

ECMM

European Confederation of Medical Mycology

CEMM

Confédération Européenne de Mycologie Médicale

Joint ECMM/TIFI 2003 Congress in Amsterdam



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 Nobelprize-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 become 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 cosy and friendly atmosphere.



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ECMM/CEMM

Mycology Newsletter

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Vicepresident, Head of Medical Section: S.A.
Burova (ECMM delegate)
Secretary: A.Y. Sergeev
Treasurer: L.V. Matitsyn
Membership 2002: 190
National meeting: First Russian Congress of
Medical Mycology, February 20-22, 2003,
Moscow
Journal: Mycological Progress

Associação Portuguesa de Micologia Médica (ASPOMM)

President: M. Rocha
Vicepresident: R.M. Velho
Secretary: M.L. Rosado (ECMM delegate)
Treasurer: M. Gardete
Membership 2002: 50

Asociación Española de Micología (AEM)

Sección de Micología Médica
President: J. Pontón San Emeterio
Secretary: F.J. Cabañes Saenz
Treasurer: A.J. Carrillo Muñoz
President Medical Mycology Section: F.J.
Cabañes Saenz
ECMM delegate: J. Pemán García
Membership 2002: 113
Journal: Revista Iberoamericana de Micología

British Society for Medical Mycology (BSMM)

President: F.C. Odds (ECMM delegate)
General Secretary: H.R. Ashbee
Meetings Secretary: D.J. Sullivan
Treasurer: G.S. Shankland
Membership 2002: 242
National meeting: March 1-3, 2003, Manchester
Newsletter: BSMM Newsletter

Bulgarian Mycological Society (BMS)

President: T. Kantardjiev (ECMM delegate)
Vicepresident: G. Mateev
Secretary: A. Kouzmanov
Treasurer: T. Velinov
Membership 2002: 41

Committee for Medical Mycology of Czechoslovak Society for Microbiology (CSSM)

President: K. Mencl (ECMM delegate)
Secretary: P. Hamal
Treasurer: J. Gabriel
Membership 2002: 18
National meeting: November 2003, Pardubice
Newsletter: Bulletin of CSSM

Danish Society for Mycopathologia

President: vacant
Vicepresident: vacant
Secretary: J. Stenderup
Treasurer: J. Stenderup
ECMM delegate: J. Stenderup
Membership 2002: 25
National meeting: March 2003, København
Newsletter: Report from the Danish Society
for Mycopathologia

Deutschsprachige Mykologische Gesellschaft e.V. (DMyKG)

President: H. Hof
Vicepresident: M. Ruhnke
Secretary: H. Chr. Korting
Treasurer: P. Mayser
ECMM delegate: M. Schaller
Membership 2002: 497
National meeting: September 4-6, 2003,
Heidelberg
Journal: Mycoses
Newsletter: Mykologie Forum (4 issues/year)

Federazione Italiana di Micopatologia Umana e Animale (FIMUA)

President: R. Esposito
Vicepresident: G. Morace
Secretary: F. Barchiesi
Treasurer: M.A. Viviani (ECMM delegate)
Membership 2002: 150
Newsletter: FIMUA news
National meeting: 2004, Grado (Gorizia)

Finnish Society for Medical Mycology

President: E.-L. Hintikka
Vicepresident: J. Salonen
Secretary: H. Ranta
Treasurer: R. Voutilainen
ECMM delegate: J. Issakainen
Membership 2002: 76
National meeting: March 28, 2003, Helsinki
Newsletter: Sienet ja Terveys (Fungi and Health)

Hellenic Society of Medical Mycology

President: G.L. Petrikkos
Vicepresident: G. Samonis
Secretary: E. Frangouli
Treasurer: A. Mitrousia
ECMM delegate: E. Roilides
Membership 2002: 34

Hungarian Dermatological Society - Mycology Section

President: G. Simon (ECMM delegate)
Secretary: G. Fekete
Membership 2002: 37

Israel Society for Medical Mycology

President: E. Segal
Secretary: I. Berdicevsky (ECMM delegate)
Treasurer: D. Elad
Membership 2002: 60

Mycology Group of Bosnia Hercegovina

President: L. Ozegevic (ECMM delegate)
Secretary: M. Babic
Membership 2002: 15
National meeting: twice a year

Netherlands Society for Medical Mycology (NVMy)

President: J.F.G.M. Meis (ECMM delegate)
Secretary: E.P.F. Yzerman
Treasurer: M.H. Dammer
Scientific Secretary: S. de Hoog
Membership 2002: 153
National meeting: April 15, 2003, Utrecht
Newsletter: NVMy Newsletter

Polish Dermatologic Society - Mycology Section

President: E. Baran
Secretary: J. Szepietowski (ECMM delegate)
Treasurer: R. Białynicki-Birula
Membership 2002: 98
National meeting: June 2004, Wrocław (joint
with ECMM Congress)
Journal: Mikologia Lekarska (Medical Mycology)

Société Belge de Mycologie Humaine et Animale/Belgische Vereniging Voor Menselijke en Dierlijke Mycologie

President: D. Swinne
Vicepresident: N. Lateur, E. Van Hecke
Secretary: P.E. Lagneau, K. Lagrou
Treasurer: F. Symoens
ECMM delegate: N. Nolard
Membership 2002: 172
National meeting: March 29, 2003, Brussels

Société Française de Mycologie Médicale

President: O. Morin
Secretary: B. Dupont (ECMM delegate)
Treasurer: P. Boiron
Membership 2002: 400
National meeting: April 24-26, 2003, Marseille
Journal: Journal de Mycologie Médicale

Swedish Society for Clinical Mycology

President: J. Faergemann
Vicepresident: T. Kaaman
Secretary: L. Klingspor (ECMM delegate)
Treasurer: S. Johansson
Membership 2002: 105
National meeting: May 9, 2003, Tylösand

Swiss Mycological Group

ECMM delegate: M. Monod

Turkish Microbiological Society - Mycology Section

President: Ö. Ang
Secretary: C.B. Johansson
Treasurer: D. Yaylali
ECMM delegate: E. Tümbay
Membership 2002: 150
National meeting: May 27-30, 2003, Bodrum

Joint ECMM/TIFI Congress

(continued from page 1)

Venue - Amsterdam has been dubbed the 'Global Village'. Its historical roots keep it curiously cosmopolitan, yet at the same time it is very relaxed. It's a youthful, cultural city that provides stimulus for creativity, but it is seldom very formal. It stands firmly on its past, yet looks directly at the future. Amsterdam is home to some of the best art in the world, has more canals than Venice, more bridges than Paris and around 7,000 national monuments in the city centre. But behind historical façades, you'll find cafés, restaurants, shops and a buzzing nightlife. Amsterdam is living history, a city where you will feel immediately at home. Built around a network of stunning canals, you can admire centuries-old houses, as well as the most contemporary architectural designs. The congress of the 9th Congress of the European Confederation of Medical Mycology (ECMM) and the 7th Trends in Invasive fungal Infections (TIFI) will be held at Hotel Okura in Amsterdam. In this bustling cosmopolitan metropolis, you won't find a warmer welcome than at Hotel Okura Amsterdam. Hotel Okura is situated at one of Amsterdam's famous canals close by cultural attractions such as the Rijksmuseum, Stedelijk Museum and the Van Gogh Museum. The Rijksmuseum has a superb collection of Dutch and Flemish art, jewellery and antique furniture. The Van Gogh Museum contains many different paintings of the largest collection of the world. The Stedelijk Museum is a lively gallery of modern art. The City of Amsterdam enjoys great fame for being the proud owner of one of the most important intact historical city centres in the world. In Amsterdam there are many different types of the famous 'brown cafés' with their wooden furniture and brown walls. Furthermore there are trendy cafés, 'grand cafés', eat-café's etc., there is something for everyone. Amsterdam is an unusual city in that it has all the advantages of a big city, culture-history-food-entertainment-good transport, with relatively few of the disadvantages: it is physically small, beautiful, relatively quiet, and largely thanks to the canals, has relatively little traffic. Schiphol International Airport is accessible by direct flights from most major European and US cities, and is only 20 minutes by public transport or car to the congress venue. We cordially invite all ECMM members to participate in this joint Congress and we look forward to see you all in 2003 in Amsterdam.

Jacques F. Meis
Bart-Jan Kullberg
Sybren de Hoog

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 — what is known today by the buzzword of ‘networking’. 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 but a few of the Council members since the 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 thrusting as it has been through its first 10 years. In Budapest we set up a small working group comprising myself, our new Secretary, Prof. Roilides, 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

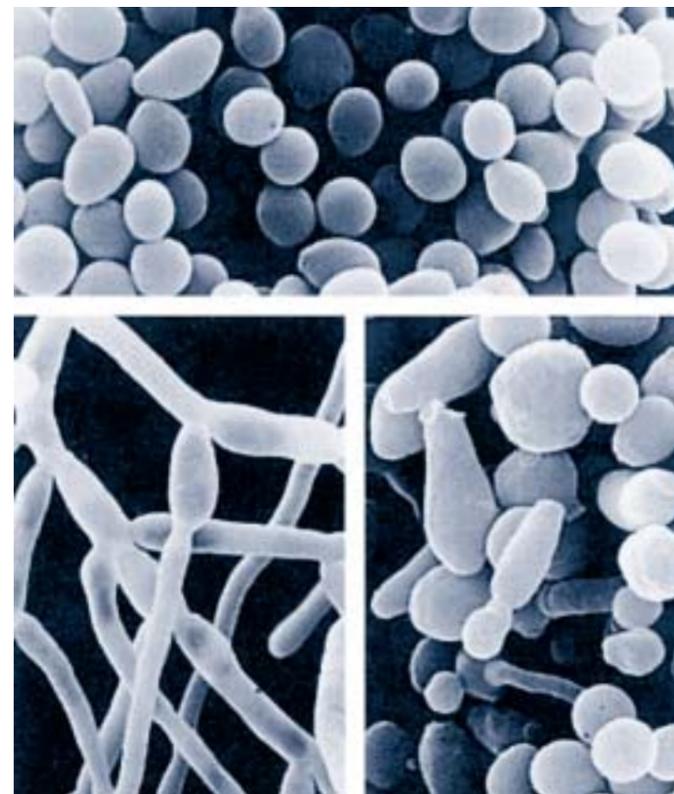


We present here an overview of the results of the first epidemiological surveys organized by the ECMM.

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 Dr. Rana 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 addition, advances in 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.

Epidemiologic 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 gen-

erated during surveillance depends on having a defined population, a clear case definition, a mechanism for reporting, and a sufficient incentive for all participants to conduct the 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 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. antifungal resistance) in the general populations or in specific groups (such as 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 laboratory-based research activities. The ultimate goal of surveillance though 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. Many recent surveillance studies have documented changes in the epidemiology of *Can-*

didia bloodstream infections, with the emergence 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 hematopoietic stem cell 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 rates of AIDS-associated 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 with their local and national public health personnel, 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 tests, 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 guidance for both clinicians and microbiologists in management of patients and development of better diagnostic tests.

Rana A. Hajjeh

Epidemiological Survey of Candidaemia in Europe

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 candidaemia in Western Europe was started by the European Confederation of Medical Mycology (ECMM) 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 candidaemia 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 an intravascular 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 colonization was shown to precede fungaemia in more than 70% of patients with *C. albicans*, *C. glabrata* and *C. tropicalis* candidaemias. Antifungal therapy was administered to 84.5% of the patients. The severity of the infection was confirmed by the 30-day mortality of 37.6%.

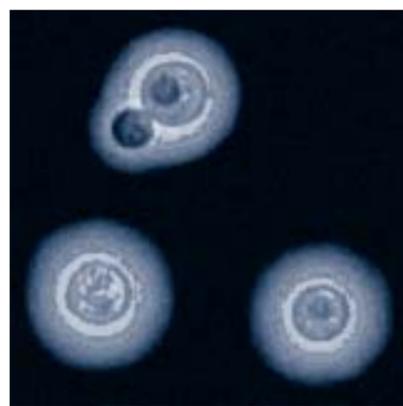
The survey underlines the burden of candidaemia in a wide range of patient populations — such as critical care, cancer, preterm babies and the elderly — that are increasing in Europe and for which large amounts of healthcare funds are invested. It confirms the importance of *Candida* species other than *C. albicans* and it provides baseline data for future sur-

veillance studies at a European level.

Results of the survey in the different countries have been presented by the individual national coordinators at the ECMM Congress in Barcelona (2000) and these data have been published (Rev. Iberoam. Micol. 2002; J. Hosp. 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 ECMM Congress in Rhodes (2001). Different management approaches and a large range of mortality rates were noted according to the

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 ECMM. The affiliated Societies were invited to participate, and one coordinator per country was nominated to stimulate participation in their own country and to assist participants in reporting data and collecting strains. A standard questionnaire was used to

country. Another cross-sectional analysis concerned *Candida* bloodstream infection in HIV-infected patients. AIDS-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 BSIs have been collected and different studies, such as antifungal susceptibility testing and genotyping, are ongoing.

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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 AIDS-defining 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 underreported, also where an active reporting network was already present. The annual incidence could be estimated in an Italian region (Lombardia) where it was 0.85/100 AIDS population, a rate comparable to the incidence reported in the same period for the metropolitan Atlanta (USA). The fungus was grown in culture from 94.5% of the

542 culturally investigated patients and the high number of cases diagnosed on the basis of CSF-positive cultures (77%) suggested that late diagnosis was frequent. Treatment was started with amphotericin B in 50% of cases, combined with flucytosine in half of them, and fluconazole in 22%. Various combination therapies were used for the remaining patients.

The infecting isolate was identified as *Cryptococcus neoformans* var. *neoformans* in all cases with the exception of six cases caused by the *gattii* variety and four infected by other *Cryptococcus* species (*C. albidus*, *laurentii* and *luteolus*). All var. *neoformans* isolates, except those from France and UK, were serotyped by Crypto Check agglutination test and genotyped by PCR fingerprinting using (GACA)₄ as single primer. This analysis provided interesting information on the value of the typing methods and on the distribution of var. *neoformans* serotypes and genotypes in Europe. PCR fingerprinting proved to be more reproducible and reliable than the serological method in identifying the serotype AD strains, hybrids from crossing of serotype A and D

strains. Molecular methods were also essential for determining the mating type and identifying strains containing the Aa allele. This method brought to the discovery of a serotype A *MA-Ta* strain, the third known in the world up-to-now (paper submitted).

The interim analysis of the first 30-month survey was presented orally at the 6th ECMM Congress in Barcelona in November 2000, and a paper is ready to be submitted. Posters were also presented by several coordinators reporting the data from their country, data now published in different journals (*Mycoses* 2001;44:345-50 / *Rev Iberoam Micol* 2001;18:99-104 / *Medical Mycology* 2002;40:5507-17).

Although the number of cases of cryptococcosis has been reduced by more than 50% by new antiretroviral therapies (HAART), continued monitoring of the cryptococcosis trend is essential to evaluate the effectiveness of HAART, to provide more data on the unusual manifestations of the "immune recovery syndrome" associated with the use of HAART, and to verify the possibility of safe discontinuation of suppressive therapy after steriliza-

tion of cultures and rise of CD4 cell count have been achieved. Finally, the molecular identification of the infecting strains will contribute to a better understanding of the dynamic evolution of *C. neoformans*, and the identification of genotypes with an altered virulence and/or resistance to antifungals.

The aim of continuing monitoring is also i) to increase the number of reporting centres extending the network throughout Europe, ii) to develop diagnostic skills, iii) to raise awareness of cryptococcal infection also in non HIV-infected at risk patients, in whom cryptococcosis is often diagnosed too late or overlooked.

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Epidemiological Survey of Histoplasmosis in Europe. Interim Report

The ECMM survey on histoplasmosis in Europe was set up in March 1997 to examine the epidemiology of this disease in Europe. It aimed to assess how frequently histoplasmosis occurred in Europe, where and how the infection was acquired, groups at risk, the causative organism, the methods by which the infection was diagnosed and what therapy patients received. Data were collected by means of a form completed by the attending physician or national convenor. The survey was carried out over a 5 year period, with information collected retrospectively from January 1995 to December 1997 and prospectively from January 1998 to December 1999. All countries in Europe were invited to participate, with

20 appointing convenors and survey forms returned from 12 countries.

Overall, 127 cases were reported, with 70 occurring in the retrospective phase of the survey and 57 during the prospective phase. In the majority of cases, the patient had travelled to a known endemic area, although in a few cases there was no history of travel from their country of birth. The time that had elapsed between travel to endemic areas and presentation ranged from a few weeks to many years. Several of the patients from the UK had served in endemic areas during World War II and developed disseminated histoplasmosis after a delay of several decades, illustrating the importance of obtaining a lifelong travel history if histoplasmosis is sus-

pected. Commonly reported risk factors included exposure to birds, bats and caves and many patients had AIDS.

Methods of diagnosis varied between countries, with some using imaging techniques, whilst others favoured serological diagnosis. Treatment also varied between countries, ranging from none in those patients who had mild or asymptomatic disease, to long courses of systemic antifungals.

The number of cases reported from each country varied significantly and this is thought to be due to the ways in which the disease was diagnosed. In many instances, the diagnosis of histoplasmosis was incidental to other investigations. Because primary

pulmonary histoplasmosis is often self-limiting, most cases will go undiagnosed and so the cases reported in the survey are likely to represent the 'tip of the iceberg'.

Interim data were presented at the ECMM meeting in Barcelona in 2000 as an oral presentation, and several national convenors have presented the data for their country as posters at the ECMM and other meetings. The overall data collected during the survey are currently being prepared for publication.

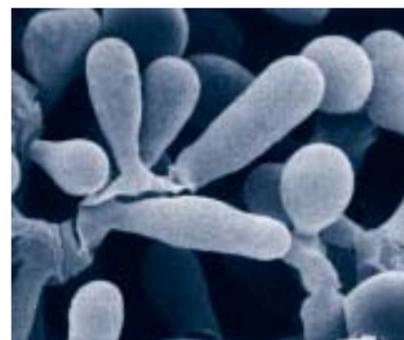
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Epidemiological Survey of Tinea Capitis in Europe

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 cities large numbers of endothrix infections are occurring 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 a further survey 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

Participants in this study were asked to provide data about the main dermatophyte species involved in cat and dog ringworm over the five year period 1995-1999. The request to be national coordinator and the questionnaire forms were published in "Mycology Newsletter" 2/99, 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 der-

matophytes 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%), *M. persicolor* (0.05%) and *Trichophyton* spp. (0.15%).

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 ECMM Congress. Many thanks for your collaboration.

Francisco Javier Cabañes

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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 others aerobic actinomycetes (*Rhodococcus*, *Gordona*, *Tsukamurella*, etc.) are also important potential causes of serious human and animal infections. However, because they are infrequently encountered in clinical practice, very few is known about these infections.

The ECMM offered the opportunity for several laboratories from various European countries to unify their effort in a wide trans-national "Epidemiological survey on nocardiosis and other aerobic actinomycetes infections". This study allowed us to enhance our 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 ECMM study was to collect information on the patients infected by *Nocardia* spp. and other aerobic actinomycetes, and on the infecting isolates, 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 easily realized, 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 realise jointly - in the 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. Common publications focused on particular problems (e.g., "*Nocardia brasiliensis* in Europe", "Significance of *Streptomyces* 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 230 isolates from Switzerland, Turkey, Sweden, Italy, ... + several hundreds of strains from France) by means of various analyses including molecular typing (RAPD), plasmid analysis, in vitro antibiotic susceptibility testing, enzymic characterization, potential pathogenic factors, etc. The possible existence of endemic isolates, ecologic niche and the mode of transmission of aerobic actinomycetes remain to be explored. The relation of plasmids to antibiotic resistance or to pathogenicity is also unknown, as well as distribution and importance of several potential pathogenic factors. 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 actinomycetales infections is to develop a web site where each validated case diagnosed will be registered, with automatic adjustment of the epidemiological data that could be consulted on line by restricted specialists or official organizations. The modality of validation is an important challenge that remains to be defined and validated. Epidemiological data could include number and name of identified species, their geographical origin, all relevant epidemiological data from corresponding patient. Survey of antibiotic susceptibility evolution will be also an important goal of the Observatory.

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ECMM Working Group on Therapy-Refractory Fungi: A Model Study on Pseudallescheriasis

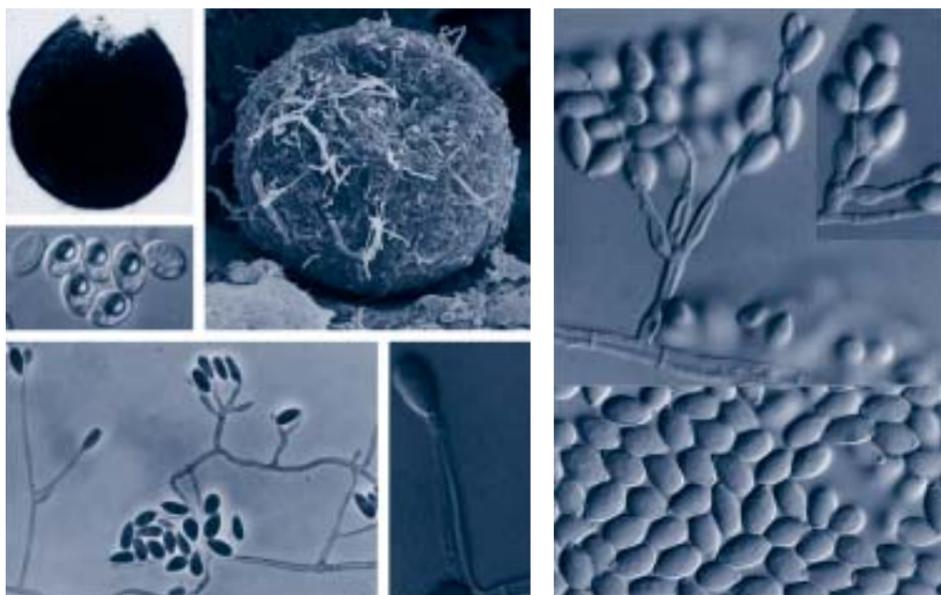
An ECMM Working Group was founded at the ECMM congress in Budapest, August 2002 as a continuation of an existing informal international network, to focus European attention on the much overlooked but highly virulent systemic and disseminated infections by *Pseudallescheria* and *Scedosporium* species. 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 antimycotics, providing a basis for the development of novel and dedicated antifungals by pharmaceutical companies, and to efficient treatment protocols.

G. Sybren de Hoog (coordinator)

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Pseudallescheria boydii
(*Scedosporium apiospermum*)
and *Scedosporium prolificans*



From: Atlas of Clinical Fungi,
2nd ed., 2000

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



The former ECMM Executive Committee (from left: M.A. Viviani, R.J. Hay, J. Issakainen) and Dr. G. Simon, organizer of the 8th ECMM Congress in Budapest

The 8th Congress of the 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 over-

seas (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 Ibolya Török, Budapest, the senior of the Hungarian dermatologists, and to Johannes Müller, Germany, for their life-time contributions to medical mycology. I. Török's Award Lecture was entitled "The life and scientific work of David Gruby (1810-1898)"; J. Müller presented "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 pa-

tients 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, Annabelle Ballsdon from the St. John's Institute of Dermatology, London, UK, 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. All 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. Ballsdon, 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 (JFAT) against a panel of dermatophyte and other fungi. This latter technique shows that one Mab, 13G3, appears to be reactive with arthroconidia from an individual infected with *T. tonsurans*. It is envisaged that this reagent will be used to develop a simple and rapid test to detect this organism and hence aid the diagnosis of tinea capitis.

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 hear 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.

Annabelle Ballsdon

Annabelle Ballsdon

Highlights from the 42nd ICAAC San Diego

The 42nd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) was held in San Diego, California, 27-30th September 2002. Some 12,000 delegates from around the world attended. Increasingly, at this convention there is a wealth of mycological symposia, slide presentations and poster sessions. Noted experts, interested clinicians and trainees gathered to present and to learn about the latest information on pathogenesis, diagnosis and treatment of fungal infections. Before travelling to San Diego delegates could build their own itinerary by accessing all the presentation titles and abstracts online at www.ICAAC.org. This was a particularly useful feature that saved considerable time. All the presentation abstracts are still

available at this address. Mycology has developed into a field that demands the attention of all clinicians treating patients in the hospital. There were sessions at the ICAAC for all interested clinicians. Pre-conference workshops included "Clinical Mycology: Practical Information for the Clinician". Symposia included those on new pathogens and new antifungals.

The ICAAC forum is regarded by clinicians and pharmaceutical companies alike as an invaluable resource regarding new antifungal agents. New data on voriconazole and caspofungin was presented, and agents under development. A dominant theme was combination therapy. Some 20 or more presentations focussed on this topic. Attending ICAAC can be exhaust-

ing! This meeting was no exception. Early morning "Meet-the Experts" sessions included "strategies for Use of Newer Antifungal Agents", "Diagnosis of Fungal Infections" and "Hospital Construction and Infection Control". All of these sessions (and many others) were recorded. Tapes are available from www.sound-solutions.com.

Medical mycology appears to be emerging as a significant component of the ICAAC meeting. The 43rd Annual ICAAC is being held in Chicago, 14-17th September 2003. More information can be obtained on www.asmsusa.org.

Malcolm Richardson

About the ECMM Young Investigators Travel Award

To poster presenters and speakers of the 9th ECMM Congress in Amsterdam

ABOUT THE AWARD

The ECMM Young Investigators Travel Award facilitates young, nonestablished investigators in medical mycology to make educational or practical study visits to medical mycology oriented departments or institutions in other European countries. As a rule, the Awardee will be selected from among those presenting a poster in the annual ECMM Congress. An outstanding oral presentation may also be considered.

The presentations are judged by a Prize Committee on the basis of the scientific quality, including novelty, reliability and significance, of the Awardee's presentation. The sum of the Award is presently 1000 EUR, to support the travel and living costs of one week. The institute visited is freely selected by the Awardee.

Eligibility: The Award is meant for young (not older than 35 years) persons who are citizens of European countries or work in Europe. The Awardee should not hold an established (other than grant-funded) post in medical mycology. It is also wished that the Awardee is a member of a national society or at least aims to apply for membership. Eligible first or presenting authors are preferred, but an outstanding team may be selected if it can direct the Award to junior coauthors who are eligible.

Those individuals and teams wishing to be considered as candidates of the Award in the 9th Congress of the ECMM in Amsterdam, 2003, are kindly asked to fill this form and submit it to the Congress Secretariat at first convenience.

AUTHORS' STATEMENT

- Concerning our presentation, titled: _____

- By authors (please mark the presenting author): _____

Presented As a poster / Orally (Tick square as appropriate);

Yes, we wish that our presentation is considered as a candidate for the ECMM Young Investigators Travel Award. Our presentation meets the eligibility criteria as follows (tick all squares that are appropriate):

1) The following team members are aged 35 years or less:

- First author
- Presenting author
- Other coauthor(s) (who?)

2) The following team members do not hold an established position:

- First author
- Presenting author
- Other coauthor(s) (who?)

3) The following team members are citizens of, or work in, a European country and are either members of a ECMM member society or willing to submit a membership application if selected.

- First author
- Presenting author
- Other coauthor(s) (who?)

To be signed by the first or presenting author:

Date / / 2003, _____

To be submitted as paper, fax or email to the Congress Secretariat (Congress Care, Muntelbolwerk 1, P.O. Box 440, 5201 AK's-Hertogenbosch, The Netherlands, fax: +31 73 690 1417, email: info@congresscare.com). To facilitate handling, we kindly recommend submission before September 15th, 2003. However, forms given at the Congress registration desk at latest September 28th, will be considered.

The First Congress of Russian Mycologists

First Congress of Russian Mycologists was held in Moscow, on April 13-15, 2002. 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 ecologically pure edible mushrooms 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 preservation 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 anti-fungals, mycoses of animals, fungus-derived pharmaceuticals, mycotoxicoses and mushroom poisoning, growing cultivable fungi, fungal biotechnology and genetic engineering. Among the traditional questions 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-supported disease-specific symposia. The topics included dermatophyte 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 oppor-

tunistic 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 Russian-made 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 and fungal pollution and distribution in the modern environment were discussed in workshops on ecology and allergy. Several presentations draw 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 the Russian national mycological society – All-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.

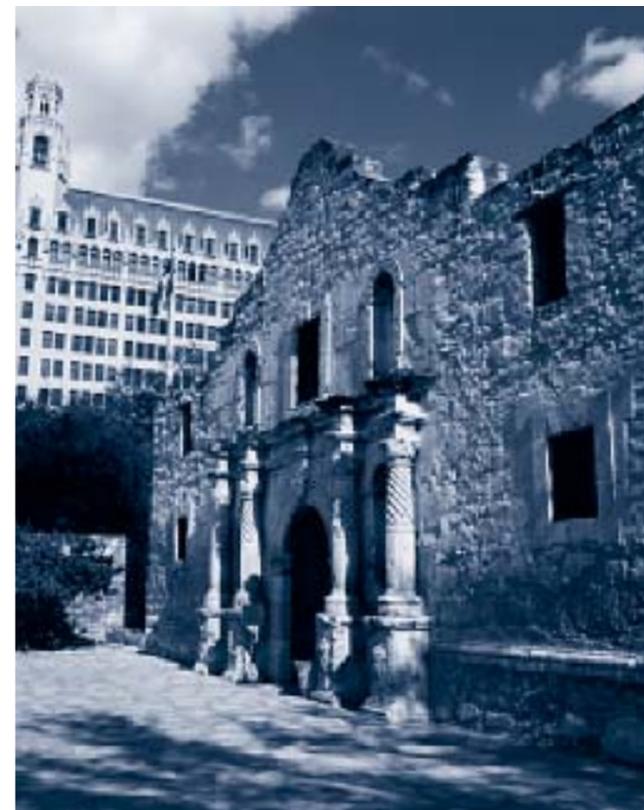
Alexey Sergeev

ISHAM Celebrates 50th Anniversary at Triennial Conference

The International Society for Human & Animal Mycology (ISHAM) will celebrate the 50th anniversary of the foundation 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 area(s) most applicable to their interests. An impressive international 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, MD of the University of Texas Medical School, Huston, TX, on *The Future in Clinical Mycology: A Clinical View*. In addition, there will be oral and poster presentations focusing on each of the four major themes.

San Antonio, the eighth 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. A mix of social and cultural programs will provide memorable opportunities to discover the attractions 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 co-operative working relationship with the International Mycological Association and the Mycology Division of

the International Union of Microbiological Societies. More than 1000 individuals who work professionally with fungal diseases and pathogenic fungi are represented, 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 University of Texas Health Science Center, San Antonio, Texas.

The conference announcement is available online at www.isham.org or by contacting Imedex, 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, UK. Dr. W. Meyer, Chief Scientist-Molecular Mycology Laboratory, Westmead Hospital, University of Sydney, Australia. Dr V. Robert, Curator of Yeast Division, Centraalbureau voor Schimmeltcultures - 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, M. Asias 75, Goudi, Athens 115 27.

Tel. +3010 7462 146, Fax: +3010 7462 147, email: avelegr@cc.uoa.gr

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

Hours: Theory 60% / practice 40%

Venue: Athens, Greece

Admitted participants: 80

Certificate: Diploma

Medical Mycology WEB SITES

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

www.clinical-mycology.com

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.fungalforum.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

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