

ISSN 1331-2820
UDK 616.9

Riječ Uredništva

Hrvatsko društvo za infektivne bolesti (HDIB) HLZ-a održalo je 79. znanstveno-stručni simpozij s međunarodnim sudjelovanjem od 9. do 11. lipnja 2011. godine u hotelu Medena pokraj Trogira.

Drugog dana Simpozija održana je Izborna skupština. Prije izbora predsjednika i prvog dopredsjednika, kandidati za predsjednika prof. dr. sc. Adriana Vince i prof. dr. sc. Nikola Bradarić kratko su predstavili svoje programe.

Kao izabrani novi predsjednik HDIB-a kratko ću izložiti program rada HDIB pod novim rukovodstvom. Napominjem da su oba programa i moj i prof. Vince moderni, proeuropski, no čini mi se da moj program uz to vodi brigu o očuvanju tradicija hrvatske infektologije koja je počela s prof. dr. Franom Mihaljevićem i uspješno se nastavila do današnjih dana.

Upravni odbor HDIB-a će se organizirati prema Statutu HLZ-a i prema izmijenjenom Pravilniku o radu HDIB-a kojeg ćemo nadam se u dogovoru s HLZ-om donijeti u rujnu ove godine. Sjedište HDIB će kao i do sada biti u Zagrebu u Klinici za infektivne bolesti "Dr. Fran Mihaljević". Izmjene Pravilnika o radu HDIB bi trebale regulirati broj dopredsjednika, maksimalni broj mandata predsjednika i dopredsjednika i obveze svakog člana Upravnog odbora. Sjednice Upravnog odbora će se održavati u Zagrebu i izvan Zagreba ovisno o tematici i potrebama, a koristit će se sve mogućnosti koje nam nudi moderna elektronika kako bi se smanjila potreba za putovanjima i u konačnici smanjili troškovi.

HDIB će raditi na ustroju podružnica HDIB-a u svim županijama koje imaju KBC i infektološke klinike uz mogućnost suradnje s mikrobiolozima i epidemiolozima.

Kako bi se unaprijedio rad i podigla kvaliteta infektološke službe u manjim medicinskim središtima i infektološkim odjelima, u njima će HDIB formirati ekspertne timove, koristeći usluge već formiranih referentnih centara, a radit će i na osnivanju novih referentnih centara. U cilju smanjenja troškova za lijekove kojima se liječe rijetke bolesti u dogovoru s HZZO i MZSS ćemo predložiti interventni uvoz i njihovu pohranu u referalnim centrima prema njihovoj nadležnosti za potrebe bolesnika u cijeloj Republici Hrvatskoj, a distribuirat ćemo ih u druge centre prema stvarnim potrebama.

HDIB će u skladu sa svojim ovlastima raditi na održanju rada svih infektoloških odjela u Hrvatskoj, na formiranju infektoloških odjela u županijama koje ih nemaju, te na poboljšanju uvjeta rada svih odjela i klinika za infektivne bolesti u skladu s Ustavom Republike Hrvatske i Zakonom o zdravstvenoj zaštiti uključujući prostor, opremu i kadrove. S tim u vezi ćemo inzistirati da svi KBC u njihovim infektivnim klinikama imaju jedinice intenzivnog liječenja za djecu i odrasle te da imaju mogućnost izolacije visoko kontagioznih infekcija koje se prenose respiratornim putem u prostorijama s negativnim protokom zraka.

U Hrvatskoj za sada ne postoje subspecijalizacije iz infektologije, HDIB će raditi na tome da se pronađu modaliteti za priznavanje subspecijalizacija infektolozima koji određeni posao rade dulje od 10 godina i da se nakon toga uspostavi sustav za edukaciju subspecijalista iz raznih područja infektologije (infekcija središnjeg živčanog sustava, hepatologije, infekcija urotrakta, crijevnih infekcija, respiratornih infekcija, tropskih bolesti itd.).

Sukladno ekonomskoj situaciji u Hrvatskoj HDIB će raditi na racionalizaciji održavanja kongresa i stručnih sastanaka izvan Zagreba. U organizaciji stručnih sastanaka HDIB trebaju sudjelovati svi centri, a tematika će se odabirati također prema željama tih centara i kazuistici koja je njima najinteresantnija, odnosno prema bolestima s kojima imaju najviše problema u svakodnevnom radu, uključujući i smjernice koje bi im trebale pomoći u identifikaciji bolesnika koji nemaju uvjete za liječenje na njihovim odjelima i klinikama.

Suradnja sa srodnim društvima u Republici Hrvatskoj, HLZ, HLK, AMZH te sekcijama i ograncima unutar HDIB odvijat će se kroz održavanje zajedničkih kongresa, stručnih sastanaka i donošenje smjernica za dijagnostiku, profilaksu i liječenje određenih bolesti.

HDIB će poboljšati suradnju s međunarodno sličnim udrugama (ESCMID, UEMS, ISID) na način da će izabrati osobu koja će se time baviti u cilju uključivanja hrvatskih stručnjaka u njihove edukacijske projek-

te i programe za početak, kako bi se kasnije mogli uključiti u sve oblike funkcioniranja tih udruga. Poticat ćemo infektologe da aktivno sudjeluju u radu tih udruga uključujući aktivno sudjelovanje na kongresima, što do sada nije najbolje funkcioniralo. Uključivanje u ISID nam tek predstoji.

U cilju poboljšanja izdavačke djelatnosti HDIB će raditi na osiguravanju uvjeta za trajno izlaženje Infektološkog glasnika i povećanju njegovog znanstvenog utjecaja jačanjem faktora utjecaja što će dovesti do njegovog indeksiranja u drugim indeksnim bazama u kojima do sada nije bio indeksiran. Isto tako ćemo intenzivno raditi na novim udžbenicima iz infektologije za studente medicine, studente stomatologije i studente studijskih programa zdravstvenih studija, sukladno nastavnim programima pojedinih studija za sve fakultete u Republici Hrvatskoj. Radit ćemo i na praktikumu kliničkih vježbi i praktikumu kliničkih vještina kao posebnim udžbenicima iz infektologije s jasnim kliničkim primjerima i prikladnim slikama za sve gore navedene studijske programe.

Konačno za bolju budućnost infektološke struke u Hrvatskoj HDIB će raditi na formiranju Centara za vrhunsku dijagnostiku i liječenje infektivnih bolesti u svim sveučilišnim centrima u Republici Hrvatskoj (Zagreb, Split, Rijeka, Osijek) što bi podrazumijevalo na jednom mjestu objedinjavanje infektološke i mikrobiološke službe. To nije moguće provesti bez učešća MZSS i njegove financijske potpore koja će omogućiti stvaranje prvenstveno prostornih i tehničkih uvjeta za njihova formiranja.

Moderna medicina stavlja nove zahtjeve pred infektologe (konzilijarna služba, bolničke infekcije, antimikrobna terapija, infekcije u kompromitiranih bolesnika, emergentne i reemergentne zarazne bolesti) pa specijalizacije i subspecijalizacije u infektologiji moraju osposobiti infektologa da odgovori tim zahtjevima suvremene medicine te da infektologija ostane samostalna specijalizacija kao što je bila do sada, nikako subspecijalizacija interne, pedijatrije i možda neurologije.

Na kraju koristim priliku da još jednom pozovem sve članove HDIB na suradnju, čeka nas puno posla, svaki pojedinac može doprinijeti da naš brod uspješno brodi kao što je brodio do sada, bit ćemo onoliko jaki koliko nam bude jaka najslabija karika.

***Prof. dr. sc. Nikola Bradarić
Predsjednik HDIB-a***

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Editorial

The 79th scientific-professional meeting with international participation organized by the Croatian Society for Infectious Diseases (CSID) of the Croatian Medical Association (CMA) was held from June 9–11, 2011 in Hotel Medena near Trogir.

On the second day of the meeting, the Election Assembly of CSID was held. Before the election of the new president and first vice-president, the presidential candidates, professor Adriana Vince and professor Nikola Bradarić, presented shortly their program.

As a newly elected president of CSID, I shall briefly describe the program of CSID under new leadership. Both presented programs – mine and Prof Vince's are both modern, pro-European, however it seems to me that my program also cares about preserving the tradition of Croatian infectology that was founded by professor Fran Mihaljević and successfully continued to this day.

The Executive Committee of CSID will be organized according to CMA Statute and according to amended Rules of Procedure of CSID that shall hopefully in agreement with CMA be adopted in September this year. The head office of CSID will continue to be in Zagreb at the University Hospital for Infectious Diseases "Dr. Fran Mihaljević". Amendments to CSID Rules of Procedure should regulate the number of vice-presidents, the maximum number of presidential and vice-presidential mandates and obligations of each member of the Executive Committee. The Executive Committee meetings will be held in and outside Zagreb depending on issues and needs, and all modern technology will be used to reduce travel and other costs.

The CSID shall work on establishing CSID branches in all Croatian counties that have clinical hospital centers and infectious disease clinics and shall continue collaborating with microbiologists and epidemiologists.

In order to improve performance and raise the quality of infectious disease service in smaller medical centers and infectious disease departments, the CSID shall establish expert teams, using the services of already established reference centers, and it will also work on establishing new reference centers.

In order to reduce medical drug costs used for the treatment of rare diseases, in agreement with the Croatian Institute for Health Insurance and the Croatian Ministry of Health and Social Welfare we shall propose an emergency import and storage of drugs at reference centers according to their jurisdiction for patients throughout Croatia, and we shall distribute them to other centers, according to their real needs.

The CSID, in accordance with its powers, shall take actions to maintain the performance of all infectious disease departments in Croatia, the establishment of infectious disease departments in counties that currently have no such departments, and to improve working conditions for all departments and infectious disease clinics in accordance with the Croatian Constitution and the Law on Health Care regarding facilities, equipment and personnel.

In this regard, we shall insist that all clinical hospital centers and their infectious disease clinics have established intensive care units for children and adults, and to have the possibility for isolation of highly contagious infections transmitted via respiratory route in rooms with negative airflow.

In Croatia, there are currently no subspecializations in infectious diseases. The CSID shall work to find the modalities for the recognition of subspecializations to infectious disease specialists who have been working for more than ten years and to establish a system for training of subspecialists in various areas of infectious diseases (central nervous system infections, hepatology, urinary tract infections, gastrointestinal infections, respiratory tract infections, tropical diseases, etc.).

Taking into consideration current economic situation in Croatia, the CSID shall work on rationalizing the number of conferences and professional meetings held outside Zagreb. The organization of CSID expert meetings should be shared by all centers, and the main topics should be chosen also according to the wishes of those centers and cases that are most interesting to them, i.e. diseases that bring most problems to their daily work, including guidelines that should help them identify patients that have no prerequisites for being treated at their wards and clinics.

Cooperation with other professional societies in Croatia, the Croatian Medical Association, Croatian Medical Chamber, Academy of Medical Sciences of Croatia, as well as sections and branches within the CSID, will be conducted through organizing joint conferences, professional meetings and the adoption of guidelines for the diagnosis, prophylaxis and treatment of certain diseases.

The CSID shall improve its collaboration with international societies (ESCMID, UEMS, and ISID) in a way that will elect one member who will represent the Society and do everything to include Croatian experts in their educational projects and programs. We shall encourage infectologists to actively participate in all activities of these associations, including active participation in congresses, which has not worked best in the past. Admission of our Society to the International Society for Infectious Diseases is our priority for the future.

In order to improve its publishing activities, the CSID shall work to ensure conditions for permanent publication of *Infektološki glasnik* and strengthening its scientific impact by increasing the impact factor and by listing the journal in other indexing databases. We shall also work intensely on writing new textbooks on infectious diseases for medical students, dental medicine students and students in various academic programs of medical studies. We shall also work on preparing the hands-on material in clinical practice and clinical skills as special textbooks on infectious diseases with distinct clinical examples and appropriate figures for all study programs.

Finally, in order to secure a better future for infectious disease profession in Croatia, the Society shall work on establishing the centers of expertise for superior diagnostics and treatment of infectious diseases in all university centers in Croatia (Zagreb, Split, Rijeka, Osijek), which would imply the integration of infectious diseases and microbiology services in one place. This would be not possible without the participation of the Ministry of Health and Social Welfare and its financial support that would secure primarily spatial and technical conditions for the establishment of these centers.

Modern medicine continues to place new demands on infectology (advisory services, hospital infections, antimicrobial therapy, infections in compromised patients, emerging and reemerging infectious diseases). Therefore, the specialization and subspecializations in infectious diseases must train the infectologist to respond to these demands of modern medicine, and must remain an independent specialization as was until now, and not a subspecialization in internal medicine, pediatrics or perhaps neurology.

Finally I would like to take this opportunity to once again invite all members of CSID to mutual collaboration, as we have a lot of work to do and each individual can do its best to help our ship successfully navigate. We are only as strong as our weakest links.

President of CSID
Professor Nikola Bradarić MD, PhD