A new analysis of 27 randomised trials involving nearly 11,000 patients found treating hospitalised COVID-19 patients with drugs that block the effects of interleukin-6 (the interleukin-6 antagonists tocilizumab and sarilumab) reduces the risk of death and the need for mechanical ventilation. The study, coordinated by the World Health Organization in partnership with King’s College London, University of Bristol, University College London and Guy’s and St Thomas’ NHS Foundation Trust, found interleukin-6 antagonists were most effective when administered with corticosteroids. In hospitalised patients, administering one of these drugs in addition to corticosteroids reduces the risk of death by 17%, compared to the use of corticosteroids alone. In patients not on mechanical ventilation, the risk of mechanical ventilation or death is reduced by 21%, compared to the use of corticosteroids alone. The findings have prompted new WHO recommendations to use interleukin-6 antagonists in patients with severe or critical COVID-19 along with corticosteroids.


See the new WHO recommendations.
EVENTS

**Vaccination in Children: Evidence, Ethics, and Equity**
9 September 2021, 16.00 - 17.00, online

**Avon and Somerset Police Seminar**
15 September 2021, 13.00 - 14.00, contact organiser for details

**Medical Physics and Engineering Conference 2021: Breaking Through Barriers**
21 - 23 September 2021, online

**Writing for a lay audience**
21 September 2021, 10.00 - 12.00, Zoe Trinder-Widdess (Communications Manager at NIHR ARC West), online

**Infection & Immunity Research Network Annual Symposium: Emerging Zoonoses**
17 November 2021, 13.30 - 17.45
Keynotes: Dr Kathryn Allan (University of Glasgow), Prof Eric Fevre (University of Liverpool), Prof Leah Cowan (University of Toronto)
It is estimated that one billion cases of illness and millions of death occur every year from zoonoses, and that 60% of emerging infectious diseases hat are reported globally are zoonoses.
Join the Bristol Infection and Immunity Research Network for this half-day event, which will explore this topic, on a local and global scale, in more detail.
Registration is FREE, all are welcome: [https://red.onlinesurveys.ac.uk/iandi-zoonoses](https://red.onlinesurveys.ac.uk/iandi-zoonoses)

**Connecting Bristol’s expertise in impacts of changing climates on plant vector-borne diseases**
22 September 2021, 10.00 - 12.00, online

**Bristol Health Partners AHSC virtual conference**
12 October 2021, 13.00 - 15.00, online

**#Idea2Pitch Event**
13 October 2021, 13.30 - 17.00, Rick Chapman, Entrepreneur-in-Residence at SETsquared, Boardroom, SETsquared Centre, Engine Shed, Bristol

**Documenting trial methods - the HEAP**
14 October 2021, 12.00 - 13.00, Joanna Thorn (University of Bristol), online

**Cytokines 2021 - 9th Annual Meeting of the International Cytokine and Interferon Society**
17 - 20 October 2021, 13.30 - 14.15, hybrid (online and in person)

**Cabot Institute Annual Lecture: COP26 - are you paying attention?**
20 October 2021, 18.00 - 19.30, Mya-Rose Craig, Leo Hickman and Alyssa Gilbert, online

VIEW THE FULL LIST OF I&I EVENTS ON OUR WEBSITE
Aspirin can reduce risk of heart attack in pneumonia patients

Serious cardiovascular complications are common in cases of pneumonia and are strongly associated with long-term mortality. A study by Dr Fergus Hamilton (Bristol Medical School) and colleagues looked at whether aspirin could reduce the risk of ischemic stroke (stroke caused by blockage of blood vessels, representing some 80% of strokes) and heart attack, and if the drug could have a preventative role to play in primary care settings. The team found that the risk of the primary outcome (stroke and MI) was 36% lower in aspirin users compared to non-users. The drug was also associated with a reduced risk of both secondary outcomes with ischemic stroke and MI rates being 30% and 54% lower, respectively, in aspirin users.

This study provides supporting evidence that aspirin use is associated with reduced ischaemic events after pneumonia in a primary care setting. This drug may have a future clinical role in preventing this important complication.


Presented at the European Congress of Clinical Microbiology & Infectious Diseases held online 9-12 July 2021.

BioMed2 Doctoral Training Partnership

The GW4 Alliance, comprising Bath, Bristol, Cardiff and Exeter Universities, has been awarded a share of £79 million funding from the Medical Research Council (MRC) to support 64 studentships over the next three years.

The GW4 BioMed2 MRC Doctoral Training Partnership is one of 17 successful Doctoral Training Partnerships (DTPs) to receive the awards across 34 UK research organisations through the MRC’s DTP competition which focuses on scientific excellence, positive research culture and wider training opportunities.

Led by Cardiff University, the Partnership will train postgraduate research students in three main areas: neuroscience and mental health; infection, immunity, antimicrobial resistance and repair; and population health sciences. The programme will focus on three cross cutting strands: data science, interdisciplinary skills and translation and innovation and includes opportunities for students to broaden horizons through industry placements, research visits, public engagement internships and a bespoke online core skills training element.

Read the full press release
The clinical definition of long COVID in children is at present very limited and poorly understood. Symptoms typically associated with long COVID were having a significant physical and psychological impact on children’s day-to-day lives. Long COVID is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. This is the first step in a COVID-19 testing in schools study to obtain opinions and experiences of long COVID from different groups of people.

Prof David Sheppard (School of Physiology, Pharmacology and Neuroscience, pictured) was awarded the Physiological Society’s GL Brown Prize Lecture in recognition of his outstanding contribution to physiology for his studies of the root cause of the genetic disease cystic fibrosis. The GL Brown Prize Lecture series is aimed at an early career audience to stimulate an interest in physiology. Departments around the UK can invite the GL Brown Lecturer to their institutions to showcase their research.

Confirmed lectures for this year (2021) include:
- 21 October: University of Cambridge
- 27 October: University of Aberdeen
- 17 November: London Metropolitan University
- 25 November: University of Edinburgh
- 7 December: University of Bristol

Long COVID in children

Enhancing the utilisation of COVID-19 testing in schools is an ongoing study that will bring together the Bristol-based COVID-19 Mapping and Mitigation in Schools (CoM-MinS) study, Electronic Patient Records, and the COVID-19 Schools Infection Survey (SIS) to address additional questions not initially included in the individual studies. One of these questions is the extent and features of long COVID in children. Doctors said that long COVID in children is not well defined, and it may be difficult to distinguish between it and other conditions; they need to understand whether long COVID is a new condition, or a group of conditions like post-viral fatigue, which is already recognised and can arise after common infections such as flu. It is not known how many children have or will develop long COVID. To date, studies that have attempted to measure this suggest it is rare, however, a lack of clinical understanding of long COVID including no agreed clinical definition has made this difficult.

Pregnant women said taking their routine vaccines like whooping cough and flu was even more important during the COVID-19 pandemic but they have doubts about the safety of taking new COVID-19 vaccines during their pregnancy.

The findings from the study (*Pregnant in a Pandemic*), which looked at the impact of the pandemic on attitudes towards vaccines and how pregnant women felt about taking a new COVID-19 vaccine, were presented to the *British Psychological Society's Division of Health Psychology* conference held on 30 June 2021 by BPS chartered member, Dr Emma Anderson (Bristol Medical School).

Interviews with 31 pregnant women in Bristol showed that they saw routine maternal vaccines as important but they were concerned about attending surgeries/health centres due to the risk of COVID-19. They were wary of new COVID-19 vaccines and thought the risks of vaccination were greater than catching the virus, especially because of a lack of evidence of vaccine safety for pregnant women.

Converting the COVID-19 vaccine doubters

Informing people about how well the new COVID-19 vaccines work could boost uptake among doubters substantially. The study shows the importance of raising awareness of vaccine efficacy, especially if it compares very favourably to another well-established vaccine. The research focused on adults who were unsure about being vaccinated against COVID-19. Those who were given information about the vaccine’s efficacy scored 20% higher on a measure of willingness to be vaccinated, compared to those who received no information. This improved receptivity increased by as much as double among survey respondents who were also given information about how COVID-19 vaccines perform in comparison to the annual flu vaccine.

The latest figures show vaccine uptake is slowing among younger groups, especially the 18-24-year-olds.


PrEP awareness in HIV-exposed communities

A study of cisgender men and trans people who have sex with men has found that many of them know about PrEP, and commonly use it alongside other precautions to reduce the risk of getting HIV.

PrEP is a medication which reduces the risk of getting HIV. Until recently it was only available to people in the Impact trial or bought privately online but it has recently become freely available on the NHS to those who need it. PrEP is highly effective at preventing HIV and is likely to have played a part in the dramatic decline in new HIV diagnoses in the UK among men who have sex with men. However, the rise in the use of PrEP may lead people to have more sex without a condom.

This could cause an increase in other sexually transmitted infections (STIs), which can cause complications and increase antibiotic resistance.

Of the 617 study participants, 3% had taken PrEP before. Among all those who didn’t have HIV or were unsure if they had it, 62% were more likely to have unprotected anal sex with someone who they thought was HIV-negative if they themselves were using PrEP at the time. Those interviewed were aware of PrEP and keen to use it. It was seen as ‘life-changing’, reducing their fear of acquiring HIV and anxiety about being tested for HIV, but the cost and it being hard to get stopped people using it more.

Lorenc A et al. (2021). Human immunodeficiency virus preexposure prophylaxis knowledge.... Sexually Transmitted Diseases. Read the full NIHR ARC article.
The female tsetse fly, which gives birth to adult-sized live young, produce weaker offspring as they get older, and when they feed on poor quality blood. The study, carried out by researchers at the Universities of Bristol, Oxford and the Liverpool School of Tropical Medicine, was designed to measure how tsetse offspring health is influenced by their mothers’ age, and how factors such as the mother’s nutrition and mating experience might come into play.

Scientists found that female tsetse that experience nutritional stress have lower fertility and produce smaller offspring that are less likely to survive starvation. However, the rate at which the female fly ages is not affected by the quality of her diet or how long she waited to mate. Thus, neither nutrition during pregnancy nor mating costs drive variation in reproductive ageing in this species.

Now researchers will look at new ways to test evolutionary predictions about ageing, using a new model system and innovative method of tracking reproduction of individual flies. Understanding these patterns in tsetse, which spread deadly parasites to humans and animals, will help design better population dynamic and disease transmission models.


Image © Daniel Hargrave
Aerosol generated by playing wind instruments is less than that produced when vocalising and is no different than a person breathing. The findings contributed to the roadmap for lifting COVID-19 restrictions in the performing arts, which have been significantly restricted since the start of the pandemic.

The PERFORM project (ParticulatE Respiratory Matter to InForm Guidance for the Safe Distancing of Performers in a COVID-19 Pandemic), looked at the amount of aerosols and droplets generated when playing woodwind and brass instruments. The team found aerosol (<20 μm diameter) generated while playing woodwind and brass instruments is similar to that produced by breathing, based on measurements of several musicians playing the flute and piccolo as well measurements across a range of instruments. Large droplets (>20 μm diameter) were not observed during instrument playing but were observed during singing and coughing. Together the findings indicate that playing woodwind and brass instruments generates less aerosol than vocalising at high volume levels.


Image: Classical musician and award-winning professional trumpeter Alison Balsom taking part in the PERFORM-2 study. Alison is pictured in an operating theatre (a zero aerosol environment) playing the trumpet into a funnel that allows the researchers to measure the aerosols generated from playing the instrument.
The study, led by academics at the Universities of Bristol, Oxford and Copenhagen, analysed epidemiological data on the effect of mask-wearing by surveying a population of over 20 million mask-wearers and obtaining estimates from 92 regions across six continents.

Using hierarchical Bayesian modelling, researchers estimated the effect of both mask-wearing and mask mandates on transmission by linking wearing levels (or mandates) to reported cases in each region, adjusting for mobility and non-pharmaceutical interventions.

The study found mask-wearing reduces COVID-19 transmission by around 25% if everyone wears them. Previous work has looked for $R$ to decrease at the time of a government mask mandate, but the research found actual mask-wearing rises in anticipation, before the mandate, and then after the mandate compliance increases slowly as people get used to mask-wearing. The research suggests that transmission is strongly predicted by mask-wearing, but not by mask mandates.

A review of evidence by researchers at the Universities of Bristol and Edinburgh has suggested a possible new means by which chlamydia could lead to an increased risk of cancer, ectopic pregnancy, and pelvic inflammatory disease.

The review looked at evidence from lab-based studies, animal models and clinical studies on the role of chlamydia in diseases of the reproductive tract. Analysis of the studies’ findings suggests that chlamydia induces a particular type of change in reproductive tract cells known as ‘epithelial to mesenchymal transition’ (EMT), which can lead to inflammation and cell growth. Their hypothesis is that this chlamydia-triggered cell change contributes to the development of further disease.

The team, think that the association of chlamydia with ovarian and cervical cancer could be explained by the persistence of EMT changes in combination with DNA damage caused by chlamydia following chlamydia infection. EMT cells impair the integrity of the lining of the infected reproductive tract cell, making it more susceptible to invasion by other bacteria. This increases the risk of pelvic inflammatory disease from those invading bacteria. Furthermore, epithelial (barrier) cells in the fallopian tube that have previously been infected with chlamydia have more receptors on their surface, which are associated with an increased risk of ectopic pregnancy. There is evidence that these cell surface receptor changes could be caused by EMT.


Can chlamydia increase cancer risk?
Interpreting lateral flow tests

New guidance for GPs and other health professionals on how to interpret and communicate results from Lateral Flow Device (LFDs) tests based on the current understanding of the tests’ performance has been published. Researchers from the Universities of Bristol, Cambridge, and Trinity College Dublin have devised a calculator which aims to help doctors, who are increasingly asked by patients what they should do after receiving their results, to better advise patients on what their LFD test result means.

Previous research into LFDs shows a range of estimates for sensitivity and specificity in different contexts of use. In the “BMJ practice pointer”, researchers explain that test characteristics (sensitivity and specificity) alone are of limited value in interpreting the test result. Knowing the pre-test probability, or the underlying likelihood of an individual having COVID-19 (e.g. contact with a known case or link to an outbreak), is vital for interpreting the test result. When the disease incidence is low, a positive result should be validated by a polymerase chain reaction (PCR) test. However, if a clinician’s opinion is that COVID-19 is likely, then a positive test is likely to be reliable. If the clinician suspects COVID-19, a PCR test is recommended, even if the patient has received a negative result from a recent LFD test.


Low risk of severe COVID-19 illness in children

The risk of severe illness and death from SARS-CoV-2 is extremely low in children and teenagers according to the most comprehensive analyses of public health data, led by researchers at UCL, University of Bristol, University of York and the University of Liverpool. However, catching Covid-19 increases the likelihood of serious illness in the most vulnerable young people, those with pre-existing medical conditions and severe disabilities.

Preliminary findings will be submitted to the UK’s Joint Committee on Vaccination and Immunisation, the Department for Health and Social Care and the World Health Organisation to inform vaccine and shielding policy for the under-18s.

One study found that 251 young people aged under 18 in England were admitted to intensive care with COVID-19 during the first year of the pandemic; this equates to having a one in 47,903 chance of being infected and subsequently being admitted to intensive care. Looking separately at PIMS-TS, a rare inflammatory syndrome in children caused by COVID-19, the researchers found that 309 young people were admitted to intensive care with this condition – equating to an absolute risk of one in 38,911.

Ward et al. (preprint). Risk factors... medRxiv.

Smith et al. (preprint). Deaths in children.... Research Square.

Harwood et al. (preprint).

Which children and young people.... medRxiv.
A new protocol for prone positioning - a technique commonly used to treat COVID-19 patients in respiratory distress by turning them on to their front to increase oxygen flow to the lungs - has been proposed by a team from the University of Bristol in collaboration with clinicians at the Royal United Hospital in Bath. They conducted a literature review of the manoeuvre to develop a standard protocol for the adjuvant treatment that can be used for COVID-19 patients at high risk of dying being treated in normal hospital wards. The data showed that as well as being cost effective, when patients are positioned prone their oxygenation improves dramatically.


Image: Diagram illustrating a new protocol for the prone positioning technique

New protocol for prone positioning

During the pandemic the number of patients waiting for routine surgery in the UK has almost doubled with more than 5.3 million people awaiting surgery, including more than 300,000 waiting more than a year.

A contributory factor is that COVID-19 precautions have led to many operating theatres working at 75-50 per cent of normal working efficiency. Staff working in operating theatres have been required to take special precautions at the start and end of operations to allow viral particles to disperse from the operating theatre. This is based on the belief that anaesthetic procedures are ‘high risk aerosol generating procedures’ (AGPs) that produce a mist of small airborne particles that increase risk of infection to staff and other patients. These AGPs require the use of high grade personal protective equipment and delays of up to 20 minutes both at the beginning and end of each operation.

New research has shown that routine anaesthetic procedures do not generate these aerosols and so should not be designated as AGPs. The team studied insertion and removal of anaesthetic airway tubes and found that the quantity of aerosol produced by inserting the device was no more than during quiet breathing and less than one twentieth of the amount of aerosol produced by a single cough.

The research is part of a wider AERATOR study funded by the NIHR.

Blood and blood products are increasingly available for practitioners to use in the management of haematological conditions, and can be lifesaving and therapeutically useful for patients with anaemia and/or coagulopathies. It is important for feline healthcare that donors are selected appropriately, and transfusions of blood or blood products are given to recipients that will benefit from them. Complications can occur, but can be largely avoided with careful donor management and recipient selection, understanding of blood type compatibility, and transfusion monitoring.

Feline blood transfusion can also be detrimental without precautions. Cats have naturally occurring alloantibodies to red cell antigens and severe reactions can occur with type-mismatched transfusions. Blood transfusions can also transmit infectious agents to the recipient, so donor testing is essential. Finally, donors must be in good health, and sedated as appropriate, with blood collected in a safe and sterile fashion to optimise the benefit to recipients.

The guidelines are aimed at general practitioners to provide a practical guide to blood typing, cross-matching, and blood collection and administration.

EBI Clinical Primer scheme
This scheme is aimed at clinically qualified medical, veterinary and dental trainees who are at an early stage of their career.

Closing date: 13 September 2021

EBI Support for researchers applying for Wellcome Trust Investigator Awards
This scheme is designed to support a small number of permanent academic staff at UoB within the first five years of their appointment, who are planning to apply for an Investigator Award from the Wellcome Trust. Applications will be accepted on a rolling basis.
Heads of School are asked to nominate members of staff who can be eligible for this scheme by emailing ebi-health@bristol.ac.uk. Applications accepted on a rolling basis.

EBI Seed Fund: Public Engagement with Health Research
Seed funding is available for health researchers who would like to deliver public engagement events and activities. This scheme is currently closed to submissions for any projects focusing on face to face engagement.

If you would like to apply for funding to support an engagement activity which adheres to social distancing guidance relating to coronavirus, please get in touch to discuss this in more detail. Applications accepted on a rolling basis.

EBI Workshop Support
Support interdisciplinary workshops in health research at new or emerging interface between two or more disciplines. Applications reviewed all year.

Returning Carers Scheme
To support academic staff across all faculties in re-establishing their independent research careers on return from extended leave (16 weeks or more) for reasons connected to caring (e.g. maternity leave, adoption leave, additional paternity leave, leave to care for a dependant). Applications reviewed all year.
Research Professional provides access to an extensive database of funding opportunities. UoB staff and students have FREE online access to the database from any device – once you’ve registered then you can view upcoming funding opportunities from any device. You can search for funding information by discipline, sponsor, database searches, by recent calls or by upcoming deadlines. If you register for the site and log in, you’ll be able to:

· Set up automated funding opportunity email alerts - tailored according to your discipline and research interests
· Save searches and bookmarks - store items of interest for future reference, download and email to colleagues
· Sign up for higher education news bulletins

For further information on Research Professional, go to the RED website.

National Institute of Allergy and Infectious Diseases, US
Advancing research needed to develop a universal influenza vaccine (R01 clinical trial not allowed)

Closing date: 5 October 2021 Award amount: unspecified

This supports research that will advance the development a universal influenza vaccine providing durable protection against multiple influenza strains. This includes efforts to: improve understanding of transmission, natural history and pathogenesis of influenza virus infection; characterise influenza immunity and correlates of immune protection; support rational design of universal influenza vaccines.

Versus Arthritis
Targeting shared mechanisms in immune mediated inflammatory diseases

Closing date: 13 October 2021 Award amount: £100,000

This supports innovative projects that address shared mechanisms of autoimmunity with the goal of developing new treatments for people affected by autoimmune conditions. Projects should involve translational research by multi-disciplinary teams. Areas of particular interest include: revisiting interferon response and autophagy to define disease drivers of these pathways for new interventions; leveraging single cell and epigenetic analyses to determine new therapeutic concepts; looking beyond professional immune cells to the tissues to break the efficacy ceiling; immune-neuronal bidirectional signalling in health and disease and new opportunities for intervention; harnessing new understanding of the interplay between the gut microbiome, gut immune system and enteric nervous system.
Royal Society
APEX awards

Closing date: 13 October 2021  Award amount: £110,000

These enable established, independent researchers with a strong track record in their respective area to pursue genuine interdisciplinary and curiosity-driven research to benefit wider society. The objectives of this scheme are to: promote collaboration across disciplines, with a particular emphasis on the boundary between science and engineering and the social sciences and humanities; support interdisciplinary research that is unlikely to be supported through conventional funding programmes; support researchers in developing their research in a new direction through collaboration with partners from other disciplines; enable researchers to focus on advancing their innovative research through seed funding.

European Society for Paediatric Infectious Diseases
Fellowships awards

Closing date: 13 October 2021  Award amount: €100,000

These support basic or clinical research that utilises advanced techniques and methods to improve the health of children through the prevention or management of infectious diseases. Fellowships can take place outside or within the applicant’s institution and country.

Horizon Europe: Global Challenges and European Industrial Competitiveness
HORIZON-HLTH-2022-DISEASE-06-two-stage — tackling diseases

Closing date: 11 February 2022  Award amount: €8 million

This supports projects that set out a credible pathway to contributing tackling diseases and reducing disease burden. Funding is available under the following topics: HORIZON-HLTH-2022-DISEASE-06-02-two-stage - pre-clinical development of the next generation immunotherapies for diseases or disorders with unmet medical need; HORIZON-HLTH-2022-DISEASE-06-03-two-stage - vaccines 2.0, developing the next generation of vaccines; HORIZON-HLTH-2022-DISEASE-06-04-two-stage - development of new effective therapies for rare diseases.

Healthcare Infection Society
Small research grants

Closing date: 1 March 2022  Award amount: £10,000

These support small-scale research projects within the scope of infection prevention and control and nosocomial infections, or possibly the costs associated with the visit of an overseas research fellow.
An estimated 200,000 people in the UK have been infected with the Hepatitis C Virus (HCV), which is an important cause of liver disease, cancer and death. Most HCV infections in the UK are in people who inject drugs. New Direct Acting Antiviral (DAA) HCV therapies now combine high cure rates (>90%) with short treatment duration (8-12 weeks).

EPIToPe aims to generate empirical evidence on the effectiveness of HCV “Treatment as Prevention” in People who Inject Drugs (PWID). Despite effective prevention interventions, chronic HCV prevalence is still 40% among PWID. Evidence from mathematical modelling suggests that HCV treatment is essential to achieving substantial reductions in HCV prevalence and incidence among PWID. EPIToPe aims to test whether scaling up HCV DAA treatment will reduce chronic HCV prevalence and transmission among PWID.

The team recently revealed a new method of delivering hepatitis C testing and treatment to people who inject drugs which will help bring the world a step closer to eliminating the virus. Their blueprint on how best to get Hep C treatment to those who need it most was published on 11 August 2021, following a successful three-year trial in NHS Tayside. The breakthrough will help guide efforts in Scotland to eliminate Hep C by 2024.

Key recommendations include introducing a nurse-led community service for hepatitis C testing and treatment, recruiting peer workers who know the local drug culture and creating close ties between existing community services for people who inject drugs.

Researchers say the ideal model would be to house all these services in one building but where this is not possible the links between these services need to be strengthened including data sharing systems, role sharing and post-treatment care and support. A key part of that support is ongoing testing and treatment to prevent re-infection. It is hoped the guide will be rolled out across the UK and around the world.

The World Health Organization (WHO) has set an elimination target to reduce hepatitis C transmission by 80 per cent and deaths by 65 per cent by 2030, and researchers believe this new method of getting treatment to those who inject drugs in communities will have a major impact on cutting incidence and death rates.

Read the full blueprint
The Infection and Immunity Network is run by a Steering Group:

Co-Chair: Philip Bright  
Clinical Immunologist

Co-Chair (interim): Angela Nobbs  
Senior Lecturer in Oral Microbiology

- Borko Amulic - Lecturer in Immunology
- Matthew Avison - Co-Director, Bristol AMR
- Andrew Davidson - Professor of Systems Virology
- Stephanie Diezmann - Senior Lecturer in Fungal Pathogens
- Hannah Fraser - Research Fellow in Infectious Disease Mathematical Modelling
- Clare French - Research Fellow in Research Synthesis
- Wendy Gibson - Professor of Protozoology
- Kathleen Gillespie - Reader in Molecular Medicine, Head of the Diabetes and Metabolism Research Group
- Anu Goenka - Clinical Lecturer in Paediatric Infectious Diseases and Immunology
- Melanie Hezzell - Senior Lecturer in Cardiology
- Jamie Mann - Lecturer in Vaccinology & Immunotherapy
- Adrian Mulholland - Professor of Chemistry
- Laura Peachey - Lecturer in Veterinary Parasitology
- Annela Seddon - Director of the Bristol Centre for Functional Nanomaterials
- Sandra Spencer - Research Development Manager for the Faculty of Life Sciences
- Peter Vickerman - Professor of Infectious Disease Modelling
- Linda Woolridge - Chair in Translational Immunology
- Catherine Brown - Network Administrator and Newsletter editor

The content of this newsletter is not the intellectual property of the Network, but rather an amalgamation of information obtained through a variety of sources including our community members; research groups such as Bristol AMR and Infection, Inflammation and Immunotherapy; and University of Bristol school bulletins and press releases. Affiliations are stated wherever possible, however please note that omissions do happen and we apologise in advance for any you may come across. All information is merely for educational and informational purposes. We cannot offer medical advice and any queries regarding treatment for a specific medical condition or participation in a clinical trial should be addressed to your healthcare provider. While the information herein has been verified to the best of our abilities, we cannot guarantee that there are no mistakes or errors.

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