The second meeting of the 2015/2016 session was held in Lecture Theatre 1 of GDH on Tuesday 17th November, 2015, commencing at 7pm.

There were 82 members and guests in attendance. Apologies were received from 13 members. The minutes of the previous meeting, published online, were approved.

The President, Professor John Gibson, welcomed the members and guests to the meeting.

Professor Gibson invited all in attendance to share a few moments of silence and reflection following the recent death of Monica Taylor, a Glasgow General Dental Practitioner.

The President then introduced the speaker, Professor Jeremy Bagg, and invited him to give his address to the Society, entitled, ‘What I have learned from a lifetime in Microbiology. Man and Microbe- an Uneasy Relationship’.

Professor Bagg set the scene by clarifying that infectious and parasitic diseases are the second-commonest cause of death worldwide. He then proceeded to discuss the origins of emerging infectious diseases, describing the jumbo-jet as a global transmitter of infection, and the involvement of factors such as migration and human behaviour (e.g. drug use). There have been 35 new infections since 1972, although some are ‘an old face in a new guise’.

Professor Bagg went on to discuss pandemic influenza, advising that the big question is when will the next pandemic be? Could it be H5N1 that follows an unusually aggressive course? Would we be able to make enough vaccine fast enough? Would we have sufficient supplies of anti-viral drugs such as Tamiflu?

The overlap between microbiology and economics was also seen in the huge Ebola epidemic in 2014 when there were 11,164 deaths. Professor Bagg poignantly described the concomitant disruption of programmes in Africa for TB, HIV and malaria during the Ebola epidemic, which has meant that the same population are now being adversely affected by these infections this year.

The next topic covered by Professor Bagg was that of prions, infectious agents devoid of nucleic acid. Prion disease causes vacuoles in nerve tissue, hence the term ‘spongiform’ encephalopathies. With the arrival of variant Creutzfeldt-Jakob Disease (vCJD) in 1996, and the awareness that prions stick avidly to surfaces, and are resistant to standard sterilisation procedures, came the advent of the ‘Decontamination Cycle’ with all that that implied for general dental practices. Decontamination considerations such as single-use endodontic instruments, washer-disinfectors, local decontamination units, and guidance such as SHPN13 and SDcep all arose out of the potential impact of vCJD on our treatment of patients. And yet, only 177 people have succumbed to vCJD to date. However, Professor Bagg reminded us that 1:10,000 people carry the prion protein and advised that some authorities still postulate that there could there be a 2nd epidemic.

Professor Bagg’s next topic was blood-borne viruses and the healthcare worker. He gave the onerous definition of an exposure prone procedure, and mentioned the possibility thatsome proceduresmay moveoutwith a future definition, thereby potentially allowing infected dentists to carry out more procedures in the years to come. Professor Bagg described the potential for antiviral therapy to suppress Hepatitis B surface antigen levels (to below 103genome equivalents/ml) to allow exposure prone procedures to be carried out. He also said that we have a very effective anti-viral treatment for Hepatitis C, but it costs £38,979.99 for a 12 week course! As for HIV, Professor Bagg very elegantly described the change in legislation over the years relating to HIV-infected healthcare workers. This reflects the evidence that there has only been 1 case of transmission of HIV from healthcare worker to patient through dentistry worldwide. Professor Bagg described the diligent research, and conscientious deliberations of a Tripartite Working Group in this important area. Since 2014, an HIV-infected healthcare worker on effective combination antiviral therapy, with a suitable viral load, who is very carefully and regularly monitored, can carry out exposure prone procedures.

Professor Bagg’s final topic was on antibiotic resistance and the potential proximity of the post-antibiotic era, where common infections and minor injuries could kill. He advised that the concept of ‘traditional pathogens’ needs to be reassessed, and that the borderline between commensals and pathogens is no longer discrete. Professor Bagg discussed Antimicrobial Stewardship, and recommended the 2014 WHO document on Antimicrobial Resistance. Professor Bagg gave the example of ketaconazole resistance which is increasingly being shown by Candida species. He described the use of Tea Tree oil in water-soluble form for fluconazole-resistant pseudomembranous candidiasis. He also gave the concept of deriving new antibiotics from soil as a reason to indulge his passion for cycling in wet and muddy countryside!

There followed a lively question and answer session.

The President then asked Mr. David Brunton to propose the vote of thanks. Mr. Brunton thanked Professor Bagg for his excellent, insightful presentation and complimented him on his being a diligent, ‘steady ship’ for the Profession over the years. He asked the audience to thank the speaker in the usual manner. The President then presented Professor Bagg with a Glasgow Odontological Society paperweight.

Under ‘Any other competent business’, The President reminded the audience of the next meeting on Tuesday 1st December in the Department of Anatomy when Professor Mike Lewis will present his paper on ‘Oral Medicine with a Christmas Tinkle’. The President also encouraged everyone to book early for the Annual Dinner to avoid disappointment!

The meeting closed at 20.15.