



Botond Lakatos

Dr. Lakatos is an infectious diseases specialist and research fellow at Saint Laszlo Teaching Hospital of Semmelweis University, Budapest, Hungary. His SSI/ISID Research Fellowship in University Hospital Basel focused on HIV drug-drug interactions and epidemiology of bloodstream infections.

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Introduction

I have had the privilege to spend a fruitful year in the University Hospital Basel (UHBS), Department of Infectious Diseases (ID) and Hospital Epidemiology (HE) from February 2013 to January 2014.

I was delighted to receive the good news from ISID having been selected for the Fellowship and the Hosting Institute would be the UHBS with a well-known outstanding ID Service.

The strategical role of infectious diseases and hospital epidemiology in the UHBS has been pretty soon recognized also by the hospital management and the division of ID was founded in 1991. During this period a continuous improvement has been observed becoming in 2013 one of the most well-organized and state-of-the-art ID Service of Switzerland and probably of Europe. UHBS is a 815-bed tertiary care university hospital in a large urban area of north-west Switzerland of approximately half a million inhabitants. The excellent Department of ID provides a continuous background service in 365 days of the year with more than 3500 consultations (in 2013). At the same time serves as a research centre strictly collaborating within and across units: Infection Biology Laboratory (UHBS), HIV research team and outpatient department, team of Hospital Epidemiology and Division of Clinical Microbiology.

Report - I summarize below in three points the benefits of my Fellowship Program.

1. Sequence of activities

The first three month of my stay was the time of getting familiar with workplace, team, system, language. I spent this time in the HIV Team under the skillful and efficient supervision of Prof. Dr. Manuel Battegay and Dr. med. Marcel Stöckle participating in patient visits, patient management discussions, HIV Telephone and Video Conferences. One of my main engagements was to prepare and report – with the help of Dr. pharm. Catia Marzolini – a case for clinicians warning them on a new factor X inhibitor anticoagulant and antiretroviral drug-drug interaction not published before. Our manuscript has been published in a prestigious peer-reviewed journal of Switzerland. As a continuation of the clinical research I switched to the field of general infectious diseases and started to investigate with Dr. med. Barbara Jakopp the treatment strategies and outcome for *Stenotrophomonas maltophilia* bloodstream infections. In this paper, which has recently been accepted for publication, we reported low mortality rate among patients treated with trimethoprim-sulfamethoxazole or fluoroquinolone in mono- or combination therapy and with prompt removal of central line catheters. I have to conclude that this project was a remarkable opportunity to improve my skills in the publication process with the support of Prof. Battegay. In the meantime I participated in the patient discussions of clinical infectious diseases service and have had also some bedside activity. Clinical impressions here were also absolutely interesting and valuable for me, as I could compare the clinical practice and bedside consultations of my home institution with the succesful practice of the UHBS. ID Service in UHBS is an extraordinarily well-operating system that has an impact on better outcomes and patient-safety. The head of the Department, Prof. Battegay is an excellent manager of his team and talented clinician active in clinical research especially in HIV with influential international positions (current President of European AIDS Clinical Society).

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SSI/ISID Fellowship Report *continued*

Afterwards, I have moved within the Unit to the Division of HE, where I became part of an excellent team focusing on the prevention of nosocomial infections led by Prof. Dr. Andreas Widmer. Prof. Widmer is a motivating leader and an internationally acknowledged prestigious expert of the hospital epidemiology. The team provides a continuous service in the UHBS and also to several affiliated hospitals. We discussed on a weekly basis all actual and emerging issues related to infection prevention and multiresistant organisms. Low rates of multiresistant pathogens and nosocomial infections are the fruit of the rigorous infection control policy. The success of hand hygiene day campaign and the significantly increased seasonal influenza vaccination rates among employees of UHBS in 2013–2014 were just two examples that were truly astonishing. I have had a substantial contribution on the completion and harmonization of the bloodstream infection (BSI) databank of UHBS. It was an important experience that added extra knowledge to my epidemiological skills as well. As a scientific fruit I submitted two abstracts for the ECCMID 2014, and papers are also being prepared. In one study we examined the rates of methicillin-resistant (MRSA) BSI and supported the fact that long-term MRSA control is feasible with enforced strict infection control. In the other study we investigated biomarkers in *Staphylococcus aureus* BSI.

Furthermore, I valued very much the continuous training and education of the Department. Regular journal clubs, training programs and teaching sessions were held on a weekly basis. This provides a well-prepared, structural knowledge for the new ID generation. Members of ID and HE Department attended several national and international conferences and congresses with considerable active contribution. I had also the opportunity to participate in some major conferences during this period (ESCMID – Berlin, SGINF – Lugano, MedArt – Basel, EACS – Brussels).

Apart from the common scientific works and papers, I am convinced that this Fellowship Program provides a long-term benefit.

2. Motivation for the continuous clinical research

I am a physician with specialization in infectious diseases. In my country this field is neither yet among the ones with highest prestige nor with attractive income potential. In the national center for infectious diseases (the home institute) the polymorbid, immunosuppressed patients are frequent, including those with social disadvantages or prejudices. Unfortunately, both technical and personal conditions for doing research are limited. In contrast, what I have seen here the obviously complement and synergistic effect of parallel research activity and the clinical work. Thus, another important fruit of my Fellowship Program was the concept that I have to and I will continue my professional activity maintaining my interest in clinical research to increase quality of care for the interest of our patients.

3. Personal impressions

Living in Switzerland, in Basel, talk with people, swim in the Rhine, jogging with colleagues, drink mulled wine in the Christmas Market, visit Fasnacht, the must-see Carnival of Basel, taste Swiss dishes were all beautiful images that I take with me. I became infected with various values of my Swiss colleagues such accuracy and quality of work, as examples. I have to admit that I have been received by a great team that was open, helpful and accepted me as a colleague that I really appreciated. I take the advantage and I express my gratitude to my heads, colleagues and friends from ID service and HE team of UHBS.

I am truly grateful and feel deeply honored for being an SSI/ISID Fellow for a year, which undoubtedly determine my future professional activity on the nice but certainly challenging field of infectious diseases.