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NEWSLETTER

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Message from the Desk of President

Greetings to all the members of IAMM . To begin with I would like to congratulate various IAMM state chapters who have been actively and consistently holding chapter meets -an important academic activity providing opportunity to young microbiologists and students to participate and present their work. I wish them all the best in their subsequent endeavors to sustain this activity and keep IAMM an active and vibrant body.



In this volume of newsletter, I intend to share my thoughts on one of the much talked about innovations in computer science which is likely to be the future of medical microbiology. For now, it remains a topic of debate specially regarding its applications in the field of medicine. As you must have already guessed- it is the role of Artificial intelligence (AI) in clinical decision making – an area regarding which the medical fraternity is still skeptical. I wanted to avoid any reference to covid this time as it has taken enough space and time in our lives, but how much ever I tried, I could not help but refer to AI during covid times. The pandemic revolutionized the way medicine is practiced. During this time AI gained a lot of ground as telemedicine, digital image analysis, online laboratory results etc. was responsible for the advancement of computers. The software and hardware improved in the speed, memory and thus its ability to store and process data.

Overall, the efficiency, access, affordability, and utility of computers improved. Machine learning (ML) is an application of AI where machine automatically learns based on the data fed in the machines for the AI. The diagnostic microbiology laboratories are already using automated systems of identification of clinical isolates and their antimicrobial susceptibility testing based on the principle of AI and ML. But the potential will now increase as the AI and ML will come into much wider use when we have more information incorporated into the database generating from the clinical and laboratory parameters of patients.

ML in addition to rapid laboratory diagnosis will have a future in tracking trends of healthcare associated infections and AMR, flagging patients at risk of HAIs earlier, besides having a potential of predictive modeling for infections in community as well. Diagnostic stewardship and antimicrobial stewardship will become a reality as it will become much more feasible to practice when machines will integrate data of AST with other data streams of the patients and practice of evidence based clinical decisions would become easier. As ML gains ground in its role in infectious disease diagnosis, there is a lot of skepticism whether machines will take over the role of clinical microbiologists! I feel those fears are unfounded as the data, the interpretative algorithms that make the database are decided by the human minds, any trouble shooting will be done by professionals and the machines will only help us in quick accessibility and analysis of data. So, the time has come for our next generation to get trained in AI and ML which is likely to be the future of a smart microbiology laboratory.

Warm regards

Best wishes!

Arti Kapil

President IAMM 2023

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From the secretary's desk



Season's greetings!

“Progress is impossible without change; and those who cannot change their minds cannot change anything.”

GEORGE BERNARD SHAW

IAMM is striving ahead to keep up with changing times. We are proud to start an online PG masterclass from 2023 that has been a stupendous success. The PG Assembly for our young budding Microbiologists will be conducted in four centers from July to October this year onwards. Our attempts and efforts are always directed to create a better platform for our future Microbiologists and we shall embrace this journey together exploring new frontiers with wisdom. The you tube channel aims to bridge the generation gap further.

The preparations for the Microcon-2023 in November are in full swing, Dr. Amita Jain and her team in the city of Nawabs “Lucknow” are working diligently to make it an academic feast and a dynamic and stimulating conference. I request all the members to attend this annual event in large numbers. My gentle reminder to all our members to put in nominations for this years' awards and also to the younger members to contest for the paper and poster prizes under various categories. The instructions to activate your membership and update your details are given below. Please use these activate your membership and to access the journal freely.

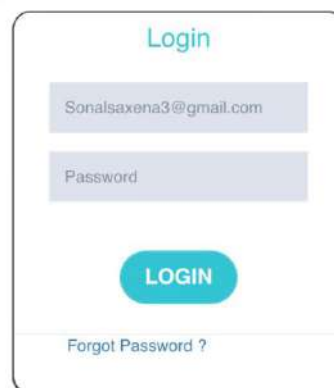
We have accomplished many wonderful things with the continued support and encouragement of all the past Presidents, the present President, Dr Arti Kapil and the actively working esteemed EC Members/Members who strive to take our association to newer heights. I welcome the new Editorial Board of IJMM. Dr Wattal and his team have taken the journal to new heights with an impact factor of 1.347

I request all seniors to encourage our junior faculty and residents to become members of IAMM. This will strengthen our association. I congratulate and welcome the new EC members that have been elected unopposed. I seek blessings of almighty and all our senior faculty and past Presidents to continue the good work.

Best wishes !
Dr Sonal Saxena

INSTRUCTIONS TO ACTIVATE YOUR IAMM MEMBERSHIP

Go to member login
A window opens



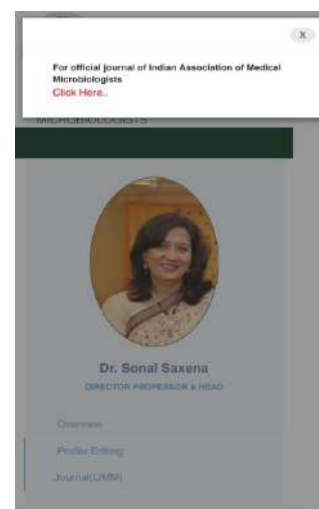
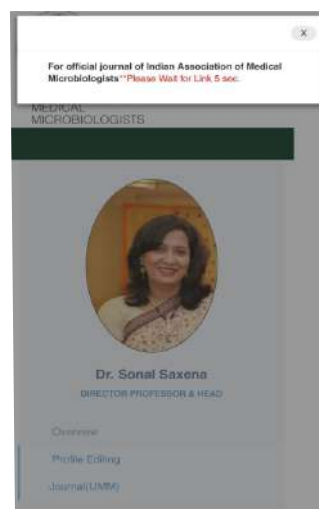
If your email/phone is updated then you shall be able to login with your password. In case you do not remember password, click on forgot password. Type the email and the password will be mailed. If the email is not received with password then send email to

secretary.iamm@gmail.com and

thakurpankaj11@gmail.com to update email and password.

ACCESSING THE OFFICIAL JOURNAL OF ASSOCIATION- IJMM

After the member login you are directed to the profile page. On left side is the link for accessing the journal. Click to receive the link to access the journal. The journal can also be accessed via logging in using the journal tab on the website that directs to login page.





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Since 1977

46th Annual Conference of Indian Association of Medical Microbiologists

Dear IAMM members,

Get ready to mark your calendars for one of the most exciting events of the year!

It is with great pleasure that we extend a warm welcome to the esteemed members of the **Indian Association of Medical Microbiologists (IAMM)** for the **46th Annual Conference, "MICROCON 2023"** to be held in the captivating city of **Lucknow, Uttar Pradesh**. IAMM has bestowed us with this honour, and we are humbled and grateful for the opportunity to host this significant event. The conference will be held from **November 23-26, 2023**, at the **Atal Bihari Vajpayee Scientific Convention Center, King George's Medical University, Lucknow**. In addition to the conference, we are thrilled to offer pre-conference Continuing Medical Education (CME) and workshops on November 22-23, 2023, and we are confident that these sessions will enrich your experience and provide a valuable opportunity for professional development.

The theme of **"Every Microbe Matters"** encapsulates the conference's spirit, highlighting the urgent need to address the current and persistent threat of infectious diseases, including the ongoing COVID-19 pandemic. As clinical microbiologists, we have a crucial role to play in mitigating the morbidity and mortality caused by these infectious diseases. The conference aims to foster a vibrant dialogue among experts from government and private sectors to share their experiences and knowledge advancements in the field of Microbiology & Infectious Diseases. MICROCON 2023 will be graced by the presence of esteemed international and national experts, who will share their expertise and provide valuable insights in the field of Microbiology and Infectious Diseases. The conference will be an exceptional opportunity for attendees to network with these experts and learn from their experiences and research. The conference will feature a diverse range of topics, including the latest diagnostic and treatment modalities, infection control and prevention, emerging infectious diseases, antimicrobial

resistance, and more. Attendees will be able to participate in informative and engaging sessions, including keynote speeches, plenary sessions, and interactive workshops.

MICROCON 2023 will provide attendees with an unparalleled cultural experience in the vibrant city of Lucknow, Uttar Pradesh. Attendees will have plenty of opportunities to explore the city's rich cultural heritage, from its magnificent monuments and museums to its lively markets and bustling streets. Nature lovers will delight in the lush green spaces and gardens scattered throughout the city. Photographers will appreciate the city's beautiful architecture and intricate details, while history admirers will relish in the city's rich past and cultural heritage. Finally, foodies will find themselves in culinary heaven, with Lucknow's mouth-watering cuisine renowned for its flavourful spices and aromatic blends. From mouth-watering kebabs and biryanis to delightful chaats and sweets, the city's food scene is sure to leave a lasting impression on attendees.

The organizing committee is committed to ensuring that attendees experience top-notch hospitality during their stay in Lucknow. MICROCON 2023 promises to be an exciting and engaging conference, offering attendees a unique opportunity to engage with experts in the field of Microbiology and Infectious Diseases while experiencing the rich culture and heritage of Lucknow, Uttar Pradesh.

Register now on www.microcon2023india.in to showcase your latest research in the field of Microbiology & Infectious Diseases, or to be a speaker or chair a session or enjoy networking with your peers and colleagues at the upcoming IAMM MICROCON 2023.

Sincerely,

Prof. Amita Jain, Chairperson

Prof. Vimala Venkatesh, Organizing Secretary

Dr. Sheetal Verma, Co-Organizing Secretary

OBITUARY

Prof. Abida Malik

Esteemed Professor of Medical Microbiology,
Jawahar Lal Medical College,
Aligarh Muslim University.

It is with profound sorrow that we mourn the loss of our beloved colleague, mentor, and friend, Prof. Abida Malik, who passed away on May 24, 2023. A beacon of knowledge, wisdom, and humanity, Prof. Malik dedicated her life to the pursuit of science, education, and the betterment of public health. Her passing is not just a loss to the academic community, but to the many lives she touched and inspired during her distinguished career.

Dr Abida Malik was an alumni from JNMC, AMU, Aligarh. She led the department with passion and care. But beyond her accolades and accomplishments, what made Prof Abida truly remarkable was her empathy, humility, and kindness.

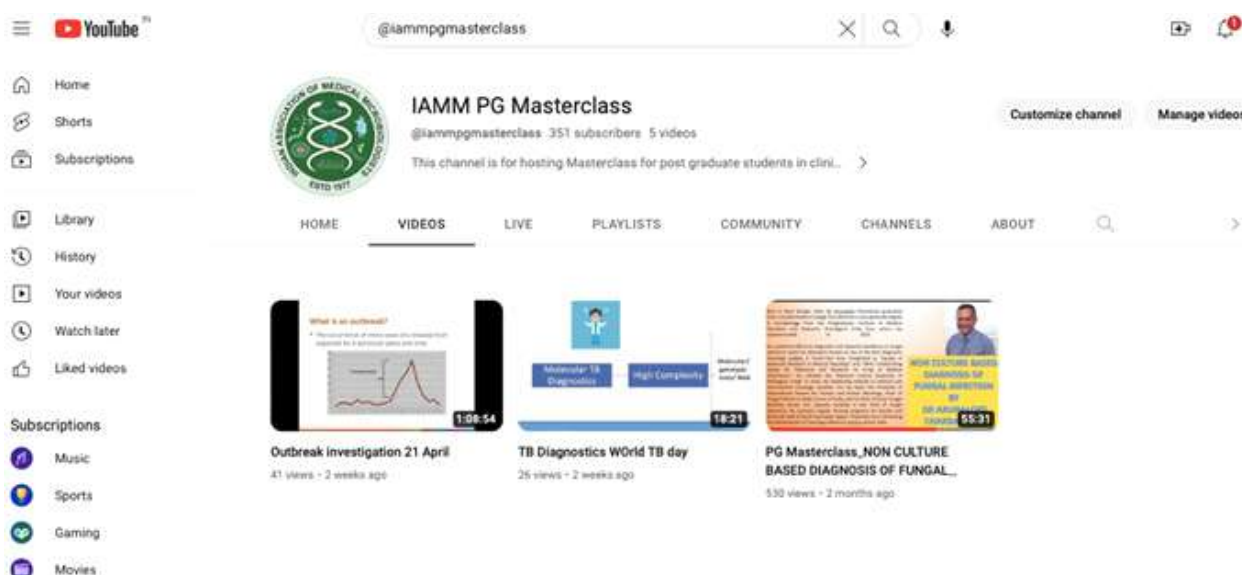





IAMM PG Masterclass

The past two years have taught all of us the importance of teaching and learning. The pandemic knowledge has left us with a take home message that the teaching and learning can effectively be done in online mode. The Post graduate students in Microbiology have to remain updated with the current knowledge and also be fine-tuned with basics and fundamentals of the subject. The online mode has made access to knowledgeable teachers and stalwarts in their fields to come closer to the students across the country. With these thoughts in mind an initiative was taken by IAMM in this year to start a PG Masterclass once a month at 6 PM. All the classes have been a tremendous success. To

increase the accessibility of these classes a you tube channel has been created. On this channel all the recordings of the PG class are uploaded and can be accessed anytime by the students. The lectures are also streamed live on this you-tube channel. The you tube channel can be accessed at <https://www.youtube.com/@iammpgmasterclass>. The channel is currently subscribed by 351 subscribers and the videos have collectively generated more than 1700 views. We request all to subscribe and encourage students to use these learning resources.



Overall the lectures have been a huge success and have been attended by microbiologists across the country with great enthusiasm



IAMM PG Masterclass

Schedule of events		
DATE	TOPIC SPEAKER	SPEAKER
27/1/2023	Acute Encephalitis Syndrome	Dr V Ravi
17/2/2023	Non Culture based diagnosis of Fungal Infections	Dr Arunaloke Chakrabarti
17/3/2023	TBA	TBA
21/4/2023	Investigating a healthcare associated AMR outbreak	Dr A S Valan
May 2023	DST in M. tuberculosis	Dr Camilla Rodrigues
June 2023	Surveillance strategies of HCAI	TBD
July 2023	CLSI for students	TBD

like share and subscribe
<https://www.youtube.com/@iammpgmasterclass>
 Convener
Dr Sonal Saxena
 Secretary IAMM

Suggestions and feedback:
secretary.iamm@gmail.com

Regional activities of microbiologists

1st IAMM Delhi chapter meet

1st Quarterly Chapter meet of Indian Association of Medical Microbiologists Delhi was organized and successfully conducted by the Department of Microbiology G B Pant Institute of Post Graduate Medical Education & Research on 18th March 2023. The theme of the meet was “**Surveillance of HAI**” with the keynote address delivered by the eminent speaker on “Surveillance of Device related infections”.

An erudite panel discussion was moderated on the topic “Outbreak Investigation in the Hospital” where we saw a constructive and open exchange of expert opinions coming from a team of learned panelists. Quiz screening round was held followed by the final Quiz with four teams constituted by the various post graduate and senior residents selected in screening round. A Poster session was arranged under three categories namely Free poster for MD (Microbiology), Free poster for PhD (Medical Microbiology) and Meghna Baveja

2030: Issues and challenges, Gut microbiome: Experience from AIIMS and Clinical microbiology matrix: multitasking in shared space. The Conference was held on 10th March 2023 on “One Health: One World, One Future”. The Key note address was delivered by Dr. Anitha S Desai. The topics included 'AMR: One health perspective' by Dr. Rama Chaudhry, 'One Health: veterinary perspective' by Dr. Chetan Kumar, and 'One Health: ICMR initiatives' by Dr. Nivedita Gupta. The conference was followed by General Body Meeting OF IAMM-KC, Industry academia, Oral & Poster presentations and Valedictory.

Vidarbha Association of Medical Microbiologist (VAMM)

The 4th Annual conference of Vidarbha Association of Medical Microbiologist (VAMM) was organised at Mahatma Gandhi Institute of Medical Sciences from 24th to 26th Feb 23.

The theme of the CME and Conference was “Evolving Medical Microbiology- New Horizons. Total 135 delegates from Vidarbha region of Maharashtra and rest of the country, participated in the conference. Dr Priya Abraham (ex-director NIV) was the chief guest and Dr Arti Kapil (President, IAMM) was the Guest of honour.

This year the recipients of the VAMM Awards were:

- 1) Dr Pratibha Narang VAMM Professional Achievement Oration Award-Dr Rajesh Karyakarte
- 2) Dr Arvind Kurhade & Dr Rajaram Powar Guest Oration Award-Dr Jayanthi Shastri.
- 3) Dr Pushpa Manohar Jagtap VAMM Oration Award-Dr Meena Mishra.
- 4) Dr Vilas Jahagirdar VAMM Young Achiever's Award-Dr Anuradha Deshmukh.
- 5) Dr C N Chaudhary Teacher's Award for best investigated clinical case- Dr Vandana Agrawal

Award for pediatric infectious diseases. The Chapter meet saw active participation with delegates coming over not only from Delhi and NCR but from Pune, Jodhpur and Rohtak.

IAMM (Karnataka Chapter)

IAMM (Karnataka Chapter) held its 27th Annual Conference on 9th and 10th March 2023 at Bangalore Medical College and Research Institute, Bengaluru, Karnataka. The theme of the conference was “Clinimicrocon-KC Bengaluru 2023 – Micro thru macrolens: Agar-agar to AI”. A Workshop was conducted on 9th March 2023 on “Insights into NGS with Special Reference to SARS-CoV-2”. The Symposium on 9th March was held on “Current trends & future prospects of AI in clinical microbiology” while CME covered topics such as Ethics in practical of medical microbiology, Elimination of rabies in India by



Chhattisgarh Association of Medical Microbiologists (CAMM)

A CME-cum-General Body Meeting of CAMM was organized on 24th December 2022. The Chief Guest of the CME was Prof. Nitin M. Nagarkar, Director and CEO, AIIMS, Raipur. The topics of CME included “Comparative evaluation of bacterial infections in COVID-19 and non-COVID-19 patients during the second pandemic wave: A tertiary care center experience” and

“Tackling the menace of MDR gram-negative pathogens with novel BL-BLI combination drugs”

North-West Chapter IAMM

The North-West Chapter IAMM has initiated an online Microbiology Masterclass. The activity is done monthly by eminent faculty of the region for PG residents. Till now 5 online lectures have been taken on Bottlenecks in Routine Bacterial Identification, Pearls in Interpretation of Culture Reports, AMR Surveillance, COVID Vaccinology, Hand Hygiene - Why, How & When?

The Northwest chapter MICROCON was held at Kalpana Chawla Government Medical College, Karnal, Haryana on 28-29th of April 2023 on the theme 'AMR- a ticking time bomb.' The conference was preceded by workshop on 'Antimicrobial stewardship' in collaboration with CIDS Haryana trinity chapter. On the occasion, Dr Arora and Dr. Satish Gupte were presented with the Lifetime achievement award for their contribution to the field of Microbiology and release of north west chapter IAMM Directory to connect all microbiologists in the region. Key note address was delivered by Dr Kamini Walia, scientist ICMR New Delhi. The academic sessions included talks on essential elements of AMS, sepsis in ICU settings, trilogy of IPC, AMR and COVID-19, PK-PD, genomics for AMR detection, artificial intelligence and current trends in antifungal resistance and stewardship, by renowned faculty. The event was attended by over 200 delegates from all over India and was awarded 4 credit hours each day by Haryana Medical Council.



Indian Association of Microbiologist UP-UK Chapter

UP-UK MIVROCON 2023, XVIII Annual conference of the Indian association of Microbiologist UP-UK Chapter was held on 4th of February 2023 preceded by preconference workshops on 3rd February 2023, at Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh. It was an academic feast with the participation of 280 delegates, 78 free oral paper presentations and 85 poster presentations. There were three preconference workshops that were attended by 50 enthusiastic delegates:

1. Bloodstream Infections: Best Practices and Best Outcomes
2. Audits in Infection Control
3. Invasive Fungal Infections: Lab Diagnosis, AFST, and Antifungal Stewardship coordinated

The theme of the conference was "Emerging and Re-emerging bacterial infections in the era of viruses". There were three scientific sessions:

- Multidrug resistant organisms: a clinical challenge) included talks on Diagnostic stewardship: a frontier for AMSP, Antimicrobial stewardship in healthcare facilities: public health approach, Colistin sparing treatment options for carbapenem-resistant Enterobacterales, Genomic Surveillance of diarrheal diseases

The era of viruses comprised of talks on Challenges in serological diagnosis of



- emerging viruses? Disease X? What the world awaits after tomato flu, Emerging bacterial threats in the era of viruses
- Emerging Bacterial and Parasitic Infections covered the topics of Emerging and re-emerging parasitic diseases, Rapid Diagnostics Tools in combating AMR

The esteemed Prof. P. C. Sen award was awarded to Dr. Chitra Bhartiya, SGPGI, Lucknow and Prof. Archana Ayyagari award was given to Dr. Syed Zeeshan Hashmi, JNMCH, AMU.

Upcoming Events

⇒ PG Assembly 2023

IAMM PG ASSEMBLY 2023
Coming Soon

Organizing Team

- Dr. Chand Wattal**
Organizing Chairman
- Dr. Arti Kapil**
Patron
- Dr. Sonal Saxena**
Organizing Secretary
- Dr. Neeraj Goel**
Joint Organizing Secretary

Dates to be announced soon
Stay Tuned For More Updates

For any other query, please write to
iammpgassembly@gmail.com

Supported by:

PG Assembly was an initiative of IAMM – Delhi Chapter that was later adopted by National body of IAMM. It was conducted with grand success in 2022 after a break of two years due to covid pandemic. The course shall be for 2 and a half days. The sessions will be a mix of theory and hands-on experience. For the year 2023, IAMM, National body has chosen the following institutes to conduct the national PG assembly.

- North Zone: AIIMS, New Delhi
- West Zone: AIIMS, Jodhpur
- South Zone: JIPMER, Puducherry
- East Zone: IGIMS, Patna

The registrations will open soon for all post graduate students. Final year MD Microbiology students will be given preference to participate in the program. A nominal registration fees of Rs. 1500 has been fixed. The registration will be done centrally through IAMM. BioMerieux continue to be the exclusive industry partner in this initiative. All are requested to visit IAMM website (<http://www.myiamm.in>) for any further updates.

- The 2nd quarterly meet of IAMM Delhi Chapter will be held on 22nd North DMC Medical College and Hindu Rao Hospital.
- The 27th Annual Conference of Maharashtra Chapter of IAMM “MahaMicrocon-2023” from 8th to 10th September 2023 at SMT Institute of Medical Sciences and Research Center, Nashik. The theme of the conference is 'Tackling AMR: Right Detection Right Prescription'.



**EQAS 2022 NORTH & NORTH EAST CENTER - NEW DELHI
(UNDER THE AUSPICES OF IAMM)
ANALYSIS OF QC DISTRIBUTION 29, 30, 31
(MARCH 2022 – NOV 2022)
PERFORMANCE OF LABORATORIES**

IAMM EQAS NEW DELHI has got accredited as NABL PT provider since October, 2018.

QC No. 29 (March , 2022)	Description (Smear)	CONTENTS	Lab (%) Giving No. Correct Result
(1.1)	BAL Sample– Kinyoun stain	Few acid fast, slender, branching filamentous organism resembling <i>Nocardia in morphology seen</i> . Suggestive of pneumonia due to <i>Nocardia</i> .	Correct-83.60% Partially Correct - 12.04% Not Correct-4.36%
(1.2)	Pus Aspirate– Gram Stain	Few PMN cells seen. Many GPC in pairs and short chains seen. Infection due to <i>Enterococcus</i> species.	Correct-61.92% Partially Correct - 38.08%
(1.3)	Sputum Sample – Gram Stain	Few PMN cells & many squamous epithelial cells seen. Upper respiratory flora consisting of many GNB, GNC & GPC seen . Poor quality specimen.	Correct-60.26% Partially Correct - 37.75% Not Correct-1.99%
QC No. 30 (July , 2022)	Description (Smear)	CONTENTS	Lab (%) Giving No. Correct Result
(1.1)	Positive blood culture bottle – Gram Stain	Many Gram positive yeast cells with narrow angle budding seen. <i>BSI caused by Cryptococcus species</i> .	Correct-12.54% Partially Correct - 86.63% Not Correct-0.82%
(1.2)	Ascitic fluid – Gram Stain	Few PMN cells, degenerated cells & m any GNB seen. Gram negative peritonitis	Correct-85.38% Partially Correct-13.3% Not Correct-1.31%
(1.3)	Urine sample – Gram Stain	Few PMN cells & few GNB seen (>1/ OIF) suggestive of 10 ⁵ organism/ ml of urine. Urinary tract infection caused by GNB .	Correct-90.79% Partially Correct-8.72% Not Correct-0.49%
QC No. 31 (Nov , 2022)	Description (Smear)	CONTENTS	Lab (%) Giving No. Correct Result
(1.1)	Throat swab – Albert Stain	Many bacilli are seen with green cytoplasm & metachromatic granules arranged in cuneiform pattern, Suggestive of <i>Corynebacterium diphtheria</i>	Correct-90.32% Partially Correct-7.71% Not Correct-1.97%
(1.2)	Pus Sample – Gram Stain	Moderate no. of PMN cells & few degenerated cells seen. Many GNB & GPC seen. Mixed bacterial infection, possibility of anaerobic infection	Correct-90.32% Partially Correct-5.53% Not Correct-4.15%
(1.3)	Sputum sample – ZN Stain	Many acid fast bacilli which are slender & beaded seen. RNTCP grading 2+	Correct-98.02% Partially Correct-0.00% Not Correct-1.98%



Q2: Culture Identification (n=600)

Various methods used by the participants for Identification

Identification Method Details	2.1 <i>Klebsiella pneumoniae</i>	2.2 <i>Staphylococcus aureus</i>	2.3 <i>Burkholderia cepacia</i>
Total Response	585	582	580
Correct Response/ Total Response (%)			
1- Manual Method	222/243 (91.36%)	240/245 (97.95%)	188/236 (79.66%)
2- Automated Method	340/342 (99.12%)	336/337 (99.71%)	339/344 (98.55%)
(i) VITEK-2	285/286 (99.65%)	281/282 (99.64%)	287/291 (98.63%)
(ii) Microscan	13/13*	14/14 *	12/12 *
(iii) BD Phoenix	26/27 (96.29%)	25/25 (100%)	25/26 (96.15%)
(iv) MALDITOF	13/13 *	13/13 *	12/12 *
(v) DL-96	3/3 *	3/3 *	3/3 *
*Numbers small for % interpretation.			

Exercise 2.1 – (AST)

Total Response (n=585)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
(2.1) <i>Klebsiella pneumoniae</i> (n=576)*	Correct Response/ Total Response(%)	Correct Response/ Total Response(%)				
Ceftriaxone(R)	323/325(99.38%)	241/247(97.57%)	4 (0.69%)	7 (1.22%)	-	1 (0.17%)
Ciprofloxacin(R)	336/337(99.70%)	235/238(98.73%)	1 (0.17%)	2 (0.34%)	-	2 (0.34%)
Co-trimoxazole (S)	319/333(95.79%)	163/242(67.35%)	1 (0.7%)	-	87 (15.13%)	6 (1.04%)
Piperacillin/ Tazobactam(S)	NOT EVALUATED : Appromore than 30% got it wrong because CLSI 2022 guideline was not followed.					
Gentamicin(S)	338/339(99.70%)	223/237(94.09%)	-	-	12 (2.08%)	3 (0.52%)
• 9* Participants identified the genus as well as species incorrectly.						



Exercise 2.2 – (AST)

Total Response (n-582)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
(2.2) <u>Staphylococcus aureus n-581</u> *	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				
Ciprofloxacin(R)	326/326(100%)	216/255 (84.70%)	-	19 (3.27%)	-	20 (3.44%)
Vancomycin (S)	329/340(96.76%)	127/226 (56.19%) **DD-99 participants E test- 115/116 BMD-10/11	15 (2.58%)	-	8(1.71%)	5 (1.07%)
Erythromycin(R)	336/337(99.70%)	240/244 (98.36%)	-	2 (0.34%)	-	3 (0.51%)
Clindamycin (R)	335/335(100%)	239/245 (97.55%)	1 (0.17%)	5 (0.86%)	-	1 (0.17%)
Benzympenicillin /Ampicillin (R)	339/339(100%)	231/239 (96.65%)	3 (0.51%)	6 (1.04%)	-	2 (0.34%)
* 1 Participants identified the genus and species incorrectly.						
** As per the CLSI antibiotic susceptibility interpretation for vancomycin is based on MIC result only. Disc diffusion is not a valid method.						

Exercise 2.3 – (AST)

Total Response (n= 580)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
(2.3) <u>Burkholderia cepacia (n= 545)</u> *	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				



(2.3) <i>Burkholderia cepacia</i> (n= 545) *	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				
Co-trimoxazole (S)	322/324 (99.38%)	220/221 (99.55%)	-	-	3 (0.55%)	-
Ceftazidime (S)	307/316 (97.15%)	195/226 (86.28%)	3 (0.55%)	-	31 (5.72%)	9 (1.66%)
Meropenem (S)	317/323 (98.14%)	219/222 (98.65%)	-	-	3 (0.55%)	6 (1.10%)
Minocycline (S)	300/303 (99%)	222/228 (97.37%)	14 (2.57%)	-	7 (1.32%)	2 (0.38%)
* 35 Participants identified the genus and species incorrectly.						

QC No - 30th (JULY-2022)

Q2: Culture Identification (n=609)

Various methods used by the participants for Identification

Identification Method Details	2.1 <i>Salmonella enteric Enteritidis</i>	2.2 <i>Staphylococcus saprophyticus</i>	2.3 <i>Proteus mirabilis</i>
Total Response	606	609	608
Correct Response/ Total Response (%)			
1- Manual Method	31/284 (10.91%)	201/263 (76.43%)	257/263 (97.71%)
2- Automated Method *	60/322 (18.63%)	338/346 (97.68%)	344/345 (99.71%)
(i) VITEK-2	52/273 (19.04%)	286/291 (98.28%)	292/292 (100%)
(ii) Microscan	1/13 (7.69%)	14/14 (100%)	13/13 (100%)
(iii) BD Phoenix	3/25 (12%)	22/25 (88%)	25/25 (100%)
(iv) MALDITOF	4/8 (50%)	13/13 (100%)	11/12 (91.67%)
(v) DL-96	0/3 (0.00%)	3/3 (100%)	3/3 (100%)
* Participants identified Genus <i>Salmonella</i> by automated and manual method but serotyping was not done for identification of species.			



Exercise 2.1 – (AST)

Total Response (n= 606)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
<u>(2.1)</u> <u>Salmonella enteric Enteritidis</u> <u>(n=601)*</u>	Correct Response/Total Response (%)	Correct Response/ Total Response (%)				
Ampicillin (S)	240/24343 (98.76%)	328/356 (92.13%)	2 (0.33%)	-	23(3.84 %)	8 (1.34%)
Ceftriaxone (S)	298/302 (98.67%)	290/297 (97.64%)	2 (0.33%)	-	10 (1.67%)	1 (0.17%)
Chloramphenicol(S)	106/107 (99.06%)	464/469 (98.93%)	25 (4.16%)	-	4 (0.69%)	2 (0.34%)
Ciprofloxacin (S)	266/285 (93.33%)	305/316 (96.52%)	-	-	4 (0.66%)	26 (4.32%)
Co-trimoxazole (S)	316/316 (100%)	279/282 (98.93%)	3 (0.49%)	-	1 (0.16%)	2 (0.33%)

*5 Participants identified the genus as well as species incorrectly.

Exercise 2.2 – (AST)

Total Response (n-609)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
<u>(2.2)</u> <u>Staphylococcus saprophyticus</u> <u>(n-601)*</u>	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				
Co-trimoxazole (S)	327/328 (99.69%)	263/269 (97.76%)	4 (0.66%)	-	5 (0.83%)	2 (0.33%)
Nitrofurantoin(S)	331/332 (99.69%)	264/269 (98.14%)	-	-	6 (0.99%)	-
Levofloxacin(S)	312/322 (96.89%)	275/278 (98.92%)	1 (0.16%)	-	7 (1.16%)	6 (1%)

*8 Participants identified the genus and species incorrectly.

Exercise 2.3 – (AST)

Total Response (n= 608)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n(%)	Minor Error n (%)
<u>(2.3)</u> <u>Proteus mirabilis</u> <u>(n= 605) *</u>	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				
Piperacillin/ Tazobactam (S)	331/337 (98.22%)	256/266 (96.24%)	2 (0.33%)	-	12 (1.99%)	4 (0.66%)
Meropenem (S)	327/336 (97.32%)	258/268 (96.27%)	1 (0.16%)	-	15 (2.48%)	4 (0.66%)
Amikacin (S)	338/338 (100%)	259/267 (97.00%)	-	-	4 (0.66%)	4 (0.66%)
Ceftriaxone (S)	309/311 (99.36%)	272/290 (93.79%)	4 (0.66%)	-	15 (2.49%)	5 (0.83%)
Ciprofloxacin (S)	338/338 (100%)	260/267 (97.37%)	-	-	3 (0.49%)	4 (0.66%)
*3 Participants identified the genus and species incorrectly .						

QC No – 31st (NOVEMBER -2022)

Q2: Culture Identification &Sensitivity (n=631)

Various methods used by the participants for Identification

Identification Method Details	2.1 <i>Providencia stuartii</i>	2.2 <i>Stenotrophomonas maltophilia</i>	2.3 <i>Staphylococcus aureus</i>
Total Response	617	613	618
Correct Response/ Total Response (%)			
1- Manual Method	226/251 (90.04%)	218/252 (86.51%)	260/262 (99.24%)
2-Automated Method	365/366 (99.73%)	360/361 (99.72%)	356/356 (100%)
(i) VITEK -2	301/301 (100%)	297/297 (100%)	292/292 (100%)
(ii) Microscan	17/17 (100%)	13/14 (92.86%)	17/17 (100%)
(iii) BD Phoenix	26/27 (96.29%)	27/27 (100%)	26/26 (100%)
(iv) MALDITOF	19/19 (100%)	20/20 (100%)	19/19 (100%)
(v) DL -96	2/2 (100%)	3/3 (100%)	2/2 (100%)



Exercise 2.1 – (AST)

Total Response (n=617)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
(2.1) <i>Providencia stuartii</i> (n= 591) *	Correct Response/Total Response (%)	Correct Response/Total Response (%)				
Piperacillin/Tazobactam (S)	346/349 (99.14%)	231/240 (96.25%)	2 (0.34%)	-	6 (1.01%)	6 (1.01%)
Meropenem (S)	344/347(99.13%)	239/243 (98.35%)	1 (0.17%)	-	6 (1.01%)	1 (0.16%)
Amikacin (S)	352/352 (100%)	238/239 (99.58%)	-	-	1 (0.16%)	-
Co-trimoxazole (S)	345/347(99.42%)	220/243(90.53%)	1 (0.17%)	-	15 (2.54%)	10 (1.69%)
Levofloxacin (S)	This antibiotic (Levofloxacin) has been withdrawn from evaluation as more than 30% got it wrong.					
*26 Participants identified the genus as well as species incorrectly.						

Exercise 2.2 – (AST)

Total Response (n-613)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
(2.2) <i>Stenotrophomonas maltophilia</i> (n- 578) *	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				
Levofloxacin (S)	319/324 (98.45%)	253/254 (99.60%)	-	-	4 (0.69%)	2 (0.34%)
Minocycline (S)	283/289 (97.92%)	270/280 (96.43%)	9 (1.56%)	-	12 (2.07%)	4 (0.69%)
Co-trimoxazole (S)	319/335 (95.22%)	237/243 (97.53%)	-	-	21 (3.63%)	1 (0.17%)
* 35 Participants identified the genus as well as species incorrectly and were excluded from AST.						

Exercise 2.3 – (AST)

Total Response (n= 618)	Automated Method (MIC)	Manual Method (Disc Diffusion)	Not attempted n (%)	Very Major Error n (%)	Major Error n (%)	Minor Error n (%)
<u>(2.3)</u> <u>Staphylococcus aureus</u> <u>(n= 616)*</u>	Correct Response/ Total Response (%)	Correct Response/ Total Response (%)				
Cefoxitin (R)	273/289 (94.46%)	304/321 (94.78%)	11 (1.78%)	27 (4.42%)	-	1 (0.16%)
Erythromycin (R)	347/348 (99.71%)	262/266 (98.49%)	2 (0.32%)	4 (0.65%)	1 (0.16%)	-
Clindamycin (R)	328/346 (94.79%)	173/270 (64.07%)	-	108 (17.53%)	-	7 (1.13%)
Vancomycin (S)	363/371 (97.84%)	113/225 (50.22%)	20 (3.24%)	-	116 (19.46%)	4 (0.67%)
Tetracycline (S)	342/345 (99.13%)	260/267 (97.37%)	4 (0.64%)	-	9 (1.47%)	1 (0.16%)
* 2 Participants identified the genus and species incorrectly .						

EQAS SEROLOGY

QC No. 29 (March,2022)	Description (Serology&BBV)	CONTENTS	Lab (%) Giving No. Correct Result
(3.1.1)	Typhi dot(IgM)	NEGATIVE	Correct- 97.30% Not Correct- 2.70%
(3.1.2)	CRP	POSITIVE	Correct- 97.92% Not Correct- 2.08%
(3.2.1)	HBsAg HCV HIV	NEGATIVE NEGATIVE NEGATIVE	Correct- 98.74% Partially Correct- 1.26%
(3.2.2)	HBsAg HCV HIV	NEGATIVE POSITIVE NEGATIVE	Correct- 99.29% Partially Correct-0.71%
(3.2.3)	HBsAg HCV HIV	NEGATIVE NEGATIVE NEGATIVE	Correct- 98.20% Partially Correct-1.80%
(3.2.4)	HBsAg HCV HIV	NEGATIVE NEGATIVE NEGATIVE	Correct- 99.07% Partially Correct-0.93%



QC No. 30 (July, 2022)	Description (Serology&BBV)	CONTENTS	Lab (%) Giving No. Correct Result
(3.1.1)	HBCT	POSITIVE	Correct- 75.97% Not Correct- 24.03%
(3.1.2)	ASO	NEGATIVE	Correct- 87.55% Not Correct- 12.45%
(3.2.1)	HBsAg HCV HIV	POSITIVE NEGATIVE NEGATIVE	Correct- 99.37% Not Correct- 0.63%
(3.2.2)	HBsAg HCV HIV	NEGATIVE POSITIVE NEGATIVE	Correct- 98.43% Not Correct- 1.57%
(3.2.3)	HBsAg HCV HIV	NEGATIVE NEGATIVE POSITIVE	Correct- 99.01% Partially Correct -0.99%
(3.2.4)	HBsAg HCV HIV	NEGATIVE NEGATIVE NEGATIVE	Correct- 99.11% Partially Correct -0.89%
QC No. 31 (Nov, 2022)	Description (Serology&BBV)	CONTENTS	Lab (%) Giving No. Correct Result
(3.1.1)	Rubella IgG	POSITIVE	Correct – 98.58% Not Correct – 1.42%
(3.1.2)	RA Factor	NEGATIVE	Correct – 97.76% Not Correct – 2.24%
(3.2.1)	HBsAg HCV HIV	NEGATIVE NEGATIVE NEGATIVE	Correct – 99.74% Not Correct – 0.26%
(3.2.2)	HBsAg HCV HIV	POSITIVE NEGATIVE NEGATIVE	Correct – 99.49% Not Correct – 0.51%
(3.2.3)	HBsAg HCV HIV	NEGATIVE NEGATIVE NEGATIVE	Correct- 99.28% Partially Correct -0.72%
(3.2.4)	HBsAg HCV HIV	POSITIVE NEGATIVE NEGATIVE	Correct- 99.18% Partially Correct -0.82%

We are happy to announce biannual Molecular Microbiology EQAS program starting from the year 2023, which will entail five molecular parameters.

- Quantitative CMV
- Quantitative HBV
- Quantitative HCV

- Quantitative HIV-1
- Qualitative MTB complex

We are also pleased to inform you that we have conducted dry run for molecular EQAS in the month of April 2023 with encouraging results.

Total Centers registered: 700



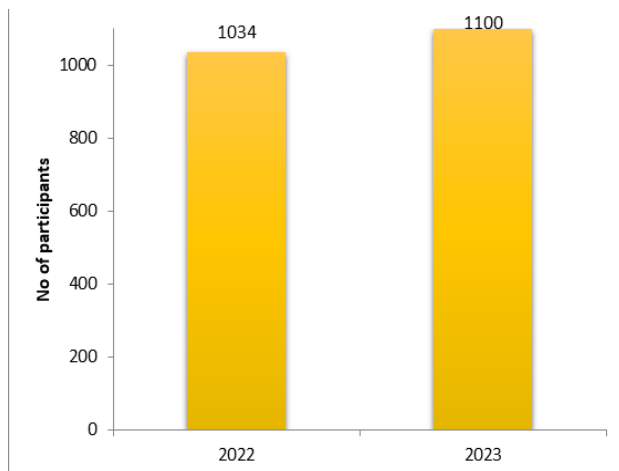
EQAS 2022 SOUTH CENTER - NEW DELHI (UNDER THE AUSPICES OF IAMM) ANALYSIS OF QC DISTRIBUTION (MARCH 2022 – NOV 2022) PERFORMANCE OF LABORATORIES

The Department of Clinical Microbiology, CMC, Vellore has been accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL) as a Proficiency Testing (PT) provider in accordance with ISO / IEC 17043:2010 on 27.12.2018, followed by the renewal assessment done on 11th & 12 December 2021 and certificate is valid from 13.01.2022 to 12.01.2024.

The **Tier 1 EQAS program** for the diagnostic laboratory assesses the diagnostic competency in bacteriology smear reporting, identification of organisms from culture and susceptibility testing along with infectious disease serology testing. It consists of 27 challenges per year which is sent in 3 rounds of 9 challenges each. The salient points in this below are the highlights of the Tier 1 Program:

1. Enrollments:

Enrollments of participants increased with each cycle as depicted in fig.1. A certificate of participation was awarded to laboratories completing up to 2 cycles consisting of a maximum of 24 challenges.



2. Performance:

Overall performance of the participants with scores of $\geq 70\%$ in each package for the year 2022 (package no: 110th, 111th & 112th) is shown in Fig.2.

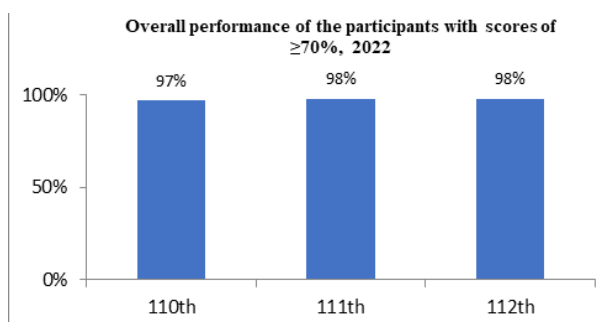


Figure 2: Overall performance of the participants with scores of $\geq 70\%$

3. Individual Exercise Performance:

Each Tier I package consists of 3 Bacteriology smear for reporting; 3 lyophilized cultures for identification and susceptibility testing; 3 sera for immune serological testing

3.1 Figure 3 depicts participants whose performance on the bacteriology smear was $\geq 70\%$ in 2022.

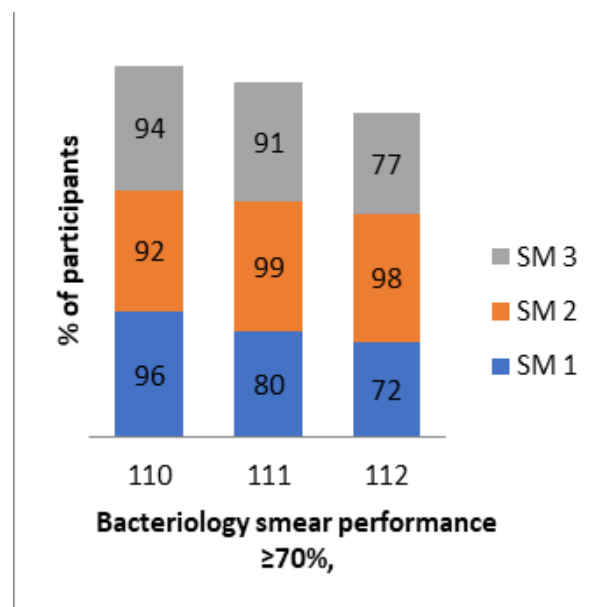


Figure 3: Bacteriology smear performance $\geq 70\%$, 2022

Summary of Inaccuracies in smears reporting is shown in Table 1
Table 1: Summary of Inaccuracies in smears reporting^a

Packages		SM1	SM2	SM3
110 th	Actual report	<i>Enterococcus</i> / <i>Streptococcus</i> spp	<i>Streptococcus pneumoniae</i>	Many Gram positive spherical cocci arranged in pairs, groups and scattered Many long, slender Gram negative bacilli What is the recommended method of collection of a superficial wound exudate specimen? Clean superficial wound with sterile saline Collect exudate from the base of the wound on sterile cotton swabs Tightly seal the specimen tube. Specimen to be transported immediately to the laboratory.
	Summary of Inaccuracies	Pus cells incorrectly mentioned / not reported - 2% Grading of organisms not reported - 19% Shape organisms not reported - 33% Organism description incorrect/not reported - 2 % Probable organism not mentioned/ incorrectly mentioned- 3% Additional epithelial cells incorrectly reported - 1%	Pus cells incorrectly mentioned / not reported - 7% Grading of organisms not reported - 22% Shape organisms not reported - 18% Organism description incorrect/not reported - 5% Species not reported - 1% Probable organism not mentioned/ incorrectly mentioned- 7% Additional epithelial cells incorrectly reported - 0.3% Additional organisms/GNC & GNB incorrectly reported - 1.1%/ 1.2%	Pus cells incorrectly mentioned / not reported - 1% Grading of organisms not reported - 5% GPC not reported - 1% GNB not reported - 8% Recommendation incorrectly reported - 6% Recommendation not reported - 4% Clean superficial wound with sterile saline not reported - 18% Collect exudate from the base of the wound on sterile cotton swabs - 6% Wound clean with 70% alcohol reported - 3% Additional epithelial cells incorrectly reported - 1% Additional organisms (GPB) incorrectly reported - 0.4%
111	Actual report	Gram negative bacteraemia	<i>Streptococcus</i> spp - probably <i>Streptococcus pyogenes</i>	<i>Acinetobacter</i> species
	Summary of Inaccuracies	Pus cells incorrectly reported - 0.9% Organism description incorrectly reported - 2% Probable organism incorrectly reported - 18% Probable organism not reported - 0.3% Additional organism incorrectly reported (GPC/GPB) - 0.7%	Grading of organism not reported - 13% Organism incorrectly reported - 0.2% Probable organism incorrectly reported - 1% Probable organism not reported - 0.1% More than two probable organism reported - 0.1%	Grading of pus cells incorrectly reported - 3% Epithelial cells incorrectly reported - 0.4% Grading of organism not reported - 10% Organism incorrectly reported - 8.4% Probable organism incorrectly reported - 11% Cocco-bacilli incorrectly reported-1.5% Additional organism incorrectly reported (GPC) - 0.8% Gram Negative not reported - 0.1%

112	Actual report	Many GNB, GPC pairs, chains, groups, oval budding yeast like organisms with pseudo hyphae, slender non-palisading GPB, moderate GNC groups Bartlett criteria or any other accepted criteria applied, Improperly collected specimen & Suggest repeat appropriately collected specimen for culture.	<i>Candida</i> species	Gram negative bacilli
	Summary of Inaccuracies	Grading of host cells incorrectly reported/ not reported – 3% GNB not reported- 32% GPC not reported- 4% YLO not reported-5% GPB not reported-50% GNC not reported -41% Interpretation not reported-12% Criteria not reported-34% Improperly collected specimen not reported-1.3% Suggestion not reported-6%	Pus cells not reported – 1.7% Epithelial cells incorrectly reported – 0.2% Grading of organism not reported – 7% Gram positive not reported – 2% Organism incorrectly reported – 0.4% Probable organism incorrectly reported – 1.6% Additional organism incorrectly reported – 0.4% Organism not seen – 0.2%	Grading of pus cells incorrectly reported – 0.5% Grading of organism not reported – 4.2% Gram Negative not reported – 0.2% Gram positive cocci incorrectly reported – 52% Probable organism incorrectly reported – 23% Organism not seen – 2%

* The details of inaccuracies are discussed in the EQAS Explained (Lesson Learnt) in the respective packages <http://microbiology.iammegascmc.org/user/files>

3.2 Participants with Bacteriology culture performance $\geq 70\%$, 2022 is shown in fig.4

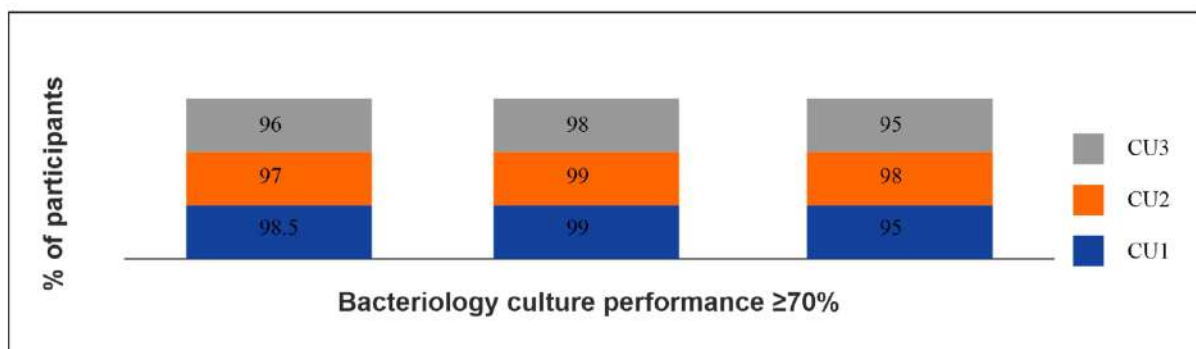


Figure 4: Bacteriology culture performance $\geq 70\%$, 2022

No inaccuracies were seen in identification of the cultures. Summary of Inaccuracies in the AST is shown in Table 2



Table 2: Summary of Inaccuracies in AST #

		110	111	112
Very Major Error (VME)	Organism	<i>Salmonella enterica</i> subspp <i>enterica</i> serovar <i>Typhi</i>	<i>Klebsiella pneumoniae</i>	<i>Escherichia coli</i> &
	Antibiotic	Pefloxacin	Ceftazidime	Meropenem
	% error	26%	12%	19%
Major Error (ME)	Organism	<i>Salmonella enterica</i> subspp <i>enterica</i> serovar <i>Typhi</i>	<i>Staphylococcus haemolyticus</i>	<i>Escherichia coli</i>
	Antibiotic	Azithromycin	Tetracycline	Ceftazidime-Avibactam
	% error	9%	3%	16%
Minor Error (mE)	Organism	<i>Klebsiella pneumoniae</i>	<i>Klebsiella pneumoniae</i>	<i>Klebsiella pneumoniae</i>
	Antibiotic	Amikacin	Piperacillin-tazobactam	Piperacillin-tazobactam
	% error	8%	70%	54%
	Organism			<i>Escherichia coli</i>
	Antibiotic			Meropenem
	% error			32%

The details of inaccuracies are discussed in the EQAS Explained (Lesson Learnt) in the respective packages <http://microbiology.iammeqascmc.org/user/files>

3.3 Immuno - Serology Performance:

In all 3 cycles CRP (C - reactive protein) was asked to be determined on serum specimens. In addition, sera to determine Rheumatoid Factor was part of the 111th package, WIDAL & and Syphilis serology exercise was part of the 112th package.

Participants with concordant results for Serology panel: CRP, RF, Widal & Syphilis serology is shown in Figures 5, 6 & 7 respectively.

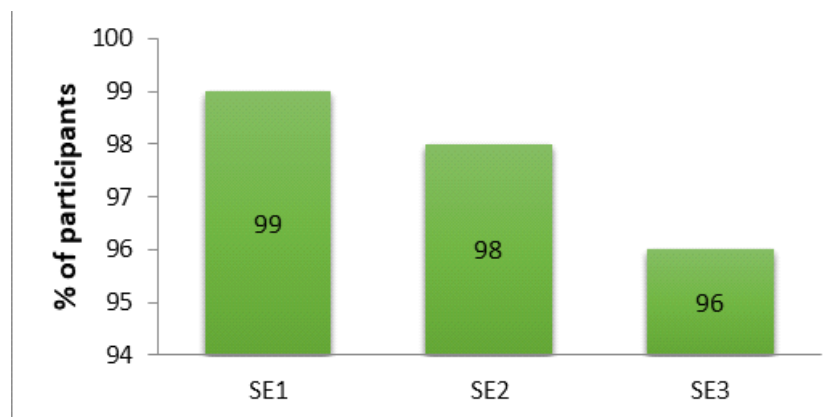


Figure 5: 110th Package Immuno - Serology Performance: CRP (C - reactive protein)

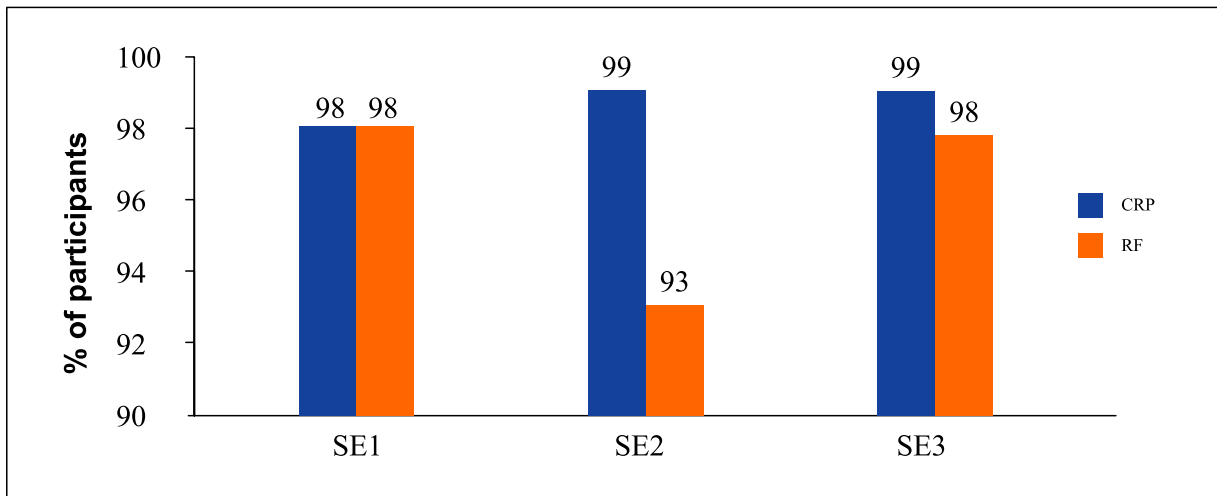


Figure 6: 111th Package Immuno - Serology Performance

For RF: peer group results of Latex agglutination (SE3) >30% participants did not provide the correct response/interpretation, it has been excluded from the final evaluation.

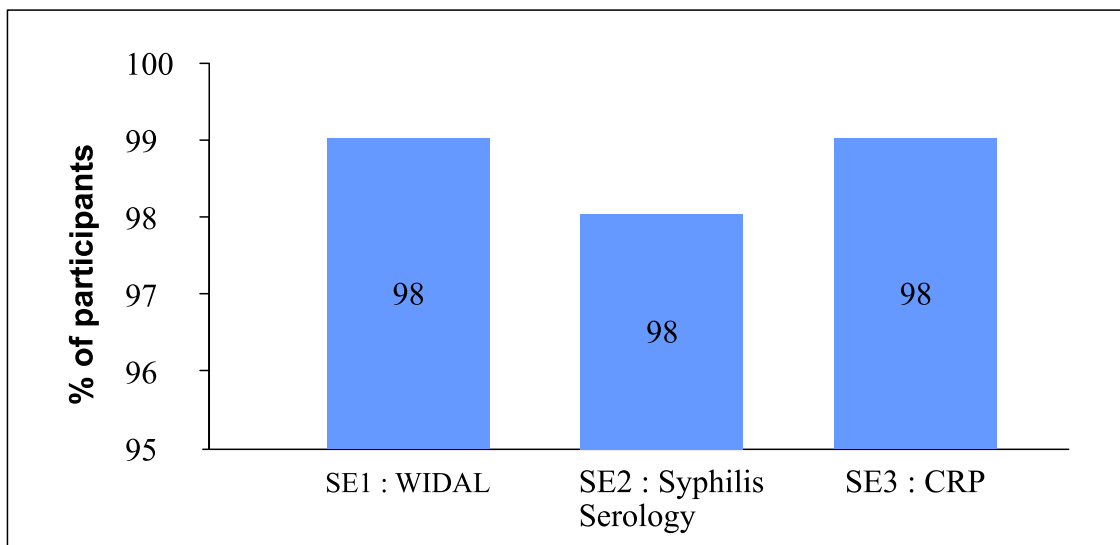


Figure 7: 112th Package Immuno - Serology Performance

Tier II EQAS program: Advanced Bacteriology

In 2022, first batch, a total number of 18 packages, which includes 6 meningitis, 6 respiratory disease and 6 Gastro intestinal panels were sent. Participants response was 100 %, and all of them scored >90% in all the panels.

In 2022 second batch, a total number of 18 packages (6 meningitis, 6 respiratory disease panel and 6 Gastro intestinal panels) were sent. Participant's response was 100%, and all of the participants scored >90% in the meningitis and respiratory disease panel. In the Gastro intestinal panel four specimens were excluded from total assessment because the participant consensus was below 70%, which is the proportion considered acceptable for assessment of performance in an EQA. The remaining two specimens were identified correctly by the participants

The percentage of participants in the AMR panel with an overall performance score of above 70% are 80% in batch-I and 100% in batch-II.

NEW MEMBERS OF THE EXECUTIVE COUNCIL OF IAMM 2023

No. of Vacancies to the Executive Council- SIX (6)

The following six members have been elected unopposed to the Executive Council of the IAMM. The IAMM fraternity welcomes them wholeheartedly.

<p>Dr Rakesh Singh LM: 1565</p> 	<p>Education: MBBS (1999) from MAMC, New Delhi, MD Microbiology (2005) from LHMC, New Delhi Experience: 14 years Current Affiliation: Professor and Head, Department of Microbiology, Director IATP EQAS Program, JIPMER, Puducherry Honors & Distinctions:</p> <ul style="list-style-type: none"> • “Certificate of Excellence” award for achieving 5 star quality standard in HIV testing of the ICTC, JIPMER, Puducherry 2021 • Nawopia Dr. Pankajlakshmi V. Venugopal Prize for the best paper in Mycology 2019 in 43rd National Conference of Indian association of Medical Microbiologist (IAMM) • Team leader of central public health team to Chennai to support in implementation of cluster containment plan, surveillance and hospital for COVID-19 • Travel grant by International Society for Human and Animal Mycology (ISHAM/ECMM) in January 2017 to attend ISHAM/ECMM Aspergillus Resistance Surveillance meeting at Nijmegen, Netherlands <p>Publications: 33, Guest lectures: 14 (last 5 years)</p>
<p>Dr. Syed Tanwir Alam LM-1944</p> 	<p>Education: MBBS (2000), MD Microbiology (2007) from Gauhati medical College, Assam Experience: 13 years. Current Affiliation: Joint Director of Medical Education, Assam and Associate Professor, Department of Microbiology, Gauhati medical College, Assam Publications: 13</p>

<p>Dr Anupama Jyoti Kindo LM-1057</p> 	<p>Education : MBBS (1992) JIPMER Puducherry and MD Microbiology (1997) AIIMS NEW DELHI Experience : 26 years Current Affiliation: Professor and Head, Department of Microbiology SRMC & RI, Sri Ramachandra University, Porur, Chennai Publications: 86, Guest lectures : 33 Honors & Distinctions :</p> <ul style="list-style-type: none"> • V. Pankaja Lakshmi Venugopal Nawopia 2005 award for best paper presentation in Fungal infections at 31st National Congress of Indian Association of Medical Microbiologists Mangalore, • Dr. Lalitha Kameswaran best publication gold Medal - Faculty of Medicine for publishing an article titled improvement in the outcome of invasive fusariosis in the last decade. Clinical Microbiology and Infection (Impact factor 5.197 in 2015). • Organized Annual workshops in Mycology for the last 15 years.
<p>Dr Yogesh Kumar Gupta LM-2390</p> 	<p>Education : MBBS from SMS Medical College, Jaipur and MD (Microbiology) from SP Medical College, Bikaner, IDCC from PD Hinduja Hospital, Mumbai, Certificate course in Infection control: from Medvarsity & Apollo Hospital, Hyderabad Experience: 16 years Current Affiliation : Lab Head & Senior consultant (Microbiology) and Head – Infection control, Rukmani Birla Hospital, Jaipur, Principal Assessor – NABH (Pre-Accreditation Entry Level Hospitals & SHCO Standards), Technical Assessor (Microbiology) NABL, Internal auditor for Laboratory quality management system as per ISO 15189:2012, Green OT & Green ICU Assessor for bureau Veritas Publications: 7, Guest Lectures/Faculty : 12 Honors & Distinctions : Organized 1st Rajasthan State Chapter conference in 2022</p>
<p>Dr Sarita Mohapatra LM-1958</p> 	<p>Education: MBBS (2000) from VSS Medical College, Sambalpur, Odisha, MD Microbiology (2008) from MCKG Medical College, Berhampur, Odisha Experience: 15 years Current affiliation: Additional Professor AIIMS, New Delhi Publications: 75 Honors & Distinctions:</p> <ul style="list-style-type: none"> • Microbiology Society Infection Science award 2020 • Bill & Melinda Gates Foundation Award for young investigators (India & South East Asia) • Mrs Dwarka Prasad Travel Grant (AIIMS) • Best poster awards (MICRODCON-2021, Innovative Physician Forum-2021, Neuroanesthesia and neurocritical care update) • Editorial Board of J Global Infect Dis, International J Microb Res, Inter J Med Microbiol & Trop Sci, Eastern Journal of Med Sci.
<p>Dr Sunil P Lilani LM-1342</p> 	<p>Education: MBBS (1994) from BM Patil Medical College, Vijayapura, Karnataka MD Microbiology (2003) from Grant Govt Medical College, Mumbai Experience: 20 years Current affiliation: Associate Professor, Shri Bhausaheb Hire Govt Medical College, Dhule Publications: 12</p>



CALL FOR NOMINATIONS OF IAMM AWARDS & PRIZES 2023

(Last date of receipt of all nominations July 31, 2023)

Dr SC Agarwal Oration 2024: This award is supported from the interest incurred from a fund donated by Dr SC Agarwal, to be given to a senior member of the association for his /her outstanding contribution to the field of Medical Microbiology. Nominations for the award, duly proposed seconded with consent of the nominee along with the consent of the nominee as a soft copy of his/her biodata should reach the IAMM Secretary's office on or before 31st July 2023. The award carries a citation and a gold medal. The awardee is to deliver an oration at the National IAMM Conference held

in 2024. Nominations must come as a soft copy to be sent to Secretary IAMM by the last date.

2. Dr. H. I. Jhala Memorial award 2024: This award is given to a senior member of the association above the age of 50 years, who has made significant contribution to the development of Medical microbiology in India. This award is supported from the interest from the fixed deposit donated by the organizers of the IAMM congress held at Sholapur in 1983. Nominations for the award, duly proposed and seconded with the consent of the nominee along with consent of the nominee as a soft copy of his/her biodata should reach the IAMM Secretary's office on or before 31st July 2023. The award carries a citation and a gold medal. The award will be conferred at the National IAMM Conference held in 2024. Nominations must come as a soft copy to be sent to Secretary IAMM by the last date.

3. IAMM Endowment lecture award 2024: This award is supported by the annual interest obtained from the fixed deposit, donated by the organizers of the IAMM congress held at Hyderabad in 1985. This award is given to an eminent Medical Microbiologist, over the age of 50 years from India and abroad for their outstanding work in the field of Medical Microbiology, Bacteriology, Virology, Mycology, Parasitology/Immunology/ Epidemiology and Microbiological techniques. Nominations for the award, duly proposed and seconded with the consent of the nominee along with consent of the nominee as a soft copy of his/her biodata, including a write up on the contribution of the nominee to Medical Microbiology should reach the IAMM Secretary's office on or before 31st July 2023. The award carries a citation and a gold medal. The awardee is to deliver an oration at the National IAMM Conference held in 2024. Nominations must come as a soft copy to be sent to Secretary IAMM by the last date.

4. Dr KB Sharma Memorial Junior Best paper award 2023: Nominations are invited for the Best paper award competition to be held at National Conference of the IAMM at Lucknow in November 2023. This award is supported by the annual interest obtained from the fixed deposit, donated by the Dr. Urmil Sharma W/o Dr. K.B. Sharma. The contestant should be a member of IAMM, less than 35 years of age as on Aug 31, 2023 (certificate showing the proof of age should be attached) and be

the principle author of the paper. The same paper should not have received any other award or be published in any other award or be published in any journal and should be so certified, as a signed declaration by the contestant. The above mentioned declarations as a soft copy of the full paper complete with tables, figures, etc. (prepared according to the format of the IJMM) should reach the IAMM Secretary's office on or before 31st July 2023. The award carries a citation and a gold medal. The selected candidate will receive the citation and a gold medal at the valedictory function of the IAMM Conference Bhubaneswar in November 2023. Nominations must come as a soft copy to be sent to Secretary IAMM by the last date.

5. Prof AN Chakrabarthi memorial Prize for the best published paper in Mycobacteriology 2023 :

Any member, who has published a paper in the field of Mycobacteriology during the preceding year i.e. 2022, in any National/ International journal will be eligible to submit paper for the award. The paper should not have received any other award and a declaration to that effect should be submitted while applying for the award. The above mentioned declarations and soft copies of the full paper should reach the IAMM Secretary's office on or before 31st July 2023. The award carries a citation and a gold medal. The awardee will receive the award at the valedictory function of the IAMM Conference at Lucknow in November 2023.

6. Prizes for the best papers during the IAMM Conference 2023 (total seven categories listed below):

The following six prizes are given during the National Conference of the IAMM in Various categories:

1. NAWOPIA Dr. Pankajlaxmi V Venugopal Prize for the Best paper in Mycology.
2. Dr. SR Sengupta- Dr. AM Saoji memorial prize for the best paper in Immunology.
3. Dr. SS Kelkar Memorial prize for the best poster (any subject in Medical Microbiology).
4. IAMM silver Jubilee Prize for Best Paper in Parasitology.
5. Mumbai-Belgaum Prize for the best poster in Medical Mycobacteriology.
6. Belgaum-Mumbai Prize for the best paper in Bacteriology
7. I. D. Aggarwal-Broor Prize for the Best paper in Virology

Nominations are invited for the above said prizes. Any IAMM member is eligible to contest for these awards. Abstracts for the award papers from interested members must be submitted to the IAMM Secretary's office in a soft copy and also to the Organising Secretary. These will be subjected to peer review and only selected abstracts will be allowed to be presented as a paper at the respective oral/ poster sessions. The best paper amongst those will be adjudged the best paper by the panel of judges.



The authors of an abstract must express their interest in a particular category while submitting the abstract. All the awards will be presented at the valedictory function of the IAMM Conference MICROCON 2023 to be held at Lucknow in November 2023. The Top Ten papers received for MICROCON 2023 will also be included for the Awards in the above mentioned subjects.

7. IAMM Mérieux Award 2023: Antimicrobial resistance (AMR) is a major public health issue worldwide. In order to provide an incentive for promising young investigators working in the field of AMR, Institut Mérieux has decided to institute a special Mérieux Award in partnership with IAMM in announcing, selecting and giving the Award at IAMM annual conference. The value of the award is approximately Euro 10,000, paid in equivalent Indian Rupees. Selection criteria for the Mérieux Award is: Investigators identified through IAMM and Serving in a hospital or in a relevant research institution on a full time basis as infectious diseases clinician, clinical or molecular microbiologist or epidemiologist, with less than

10 years of either clinical practice experience or < 10 year of working experience in microbiology after their M.D / Ph.D. and who are involved and have made significant contribution in AMR research and/or patient management with a national impact. The applications received for the said award will be assessed by the jury and 2 or 3 suitable applications will be forwarded to the scientific board of the Institut Merieux with their recommendations for the selection of the laureate. Institut Merieux will notify the association the name of the laureate, then the association will organize an award ceremony during its annual congress. In order to receive the award money, the institution (university, hospital...) hosting the laureate should engage an agreement with Institut Merieux. The award money will be transferred only to the hosting institution of the laureate, and the institution will hold responsibility for proper utilization of the fund for research by the laureate. All interested applications should reach the IAMM Secretary's Office in hard and soft copies both on or before 31st July 2023.

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