal diseases and to describe their epidemiology. They include population-based surveillance (such as the ones done by the Mycotic Diseases Branch at the Centers for Disease Control and Prevention, U.S.A.) and sentinel surveillance systems, such as NNIS, SENTRY, SCOPE, etc. In addition, useful data on burden of these infections have been obtained from review of hospital-based and national databases.

The main objectives of surveillance studies include: measuring the incidence and prevalence of certain infections or conditions (e.g. antimicrobial resistance) in the general population or in specific groups (e.g. patients with cancer or transplant recipients), following trends in incidence of disease, describing the demographic and clinical characteristics of patients with these infections or conditions, and often collecting isolates to be used in various laboratorv-based and clinical studies. The ultimate goal of surveillance is to define the public health importance of these diseases/conditions, in order to prioritize research efforts and to define high risk groups that should be targeted for treatment and prevention efforts. Mycotic disease surveillance studies have documented the increasing importance of non-albicans Candida species, particularly C. glabrata, as important pathogens. A few studies have highlighted the morbidity and mortality associated with invasive aspergillosis and other mould infections in transplant recipients and certain high-risk groups of solid organ transplant recipients, but more studies are needed to better understand their burden and descriptive epidemiology. Various surveillance studies have documented the marked reductions in the incidence of fungal infections in the USA and other developed countries, but the burden of these mycoses in developing countries is large and increasing. More surveillance studies are needed to measure the burden of these infections in developing countries, so that adequate resources can be made available for their treatment and prevention.

Establishing and maintaining surveillance networks for a range of fungal diseases in different patient populations, and in different countries, will be essential if we are to determine the true magnitude of the public health problem posed by these infections. The close collaboration of physicians with hospital infection control personnel, as well as their local and national public health agencies, will be critical to ensure the collection of adequate and reliable surveillance data. To conduct better surveillance, it will be essential to devise improved diagnostic and therapeutic strategies, to follow rigorous epidemiological methods, to create surveillance networks and to have adequate support from public health agencies.

Surveillance will provide critical information that will enable the pharmaceutical industry and academic research institutions to develop clearer research priorities for the study of these diseases. Ultimately, improved surveillance will provide essential feedback to both clinicians and microbiologists in management of patients and development of better diagnostic tests.

Rana A. Hajjeh
Candidaemia is the most frequent life-threatening fungal disease and is associated with a significant mortality and excess length of hospital stay. A survey to update the epidemiological and mycological profile of candidemia in Europe was started by the European Confederation of Medical Mycology (ECCM) in September 1997. A prospective, sequential, hospital population based study was carried out for 28 months during this period a total of 2089 cases was documented by 106 hospitals in seven European countries. This survey represents the first done in Europe and the largest multicentre study in the world.

Rates of candidemia from 0.32 to 0.39 per 1,000 admissions and from 3.3 to 4.4 per 100,000 patient days were reported according to different countries. The presence of a urinary catheter, antibiotic treatment, surgery, intensive care treatment and cancer were the predisposing factors most frequently associated with candidaemia.

Candida albicans was identified in 56% of cases, followed by C. glabrata (14%), C. parapsilosis (13%) and C. tropicalis (7%). Non albicans Candida species were most frequently isolated from patients with haematological malignancies (65%). With increasing age a reduction in the percentage of C. parapsilosis and a parallel increase of C. glabrata was seen. Mucous membrane to encephalitis was observed to precede fungaemia in more than 70% of patients with C. albicans, C. glabrata and C. tropicalis candidaemia. A mitochondrial therapy was administered to 84.5% of the patients. The severity of the infection was confirmed by the 30-day mortality of 37.6%.

The ECCM defines the burden of candidemia in a wide range of patient populations — such as critical care, cancer, preterm babies and the elderly. This burden is multiplied by the fact that candidaemia occurs in Europe and for which large amounts of healthcare funds are invested. It confirms that candidaemia is the leading cause of bloodstream infections other than C. albicans and it provides baseline data for future surveillance studies at a European level.

The presence of C. albicans was reported in 56% of the cases, followed by C. glabrata (14%), C. parapsilosis (13%), and C. tropicalis (7%). Non albicans Candida species were most frequently isolated from patients with haematological malignancies (65%). With increasing age, a reduction in the percentage of C. parapsilosis and a parallel increase of C. glabrata was seen. Mucous membrane to encephalitis was observed to precede fungaemia in more than 70% of patients with C. albicans, C. glabrata and C. tropicalis candidaemia. A mitochondrial therapy was administered to 84.5% of the patients. The severity of the infection was confirmed by the 30-day mortality of 37.6%.

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The results of the survey in the different countries have been presented by the individual national coordinators at the ECCM Congress in Barcelona (2000) and these data have been published (R. Ev Iberian, M. Coll, 2002; J. Hos. Infect. 2002) or are in press. In addition the overview analysis of the global survey has been submitted for publication.

Other analyses have been performed. Data from 123 cases in preterm neonates, representing 6% of the whole series, have been presented at the ECCM Congress in R. Hodes (2001). Different management approaches and a large range of mortality rates were noted according to the country. A nether cross-sectional analysis concerned Candida blood-stream infection in HIV-infected patients. A list of associated candidaemia represents 3% of the whole series with the highest frequency in Mediterranean countries. These data have been presented at the IDSA meeting (2001).

Finally a large number of Candida isolates from well documented cases of candidaemia have been collected in different studies such as antifungal susceptibility testing and genotyping, are ongoing.

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Epidemiological Survey of Cryptococcosis in Europe

To investigate the incidence and the epidemiology of cryptococcosis in Europe and provide new insights into the distribution of the infecting strains over the continent, a prospective survey was started on July 1997 by the ECCM. The affiliated Societies were invited to participate and a second-nator per country was nominated to stimulate participation in their own country and to assist participating centres in reporting data and collecting strains. A standard questionnaire was used to report the patient demographic data, the risk factor(s) for cryptococcosis, the clinical presentation at the time of diagnosis, the methods used for diagnosis and the antifungal treatment that was administered to the patient.

In a 30 month period, 655 cases were notified and 565 were evaluable. Most of the cases were reported by 8 of the 16 participating countries. Cryptococcosis was associated with HIV infection in 77% of patients (range 59 to 94% according to country) and was AD S-defined in 57.5% (range 24-80%). Other predisposing factors, mainly cancer and organ transplantation were reported in 18% of cases and risk factor was unknown or not reported in 5%. Cryptococcal infection was clearly underestimated, also where an active reporting network was already present. The annual incidence could be estimated in an Italian registry on CD4+ where it was 0.85/100 AIDs population, a rate comparable to the incidence reported in the lay of the southern Atlanta (USA). The fungus was grown in culture from 94.5% of the patients. The infection was diagnosed by the 30-day mortality of 37.6%.

The aim of continuing monitoring is i) to increase the number of reported centres extending the network throughout Europe, ii) to develop diagnostic skills, iii) to raise awareness of cryptococcal infection also in the community, iv) to collect risk factors, and in whom cryptococcosis is often diagnosed too late or overlooked.

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Epidemiological Survey of Tinea Capitis in Europe

The results of the first study were published in the Journal of the European Academy of Dermatology 2001; 15(3): 229-233 (Hay RJ. et al — The European Confederation of Medical Mycology Working Party on Tinea Capitis. Tinea capitis in Europe: new perspective on an old problem). This showed that while Microsporum canis infection remains static in Europe and it is the dominant infection outside large cities such as London, the number of infections is increasing in parts of the Europe particularly the UK and France. These latter infections are mainly due to Trichophyton tonsurans. This study may well have underestimated the wider spread of M. canis in Eastern Europe and Germany and these facts suggest that further surveys should be undertaken in the next 2-3 years in order to check for changes over the intervening interval.

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Cat and Dog: Epidemiological Survey of Dermatophytosis in Europe

Participating in this study were asked to provide data about the main dermatophyte species involved in cat and dog ringworm over the five year period 1995-2000. The request to be national coordinator and the questionnaire forms were published in "Mycology Newsletter" 299, pages 9-11. At the present time, I have received questionnaires from 6 countries (Belgium, Croatia, Czech Republic, Germany, Italy and Spain). Data about 6,442 cats (41% male; 42% female, 17% not specified) and 6,160 dogs (42% male; 37% female; 21% not specified) have been compiled. Dermatophytes were cultured from 1,767 of 6,442 (27.4%) specimens from cats (52% male, 43% female, 5% not specified). The prevalence of dermatophytes in cats with suspected lesions of dermatophytosis ranges between 8% and 35% among the different countries. Dermatophytes were cultured from 765 of 6,160 (12.4%) specimens from dogs (50% male; 44% female, 6% not specified). The prevalence of dermato phytes in dogs with suspected lesions of dermatophytosis ranges between 1% and 23% among the different countries. In both cats and dogs, the total of positive cultures was higher in autumn and winter months. There was a high proportion of positive cultures in cats less than one year of age and in dogs between 1 and 5 years.

In cats, M. canis (96.9%) was the most common species isolated. Other species isolated were M. gypseum (1.9%), T. mentagrophytes (1.4%), and Trichophyton spp. (0.1%). In dogs, M. canis (76.2%) was also the most common species isolated. Other species isolated were T. mentagrophytes (12.4%), M. gypseum (10.8%), and Trichophyton spp. (0.6%).

I encourage other possible participants from countries not included in the list to participate as national coordinator in this survey and to spread information about the survey among your colleagues interested in this field. National coordinators will be responsible for collecting the forms from the different participants in their countries (taking in consideration the need to obtain representative information from different regions in Europe) and forwarding the forms to me. Please send your questionnaires as soon as possible. I would like to present this survey in the next E.C.M.M. Congress.

Many thanks for your collaboration.

Francisco Javier Cabanes

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Epidemiological Survey of Nocardiosis and Other Aerobic Actinomycete Infections

There are few studies that address adequately either the epidemiology or the incidence of nocardial infections in human and animal populations. However, by analyzing the literature, an image of the impact of nocardial infections on humans and animals is emerging. The other aerobic actinomycetes (Rhodococcus, Gordona, Tsukamurella, etc.) are also important potential pathogenic species causing human and animal infections. However, because they are infrequently encountered in clinical practice, very few is known about these infections.

The E.C.M.M. offered the opportunity for several laboratories from various European countries to unify their effort in a wide trans-national "Epidemiological survey of nocardiosis and other aerobic actinomycete infections". This study allowed us to enhance understanding of the epidemiology and pathogenesis of these infections and to collect enough data on these scarce infections and to realize more sophisticated analyses.

In a first step, the main purpose of this E.C.M.M. study was to collect information from the patients suffering from nocardiosis and other aerobic actinomycete infections and on the infections isolated from countries where diagnosis of nocardial infections was already performed. In parallel, to increase knowledge of these organisms and their pathology within the scientific community in countries where this diagnosis was not easy to realize, a basic and practical text on Nocardia and Nocardiosis was written. It was proposed to each National Coordinator to translate it into the national language and to distribute it as widely as possible to all members within mycological or microbiological Society interested.

Several National Coordinators answered this request favourably and several national publications were made in Hungary, Poland, Turkey, etc. National reports of the total activity of the National Coordinators begin to be published (Germany, Spain, Italy, France), but a large effort must be made in this direction by many participants. The objective is now to realize jointly a new and same scientific review - a total report of the national activities which could arise in the following form:

1. Individual publication (by country) of the management report of each country concerned (probable result: from 3 to 8 papers).

2. A common report of synthesis. If possible, we would like to add - whether or not in the same issue: 3. Complementary information focused on particular problems (e.g., "Nocardia brasiliensis in Europe", "Significance of Streptomycetes in clinical samples", "Nocardiosis in Oncology", etc.)

The following step to develop consists of extensively characterizing all strains that were sent to our laboratory (more than 200 isolates from Switzerland, Turkey, Sweden, Italy, ... + several hundreds of strains from France) and by means of various analyses (including molecular typing, RAPD, plasmid analysis, in vitro antibiotic susceptibility testing, etc.) to characterize potential pathogenic factors, etc. The possible existence of isolate types, ecological niche and the mode of transmission of these organisms is unknown, as well as distribution and importance of several potential genetic markers. Knowledge on the mechanisms of pathogenicity is a prerequisite for the development of new strategies to combat these organisms.

The future of the practical organization of an European observatory on actinomycete infections is to develop a web site where each validated case diagnosis will be registered, with automatic access to all national and international data that could be consulted online. The validation of a case diagnosis is to develop a web site that allows the possibility to member will be also an important goal of the Observatory.

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An ECMM Working Group was founded at the E.C.M.M. congress in Budapest, August 2002 as a continuation of an existing informal international network, to focus European attention on the much overlooked but highly virulent systemic and disseminated infections by Pseudallescheria and Scedosporium species. Because of the therapy-refractory character of these fungi, morbidity and mortality from these infections is high. There is a high degree of genetic diversity within the two main species, P. boydii and S. prolificans, which diminishes the predictive value of standard antifungal susceptibility data. Consequently the infectious diseases united under the umbrella term pseudallescheriasis provide a potent model for the development of new strategies for control of therapy-refractory emerging opportunists. The consortium will obtain insight into the occurrence and genetic variability of these fungi, and provide data on possible source of contamination and infection routes. A multidisciplinary approach in health care of the immunocompromised patient population is necessary to understand the emergence of new fungal diseases. Improved diagnostics, at the generic level and down to the (sub)specific level, can be developed and disseminated to the European clinician, which is expected to greatly stimulate awareness of Pseudallescheria, Scedosporium and other fungal infections. This synergistic approach of the pan-European network will lead to an expertise centre with public data bank containing information on strains and their genetic make-up, clinical cases, and antifungal susceptibilities, and will contribute to a diagnostic microarray presently being developed for the European market. A genomic approach will be implemented to select key genes involved in resistance to antifungics, providing a basis for the development of novel and dedicated antifungals by pharmaceuticals companies, and to efficient treatment protocols.

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Pseudallescheria boydii
(Scedosporium apiospermum)
and Scedosporium prolificans

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Two Views of the 8th ECMM Congress in Budapest, 2002

The 8th Congress of the European Confederation of Medical Mycology (ECMM) was hosted by the Hungarian mycological community and held in Budapest on August 25-27, 2002. The Local Scientific Organizing Committee, headed by Gyula Simon, did their best in creating a provocative and fruitful scientific interchange of knowledge and experience. The impressive number of 355 participants stressed the fact that the ECMM congresses from their beginning in 1994 were closing a gap. A total of 215 oral and poster presentations formed an informative overview on the state of the art. Three satellite symposia emphasized that one of the major subjects of interest was the most recent progress in antimycotic chemotherapy. The percentages of presentations with regards to nationalities reflected well the mycological activities in the respective countries. The attractiveness of the ECMM congresses is highlighted by the fact that 24 presentations (11%) came from overseas (17 from Asia, 5 from the Americas and 2 from Australia). With 39 presentations (18%) the Hungarian hosts were the most busiest presenters.

The E. Drouhet Lecture was given by Bertrand Dupont on “Histoplasma duboisii, a rare imported disease”. The Hungarian Dermatological Society – Mycological Section – had created the David Gruby Silver Plaque which was awarded for the first time to Ilobya Török, Budapest, the senior of the Hungarian dermatologists, and to Johannes Müller, Germany, for their life-time contributions to medical mycology. The Török’s Award Lecture was entitled “Electronmicroscopic studies on host-fungus interaction in paracoccidioidomycosis in humans”. The contributions on antimycotics in general tended to go into fine-structured pharmacology and careful therapy monitoring in patients which is in satisfactory contrast to the early amphotericin B era. In dermatology it is obvious that even stubborn, persistent mycoses are more and more accessible to efficient therapy. Molecular biology is stimulating and influencing practically all branches of the domain. The engagement and interest of young researchers to advance medical mycology is very good to see. Therefore, it was not easy for the jury to decide who among the many competing presenters should be awarded the ECMM Young Investigators Travel Award. Finally, A. nanaellee Balldon from the St. John’s Institute of Dermatology, London, U.K., won the prize, and you will find a short outline of her activities here following.

The Social Programme culminated in the Gala Dinner held at the
Hungarian Railway Heritage Park outside of Budapest. Here the technical development of railway systems was demonstrated in the open air followed by an opulent offer of Hungarian delicacies. A II Congress participants enjoyed the friendly atmosphere created by the Hungarian Colleagues and will preserve their best souvenir of a successful ECMM Congress.

Johannes Müller

As a final year PhD student in the Dermatology Laboratory at King's College London, it was a both a pleasant surprise and a particular honour to be awarded the prestigious ECMM Young Investigators Travel Award for my poster entitled “The Production of Monoclonal Antibodies for the Rapid Diagnosis of Tinea Capitis infections” (Authors: A.E. Balsdon, M.D. Holdom, R.J. Hay and A.J. Hamilton). My PhD studies have focussed on tinea capitis infections caused by the dermatophyte Trichophyton tonsurans. This disease mainly affects prepubescent children, where invasion of the hair shaft can lead to alopecia. A dramatic rise in cases due to this anthropophilic species has been seen in the USA, with epidemiological studies suggesting the emergence of a similar pattern of infection in parts of Europe. Rapid and accurate diagnosis of T. tonsurans infection can be problematic due to a lack of clinical features coupled with poor recognition. Traditional detection of tinea capitis with a Wood’s light is ineffective for this organism and renders lengthy culture procedures necessary to achieve definitive diagnosis.

Hence the aim of my project was to raise species-specific murine monoclonal antibodies (MAbs) to antigens of T. tonsurans and to accomplish this I used the drug cyclophosphamide to ablate the immune response to cross-reactive epitopes. The resultant MAbs have been extensively characterised by ELISA, Western blot, and immunofluorescence microscopy (I FAT) against a panel of dermatophyte and other fungi. The resultant MAbs have been used to achieve definitive diagnosis.

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The Hungarian Society for Dermatology of the 8th Congress of the ECMM is to be praised for organizing a meeting that was both highly informative and extremely enjoyable. I personally benefited enormously from attending this meeting, as it allowed me to interact with other scientists working in my particular field and also heard about the most recent developments in studies that I have been following in the literature.

I would like to express my sincere thanks to the ECMM for awarding me the Young Investigators Travel Award and giving me the opportunity to further my knowledge of medical mycology.

A n n a b e l l e B a l s d o n
The First Congress of Russian Mycologists

First Congress of Russian Mycologists was held in Moscow on 14-15 April 2003. The Congress was conducted by the All-Russian National Academy of Mycology, the independent nation-wide scientific organization. The Congress became the first large assembly of Russian and international scientists representing all devoted to research of the Fungal kingdom. Among participants were biologists, mycologists and lichenologists, physicians and sanitarians, veterinarians, specialists in forestry and crop protection, biotechnologists and pharmacists. The aims of the Congress were to join the efforts of all specialists working with fungi and their different applications to the human environment, to evaluate the status of current mycological research in Russia and to find perspectives for further development of basic and applied mycology.

The Congress was opened by a speech from the President of National Academy of Mycology, full member of the Russian Academy of Natural Sciences and honorary doctor of the Russian Federation, Professor Yuri V. Sergeev, entitled "Mycology in Russia: Present and Future." The Scientific Programme included 2 plenary sessions, 9 symposia, 15 workshop sections, a poster session and round table meetings. The rich industrial exhibition included modern antifungals and fungicides, products of fungal biotechnology, various laboratory equipment, systems of environmental protection and cleaning. The most picturesque and impressive was the exhibition of ecological health and educational institutions, including rare species of Pleurotus and Lentinus.

Three days of Congress activity enjoyed the presence of up to 2000 participants from Russian, CIS states and far abroad. More than 700 scientific papers were accepted for presentation as oral communications or posters. The main Congress topics listed fungal phylogeny and systematics, ecology and presentation of rare fungi, biological diversity, creation and maintenance of fungal collections and herbaria, issues of biochemistry and physiology of fungi, host-parasite relationships and fungal symbiosis, fungicides and antifungals, mycoses of animals, fungus-derived pharmaceuticals, mycotoxicoses and mushroom poisoning, growing cultivable fungi, fungal biotechnology and genetic engineering. Among the traditional topics of medical mycology discussed were superficial and deep mycoses, current problems of treating fungal infections and fungal allergy. This huge list may indicate that almost all aspects of modern mycology were mentioned and for the first time in Russia the medical branch of mycology had met the technical one.

The medical part of the programme was distributed not only among sections dedicated to mycoses, fungal allergy or mycotoxicoses, but was also present in specialized and industry-related aspects of specific mycoses. The topics included dermatophytes infections, onychomycosis, vaginal and intestinal candidosis, modern approaches to antifungal therapy and prophylaxis.

Significant attention was attracted to recent major Russian developments in research of epidemiology of superficial fungal infections. Several presentations noted the rising incidence of common dermatophyte infections in cities of Russia. The results of the first mass campaign for diagnosis and treatment of tinea pedis and onychomycosis, covering more than 250,000 patients, were reported. The importance of opportunistic fungal infections in oncology and hematology was again underlined. Congress speakers discussed problems and success of application of modern molecular approaches to diagnosis of fungal infections. Of particular interest was a number of presentations on usage and development of modern fungal PCR probes for detection of causative agents of mycoses in clinical specimens. A wide range of modern molecular genetic techniques was applied in studies of biology and virulence of medically important fungi.

Questions of ecology, aerobiology, fungal and pollution distribution in the modern environment were discussed in workshops on ecology and allergy. Several presentations drew a picture of changing fungal patterns in modern ecological niches, such as nuclear and industrial pollution areas.

During all the Congress time the need for tight cooperation between medical and non-medical mycologists was expressed and shared by many delegates. A special session was devoted to open education and informational exchange for researchers in mycology. The integration of Russian national mycological society - AII-Russian National Academy of Mycology - into the international mycological scientific community has met agreement and support from the Congress delegates.

At the closing session of the Congress a resolution stated that the main goal of the First Congress of Russian Mycologists - joining all national researchers in mycology - was achieved successfully. That is why the Congress proved to be an important step in development of all fields of mycology in Russia and the world.

A. V. Sergeev

ISHAM Celebrates 50th Anniversary at Triennial Conference

The International Society for Human & Animal Mycology (ISHAM) will celebrate the 50th anniversary of the founding of the Society when it welcomes ISHAM members and the mycological community to San Antonio, Texas May 25 – 29, 2003 for its triennial scientific meeting. The estimated 1000 international visitors will mix research with rodeo, as they attend scientific sessions during the day and explore San Antonio in the evening. Over 450 abstracts of new research have been submitted for presentation. The conference program will follow four separate tracks - Basic Mycology, Applied Mycology, Immunology and Clinical Mycology. Concurrent sessions will allow participants to focus on the areas most applicable to their interests and future plans. The faculty will moderate topics of interest to the broad spectrum of attendees. Keynote addresses will be by Gerald R. Fink, Ph. D. of the Massachusetts Institute of Technology; Cambridge, MA, on The Future of Medical Mycology, A Molecular Perspective and John H. Rex, M.D. of the University of Texas Medical School, Houston, TX, on The Future in Clinical Mycology: A Clinical Perspective. In addition, there will be oral and poster presentations focusing on each of the four major themes.

The city with largest city in the United States, blends cosmopolitan progress with a sense of history and tradition. The cobblestone and flagstone paths of the Riverwalk border both sides of the San Antonio River and provide a novel method of sightseeing in downtown San Antonio. A Texas Hill Country Evening “Under the Country Skies” will introduce guests to the American West at the 50th Anniversary celebration. In addition, social and cultural programs will provide memorable opportunities to discover friends and relationships that have made San Antonio famous.

ISHAM is a worldwide organization that encourages and facilitates the study and practice of all aspects of medical and veterinary mycology. Twenty three national medical mycology associations are affiliated with ISHAM. The society is a properly recognized non-governmental affiliate of the World Health Organization. It sustains a cooperative working relationship with the International Mycological Association and the Mycology Division of the International Union of Biological Societies. More than 1000 individuals who work professionally with fungal diseases and pathogenic fungi are registered, including clinicians, veterinarians, biochemists, molecular biologists, immunologists, botanists, pathologists and laboratory technologists.

ISHAM President, Michael R. McGinnis, Ph.D., Congress President, Michael G. Rinaldi, Ph.D. and Program Chairman, John R. Graybill, M.D., are all affiliated with the University of Texas Health Science Center, San Antonio, Texas.

The conference announcement is available online at www.isham.org or by contacting ISHAM, the conference secretariat.
The 10th ECMM Meeting

The 10th ECMM Meeting will be organised in Wroclaw (Poland) between 17 and 20 of June 2004. The venue of the Meeting is located a walking distance from the majority of places of interest in Wroclaw. Prof. Dr. Eugenius Baran will serve as the Congress President and Assoc. Prof. Dr. Jacek Szepietowski (ECMM delegate) as the Congress Vice-President. The abstracts of the meeting will be published in the Polish mycological journal, “Mikologia Lekarska”. The first announcement is planned to be distributed by the end of the year. A web page will be opened at the beginning of the next year.

A Workshop on Mycology in Athens, Greece

Workshop on “A critical approach to modern taxonomic tools and molecular Mycology in diagnosis, treatment, epidemiology and prevention of fungal diseases.”

Organizer: Asst. Prof. A. Velegraki, National Mycology Reference Laboratory (Greek Centre for Diseases Control, Ministry of Health and Welfare)

Language: English

Lectures: Prof. E.G.V. Evans, Director of the Welsh Mycology Reference Unit, University Hospital of Wales, U.K.; Dr. W. Meyers, Chief Scientist-Molecular Mycology Laboratory, Westmead Hospital, University of Sydney, Australia; Dr. V. Robert, Curator of Yeast Division, Centraalbureau voor Schimmelcultures - CBS, The Netherlands; Dr. R. Ashbee, Principal Clinical Mycologist, University of Leeds, U.K.; A. Velegraki, Asst. Prof. (Mycology), Medical School, University of Athens, National Mycology Reference Laboratory.

Address: National Mycology Reference Laboratory, Medical School, University of Athens, National Mycology Reference Laboratory, A st. Prof. (Mycology), Medical School, University of Athens, National Mycology Reference Laboratory.

Duration-Date: 5 days – 15-19 April 2003

Hours: Theory 60% / practice 40%

Venue: Athens, Greece

Admitted participants: 80

Certificate: Diploma

Workers in the area of medical mycology are clearly keen to share the delights of their subject with a wider community. As a result the web is well populated with materials relating to this area of human and veterinary medicine. Globally, the most comprehensive medical mycology site is Doctor Fungus, providing arguably the biggest Internet resource serving medical mycology, posting subject matter ranging from basic morphology and biology, through pathology and treatment, to details of gene sequencing and genetic databases.

www.doctorfungus.org

Shortly, a video bank will be up and running. Of similar scope is Mycology Online presented by the Mycology Unit of the Adelaide Womens and Childrens Hospital.

www.mycology.adelaide.edu.au

Naturally, most Internet sites are global but a number originate from European academic centres. Perhaps the best example of a specialised resource is the elegant “Aspergillus web site”

www.aspergillus.man.ac.uk

An extensive collection of articles, image banks, guidelines and a very impressive publication database on all aspects of Aspergillus and aspergillosis is hosted here with automatic email alerts when new material has become available. A more general site providing a focal point for literature, guidelines, images and PowerPoint presentations is found on Clinical Mycology Online presented by the University of Helsinki. An internet forum for the Nordic region can be found on the Nordic Forum for Deep Fungal Infections

www.fungaforum.com

where currently nine PowerPoint presentations on the diagnosis and treatment of systemic fungal infections can be downloaded, reviewed and discussed with the presenters.

Individual national medical mycology societies also have their own web sites, for example, The British Society for Medical Mycology www.BSMM.org.uk

and the The German Society for Medical Mycology (Deutschsprachig Mykologischen Gesellschaft)

www.dmykg.de/start2.html

The ISHAM web site www.isham.org lists most of the national societies affiliated to ISHAM but currently, links are not provided. Please let us know the internet address of your national society. Thanks to the enthusiasm of many individuals, as much as centres of excellence, medical mycology is well served on the web. Other mycology sites and themes are well interlinked. The access points reviewed here open up an impressive research, teaching, healthcare and practical guidance resource.

Malcolm Richardson