



IDWeek²⁰²⁰TM

Don't miss all the exciting highlights from IDWeek 2020

Cystic Fibrosis Sees Shifts in Epidemiology, Organism-Specific Risk in Transplantation

Cystic fibrosis, an inherited disorder that damages the lungs and digestive system, has shifted from being a pediatric disease to a pediatric and adult disease. That means new challenges, but also opportunities for new solutions.

The session "Infectious Challenges in the Management of Cystic Fibrosis Before and After Lung Transplantation" was moderated by Hayley Gans, M.D., FIDSA.

Paul J. Planet, M.D., Ph.D., spoke about improving outcomes of infections in CF. He highlighted cutting-edge ideas for keeping those with CF healthy from an infectious disease standpoint.

He began by saying that both the disease and the way it is addressed are changing; one significant shift is the impact of modulators. In addition, optimization of treatment now includes critical questions about how long to treat exacerbations, what information to pay attention to in the microbiome, the emerging threat of nontuberculous mycobacteria and revisiting the practice of long-term antibiotics.

With NTM, Dr. Planet said, "I think most of us who practice have started to take care of a lot more kids and adults with

Several lines of evidence involving ivacaftor, the first corrector to be introduced, indicate that pathogen burden may go down with corrector use.

nontuberculous mycobacteria." *Mycobacterium abscessus* is "the one that we tend to be more worried about and have seen probably worse outcomes in," but *M. avium* can cause serious lung disease, as well, making it an important clinical pathogen.

Age has meant another significant shift in the epidemiology. People with CF are living increasingly longer, he said, making management not only more complex, but also more costly.

Then there are correctors such as ivacaftor (Kalydeco), ivacaftor/tezacaftor (Symdeko) and lumacaftor/ivacaftor (Orkambi). He showed a photo of sputum from a 12-year-old patient four hours after taking Trikafta for the first time. "It really is a remarkable drug," Dr. Planet said. "It drags up things that have never been dragged up out of the lungs before for these kids. Really transformative."

Continued on page 6

You Can Still Register for IDWeek 2020 On-Demand Content

If you haven't registered yet for IDWeek 2020, you can still sign up and take advantage of all the learning the conference has to offer. Register to access all the IDWeek 2020 programming including *Chasing the Sun*, 24 hours of COVID-19. All 156 sessions and 32 affiliated sessions will be available on-demand through September 2021.

Plus, you can earn all 210 AMA PRA Category 1 CreditsTM, 206 MOC points, 40.0 live/simulive CPE contact hours and a maximum of 116.75 on-demand/home study CPE contact hours. The deadline to claim credit is Oct. 21, 2021.

Tell your colleagues and friends it's not too late to register. Registration remains open through the end of 2020 at idweek.org/registration.

Microelimination of HCV Focuses Resources and Strategies on Key Populations

The goal of eliminating the hepatitis C virus is certainly big. The way there, however, likely involves going small. Microelimination involves focusing approaches, resources and strategies on key populations rather than random treatments, and a panel of ID experts explored the data during "HCV Microelimination: Potential for Global Impact."

Gail Matthews, MBChB, MRCP, FRACP, Ph.D., spoke on whether acute HCV infection is "still a thing." Brianna L. Norton, DO, MPH, tackled microelimination of HCV infection in people who inject drugs, and Oluwaseun Falade-Nwulia, MBBS, MPH, addressed microelimination of HCV infection in people with HIV infection.

Dr. Norton opened the session with the reminder that there are more than 3 million people living with chronic hepatitis C in the United States, with new infections increasing because of the opioid epidemic. HCV kills more Americans than any other infectious disease, and more than HIV, malaria and tuberculosis combined. As such, WHO and CDC have the goal of eliminating HCV by 2030, reducing new infections by 90 percent and reducing mortality by hepatitis C by 65

Rapidly scaling up treatment of hepatitis C among people who inject drugs can reduce the community hepatitis C viral load, reducing transmission and prevalence.

percent. Life-saving, easy-to-use medications are available, but the U.S. isn't on track to meet the challenge.

Microelimination could change that picture. People who inject drugs are not only at the core of the hepatitis C epidemic, Dr. Norton said; they're also at the core of microelimination. In the U.S., 80 percent of new infections occur among people who inject drugs, but less than 10 percent of people who inject drugs have been treated. Further, those cured of hepatitis C have improved all-cause mortality and other positive health outcomes.

Rapidly scaling up treatment of hepatitis C among people who inject drugs can reduce the community hepatitis C viral load, reducing transmission and prevalence. It's also the most cost-effective public health approach. Dr. Norton reviewed studies

Continued on page 8

IDWeek
4040 Wilson Blvd., Suite 300
Arlington, VA 22203

INT'L PRIORITY AIRMAIL
US POSTAGE PAID
PHILADELPHIA, PA
PERMIT #99

The Role of ID Professionals in Global Health Diplomacy

Back in the 1850s, when goods, people — and infectious diseases — were increasingly spread across the globe, the first International Sanitary Conference convened in Paris. Tied more to the economic impact of travel and trade bans than to public health principles, the event included two delegates from each participating country: a physician and a diplomat. Each had a separate vote.

And this, said Alexandra Phelan, SJD, LL.M., B.BiomedSc/LLB (Hons), is the foundation of infectious disease practitioners being involved in global health diplomacy.

Dr. Phelan was the first to share insights during the IDWeek symposium “Infectious Disease Diplomacy: From ID Clinicians to Global Health Diplomats.” The session was moderated by Tatjana Calvano, DO, FACP, FIDSA, and Heather Yun, M.D.

The disease of focus at that first conference was largely cholera, Dr. Phelan said. At that point, germ theory was not widely accepted, so the discussions became less about treaties and bans and more about scientific debate about how cholera was spreading. Since then, we’ve moved from international diplomacy for health to global health diplomacy, with the World Health Assembly as the main international forum for decision-making regarding what member states want the World Health Organization to do.

But the point remains: Infectious disease practitioners beyond physicians, she said, have a role to play not only in creating the evidence base for policies and laws to be developed, but also in creating the norms of

cooperation and standards that govern health diplomacy. Other forums also provide opportunities for infectious disease specialists, including crisis-related task forces and committees. Women’s voices and expertise are especially needed for equity and appropriate representation, Dr. Phelan said.

Ambassador [ret.] Jimmy Kolker, former assistant secretary for global affairs, U.S. Department of Health and Human Services, gave the diplomat’s perspective. He said that scientists and diplomats bring different mindsets: Scientists do research and solve problems, while diplomats “are engaged in putting our priorities onto other people’s agendas.”

“Scientists do need to package and communicate the data and evidence in ways that are accessible to non-scientists,” he said. “Diplomats like myself, we don’t read peer-reviewed journals. We need to be able to find ways to understand and incorporate this into our persuasive arguments, deciding what’s a priority, who we’re trying to persuade and what their agenda is, how we make them own this decision.” Scientists like to talk about how more research is needed, but diplomats rely on just-in-time information and want to minimize uncertainty.

Global health is entering a new paradigm, Kolker said. Low- and middle-income countries now desire partnerships with the world’s best experts to bring their programs and capacity up to the standards of high-income nations, among other shifts. As for the World Health Organization, he said, many believe its role is to provide health care or health

programs in low- and middle-income countries, but it’s actually to provide guidance and technical support. He foresees a “coming train wreck” with access, cost, availability and other factors of the COVID-19 vaccine.

Peter Hotez, M.D., Ph.D., meanwhile, addressed science vs. non-science in the time of COVID-19. He began his portion speaking about the success of Gavi, The Vaccine Alliance, in vaccinating the world’s children. In recent years, however, he has seen a change: There’s been a slowing, halting and even a reversal of gains, due to factors like war, political collapse and climate change. COVID-19 is hitting G-20 countries hard, similar to many of the world’s poverty-related diseases, due to the “poor living among the wealthy.”

Dr. Hotez reviewed efforts to develop the COVID-19 vaccine; there are advantages to rapid development, but also disadvantages. Among his biggest concerns with Operation Warp Speed: the lack of a strong communication plan, with messaging left to the companies to provide, and the fact that the U.S. is pursuing a “go-it-alone” strategy. “What you’ve got now is this curious phenomenon,” Dr. Hotez said. “There’s even a new name to it, called ‘vaccinationism.’ It refers to the fact that for the first time now, we talk about the Russian vaccine, the Chinese vaccine, the American vaccine, the British vaccine. We’ve never spoken that way before. It’s always been about international cooperation.” The hope, instead, is vaccine diplomacy between nations — in addition to a slowing of the escalating anti-science movement.

PIDS Honors Three Members with Distinguished Awards

In conjunction with IDWeek, the Pediatric Infectious Diseases Society announced recipients for three distinguished awards at their recent virtual business meeting on Tuesday, Oct. 20.

Penny M. Heaton, M.D., a renowned leader in vaccine clinical research and development, is the 2020 recipient of the **Distinguished Research Award**. The award recognizes the outstanding investigative efforts of a PIDS member who, throughout his or her career, has made outstanding contributions to research with a significant impact on the field of pediatric infectious diseases.

Dr. Heaton is the chief executive officer of the Bill & Melinda Gates Medical Research Institute, where she leads efforts to optimize therapeutics, vaccines and monoclonal antibody candidates, accelerate progress from the lab to the clinic and develop them through proof of concept in target populations. “Dr. Heaton’s leadership and passion for the development of vaccines, and delivery of vaccines to vulnerable populations, is an inspiration to all PIDS members,” said PIDS President Kristina Bryant, M.D., FPIDS. “PIDS is proud to recognize her with this well-deserved honor.”

John S. Bradley, M.D., a dedicated pedi-

atric infectious diseases physician, scientist and educator for nearly 40 years, is the 2020 recipient of the **Distinguished Physician Award**. The annual award recognizes a pediatrician who has an extensive and distinguished career in pediatric infectious diseases marked by significant accomplishments and contributions in infectious diseases, including those as a clinician, educator and/or investigator.

A distinguished professor in the Division of Infectious Diseases in the Department of Pediatrics at the University of California-San Diego School of Medicine, Dr. Bradley is also the medical director of the Division of Infectious Diseases at Rady Children’s Hospital-San Diego. He has improved the treatment of children nationally and globally by advancing the testing and approval of anti-infective agents for children, designing and leading numerous studies of these drugs and developing guidelines for their use through his service on committees, working groups and task forces. “PIDS is delighted to recognize Dr. Bradley with this prestigious award for his extensive contributions to the field of pediatric infectious diseases throughout his career, which have improved the treatment of infections in children around the world,” said Dr. Bryant.

Anita McElroy, M.D., Ph.D., an outstanding clinician and physician-scientist, is the 2020 recipient of the **Young Investigator Award**. Presented to a physician who has completed pediatric infectious diseases fellowship training in the past seven years, the award recognizes outstanding contributions to the field.

Dr. McElroy is an assistant professor of pediatric infectious diseases at the University of Pittsburgh and the UPMC Children’s Hospital of Pittsburgh. Her research focuses on the pathogenesis and immunity of emerging viral diseases. These efforts combine cutting-edge human immunology studies of highly pathogenic viral infections with in vitro and animal models of these diseases. “Dr. McElroy is a stellar physician-scientist who has shown an inspiring commitment to science and public health,” said Dr. Bryant. “PIDS is proud to recognize her achievements with this year’s Young Investigator Award.”

Please join PIDS leaders in congratulating Drs. Heaton, Bradley and McElroy on receiving these honors and advancing science to improve the care of children worldwide.

To learn more about the 2020 PIDS award winners, visit pids.org/news-announcements.



THE MORE YOU DETECT THE BETTER YOU PROTECT



Improve care for more patients with ePlex® Blood Culture Identification Panels, the only BCID panels that can detect >95% of organisms that cause sepsis

Sepsis is a common complication of COVID-19 and rapid diagnosis is key to effective treatment.

ePlex BCID Panels rapidly detect more of the organisms that cause sepsis. Armed with this critical information, you can prescribe the right treatment within hours – rather than days – improving patient care.

The ePlex BCID Panels can identify >95% of the pathogens that cause sepsis. Combine this with order-to-report integration and templated comments and you're ready to fast-track treatment intervention, enabling earlier escalation for resistant organisms or de-escalation of empirical antimicrobials.

ePlex®



To learn more, scan or visit
[GenMarkDX.com/DetectMore](https://www.genmarkdx.com/DetectMore)

Beyond ‘Faking It’: Session Explores Pathways Between Psychiatric Symptoms, Systemic Disease

It was only fitting that a cognitive neurologist, Matthew Burke, M.D., FRCPC, would kick off an out-of-the-box discussion with “‘It Is All in Your Head’ ... or Is It?: Delusions, Factitious Disorders and True ID Diagnosis That Look Like Them.”

Serving as interactive moderator, Dr. Burke opened with the causal direction of neurological or systemic disease to psychiatric symptoms versus the opposite: psychiatric symptoms leading to neurological or systemic symptoms. “There’s lot of stigma around this topic,” he said. But as more is figured out about the brain, “we really should not be viewing this as something that, for the most part, some physicians really conflate with malingering, or ‘faking it.’”

Factitious disorders and malingering include consciously generated symptoms for some sort of gain. Functional neurological symptoms, conversely, are unconscious, happening beyond the patient’s control, something Dr. Burke considers a “critical divide.” Also critical: understanding the complicated spectrum between symptoms attributable to functional brain disorder and evidence of relevant infectious disease.

Carlos Isada, M.D., presented two different cases. First was a 54-year-old male with painful skin lesions, a history of end-stage renal disease and uncontrolled hypertension. He had experienced diffuse pruritus for years, but in the past few months, his skin lesions had worsened, with some becoming ulcerated. He described seeing “worms” and “parasites” coming out of the sores and feeling the “worms” under his skin, especially at night. He had tried removing them with tweezers, rubbing alcohol and other methods.

One particular lesion, however, began to drain and was determined positive for MRSA. He was given clindamycin and ivermectin and referred to an ID clinic. The patient was introduced to Dr. Isada, and so was the patient’s wife — who presented with the same symptoms.

Carlos del Rio, M.D., FIDSA, said such cases are not that uncommon, and the patients often are referred to tertiary medical centers for management. “When I hear about cases like this, I start to think about cases of delusional parasitosis,” he said. Sometimes patients will bring “parasites” in jars to be examined, but they’re nothing more than tissue or subcutaneous fat. And the lesions can get infected. Dr. del Rio likes to see if biopsies have been obtained, but also to look for lesions in places they cannot reach with their hands. “That’s a good clue.” But as an infectious disease specialist and not a mental health expert, he said, “this is when you have to bring in your consultants and have them work with you, because that needs to be done. That needs to be part of the management.”

Lilian Abbo, M.D., FIDSA, was in agreement. “It brings attention to how challenging these cases can be, especially for the primary care physician; sometimes it’s just, ‘Let me put on a Band-Aid, just give you some pills and hope this goes away.’” It is worth considering the root of the problem, whether conscious or unconscious, for both husband and wife, rather than simply providing more pills, she said.

Todd Barton, M.D., meanwhile, wondered whether scabies was a possibility or whether the sores might be related to the patient’s renal disease.

After ruling out epidermal parasites, however, the diagnosis was delusions of infestation — even though both husband and wife had symptoms. Five to 15 percent of those with DI share their delusion with someone else, predominantly a spouse, Dr. Isada said. There are more secondary causes of DI than primary, including a number of drugs and neurological and other medical conditions. Treatment might include antipsychotic drugs.

The patient was upset with the DI diagnosis, Dr. Isada said, and declined a psychiatric consult and medications. Some

time later, however, he agreed to a trial of the atypical antipsychotic risperidone and his symptoms significantly improved within eight weeks. So did his wife’s, though she refused treatment.

Very few of these patients, Dr. Isada said, end up being seen by a psychiatrist.

Dr. Isada presented a second case, a 32-year-old man referred to the ID clinic for a recurrent arm abscess. Pathology from an operative incision and drainage showed acute and chronic inflammation and a foreign body reaction, and he went through multiple courses of antibiotics. The patient believed the challenges began with an acupuncture session with moxibustion (heat applied to the skin). Surgery to remove a small soft tissue mass from the area showed *Actinomyces odontolyticus* and *Streptococcus intermedius*.

The presence of oral bugs in the wound pointed to self-inflicted injury, as did the fact that it continued to improve with antibiotics, Dr. Barton noted. The acute component would need to be treated, but “maybe some long-term way of preventing secondary injury to the arm might be appropriate.”

Dr. del Rio added that “human bites are some of the most contaminated bites. They’re worse than an animal bite in the sense of the kind of bacteria you get in there. This could potentially be a very serious situation.”

No match was found for the foreign body present, even when compared against a library of 30,000 forensic substances. The patient denied self-induced illness and declined further contact.

Dr. Isada also touched on diagnostic criteria for factitious disorder imposed on self, in addition to a 2016 systemic review of every published case of factitious disorder. Dr. Burke rounded out the talk with further cases for the panel, asking how the doctors might approach the patients and exploring best practices for management of functional disorders.

Paper Describes Unique Opportunities for ID, HIV Professionals to Inform Improved Public Health Responses

A paper jointly published in *Clinical Infectious Diseases* and the *Journal of Pediatric Infectious Diseases* describes how the frontline experiences and perspectives of infectious diseases and HIV health care professionals have made pivotal differences to critical public health responses, from informing domestic and global efforts to prevent and contain pandemics to prompting federal action to contain the worldwide threat of antimicrobial resistant infections.

The paper, “ID/HIV Physician Ambassadors: Advancing Policy to Improve Health,”

examines the role of infectious diseases and HIV physicians and other health care professionals in shaping legislation in areas that have included federal funding for biomedical research yielding improved diagnostics, treatments and vaccines and improved access to health services through the Affordable Care Act. At the same time, infectious diseases and HIV physician advocates also have led efforts to inform legislators of the need to ensure the continued development of future infectious diseases and HIV investigators.

Describing activities designed to inform

legislators such as email, letter and telephone outreach campaigns, congressional briefings and meetings and legislator visits to clinics and research institutions, the paper includes “An Advocacy Primer for Infectious Diseases and HIV Clinicians and Researchers,” as well as case studies of successful advocacy efforts.

Maximo O. Brito, M.D., MPH, FIDSA, is the paper’s lead author, and is joined by Caitlin M. Dugdale, M.D., Michelle Collins-Ogle, M.D., FAAP, AAHIVS, Jessica Snowden, M.D., and David A. Wheeler, M.D., FACP, FIDSA.

All Together Now: COVID-19, HIV and Substance Use Disorders

COVID has brought new obstacles to all. How much more so for those with HIV and/or substance use disorder? The session “Our Most Challenging Cases: Impact of COVID on People with HIV and Substance Use Disorders” explored past integrated treatments of those with opioid use disorder and infections, in addition to providing a boots-on-the-ground example of how one center has risen to the challenge.

Sandra Ann Springer, M.D., opened the session with a bit of background.

More than 72,000 Americans died from drug overdoses in 2017, largely fueled by synthetic opioids other than methadone (tramadol and fentanyl), prescribed or illicitly manufactured. All told, Dr. Springer said, more than 450,000 Americans have died from an opioid overdose since 1999. Dr. Springer also touched on HIV epidemics on the rise in various areas and noted that the longstanding decline in HIV diagnoses among people who inject drugs has stalled over the last few years.

There are now several FDA-approved medications for treatment of opioid use

Learn more: Visit idweek.org to view related sessions on demand, including the Edward H. Kass Lecture “All Policy Is Health Policy: Pathways to HIV (and COVID-19)” and “Ending the HIV Epidemic: What Progress Has Been Made?”

disorder, and there have been a variety of studies of medication treatments, such as one on the use of buprenorphine for people with HIV coming out of prison and jail who had opioid use disorder. A double-blind, placebo-controlled randomized trial came next on the use of extended-release naltrexone, then “the new kid on the block.” The results were statistically significant. Other studies have looked at co-treatment of opioid use disorder and hepatitis C.

Integrated treatment of opioid use disorder and infections can improve outcomes, Dr. Springer said, and continually offering treatment for both is “really critical.”

“We know in this country, unfortunately, very few people are offered effective med-

ication treatment for opioid use disorder, and very few individuals retain if they are on it,” Dr. Springer said. Strides are being made in identifying and overcoming barriers and complications.

As for the pandemic, Dr. Springer noted that drug overdose deaths were already on the rise before it began. But COVID-19 could be increasing the trend of overdose deaths due to social isolation (solo use of drugs, reduced social support and nobody to call for help/administer naloxone); reduced drug availability (leading to lower tolerance and increasing risk of overdose when supply is found); and treatment centers being disrupted (less access to services and programs).

She recommended that session viewers seek out the June 2020 *Molecular Psychiatry* article “COVID-19 Risk and Outcomes in Patients with Substance Abuse Disorders: Analyses from Electronic Health Records in the United States,” a retrospective case control study.

Hermione Hurley, MBChB, addressed COVID-19 and people with HIV and substance use disorders, sharing real-world examples from Colorado.

‘Grim’ News but Hopeful Possibilities in the Fight Against STIs

For those wondering why congenital syphilis might be an important topic for the times, Jeanne S. Sheffield, M.D., set the issue to rest with stats and graphs: Primary and secondary syphilis and congenital syphilis are all significantly on the rise. There was a 71% increase in primary and secondary syphilis from 2014 to 2018, and a 185% increase in congenital syphilis in the same timeframe. And the only way to prevent congenital syphilis, Dr. Sheffield said, is to find and treat maternal syphilis.

Dr. Sheffield spoke on the disease as part of the session “The Rising Threat of Sexually Transmitted Infections.”

She went on to explore the reasons behind the congenital syphilis increase, including missed opportunities for prevention, lack of adequate maternal treatment despite timely diagnosis, a lack of timely prenatal care and late identification of seroconversions. In addition, racial differences according to geographic location are noteworthy and informative; Dr. Sheffield encouraged attendees to dive deeper into the June 2020 *MMWR* article “Missed Opportunities for Prevention of Congenital Syphilis.”

The challenges are great, Dr. Sheffield noted, and must be approached through numerous fronts: obstetricians, pediatricians, public health services and primary care providers, in addition to policymakers.

“This is something we all have to deal with together,” she said, “because that’s the only

way we’re going to be able to fix this.” CDC also has a call to action posted on its website for stemming the tide of syphilis.

Susan Philip, M.D., MPH, meanwhile, explored whether the U.S. is losing the battle against STIs overall. In 2018, for the fifth straight year, she said, sexually transmitted diseases surged to reach an all-time high. That includes 1.8 million cases of chlamydia and 583,405 cases of gonorrhea, in addition to the cases of syphilis and syphilis among newborns. Congenital syphilis cases, she added, are the highest they’ve been in 25 years. The time for new tools, new approaches and new allies has arrived.

“The news from the front lines is not good,” Dr. Philip said. “It is grim.”

Further, COVID-19 could make the problem worse; sheltering in place has greatly impacted clinic visits for prevention and treatment for sexually transmitted diseases. Then there’s the issue of funding; CDC’s annual budget for STD prevention has seen a 40 percent decrease in purchase power since 2003 when adjusted for inflation, Dr. Philip said.

It’s not all bad, however. There are promising countermeasures on the horizon, Dr. Philip said. That includes new approaches to treatment and diagnosis, including new rapid point-of-care tests and home-based tests, in addition to testing that embeds markers for susceptibility or resistance to help guide treatment. But there also are great, proven tools not being maximized, she said, includ-

Learn more: Visit idweek.org to view related content on demand, including the debate-style session “On the Cutting Edge of HIV Prevention” and more than 20 abstracts related to STIs.

ing the HPV vaccine and recommended STI screenings in HIV care, young women and men who have sex with men. There has also been a renewed national focus on STIs, including funding for STI vaccine research.

Stephanie N. Taylor, M.D., expanded on the urgent threat of resistant gonorrhea and countermeasures in the pipeline. Resistant gonorrhea, she said, has developed resistance to every antibiotic ever recommended for treatment. Cephalosporins are the only class remaining, so there’s a real possibility of having no treatment options available. CDC’s STD guidelines have been revised numerous times over the past decade due to reports of treatment failures and/or decreased susceptibility of gonorrhea. There has been a CDC initiative called SURRG (Strengthening the United States Response to Resistant Gonorrhea) as well as the Antibiotic Resistance Laboratory Network. Another countermeasure: recommendations to decrease the overuse and inappropriate use of antibiotics such as ceftriaxone, driving antibiotic resistance. Trials for a vaccine are about to start, and new antibiotics are being studied, Dr. Taylor said.

Session Offers Shot of Insight on Vaccines for Older Adults

At 65, Barbara is healthy and on the move with yoga, travel and time with her grandkids. She also has recently heard a TV ad about Prevnar 13, a vaccine to protect against pneumococcal pneumonia, and asks about it during her annual checkup. What would you recommend?

Cynthia Whitney, M.D., MPH, FIDSA, opened “Vaccine and Older Adults: Case Studies” with a review of pneumococcal vaccines available in the U.S., with different components resulting in different immune response and, perhaps, different benefits. There’s the pneumococcal conjugate vaccine (PCV13), as well as the pneumococcal polysaccharide vaccine (PPSV23).

So, what to do? The Advisory Committee on Immunization Practices now recommends the 23-valent pneumococcal polysaccharide vaccine for all adults aged 65 or older, even if previously vaccinated, and no further doses will be needed. Immune-compromised adults are encouraged to receive PCV13 first, then PPSV23, with PPSV23 revaccination after five years.

“You might be thinking, ‘Hey, Cindy, wait a minute: I thought all older adults were supposed to be getting the 13-valent now.’ Well, that used to be the case,” said Dr. Whitney. But ACIP changed its recommendation in June 2019. More conversations with ad-targeted patients like Barbara might follow.

PCV13 is now recommended based on “shared clinical decision making” rather than as routine practice. The shift took place because the prevalence and risk of the disease has decreased, largely due to pediatric immunization and reduced transmission from

Learn more: Visit idweek.org to view on-demand content on vaccination, including the sessions “Vaccines: Beyond the Guidelines” and “Precision Vaccinology.”

children to older adults.

Shared clinical decision making, Dr. Whitney said, is based not on prescribed age or characteristics, but informed by evidence of who may benefit; the individuals’ characteristics, values and preferences; the health care provider’s discretion; and the characteristics of the vaccine being considered. The health care provider — doctor, nurse, pharmacist or other — should pay attention to what patients say about whether they’re interested. There is still a small amount of disease risk, and some older adults — including Barbara — might still benefit from PCV13.

Kenneth E. Schmader, M.D., meanwhile, spoke on practical considerations for zoster vaccine, particularly recombinant zoster vaccine. As of this summer, the manufacturer of the live zoster vaccine has discontinued its sale.

RZV clinical guidance is a two-dose regimen, Dr. Schmader said, with the second dose recommended two to six months after the first. “Inevitably, patients miss this window,” he said. The second dose, however, can be administered any time later, without having to restart the series. It’s unknown whether a delayed second dose impacts efficacy, “but it’s certainly practical and reasonable guidance.” Dr. Schmader presented

case studies, with patients hoping to avoid shingles as well as reactions to the vaccine. Particularly of interest is RZV use in immunocompromised populations; ACIP gives no specific recommendation, leading once again to the need for shared clinical decision making on a case-by-case basis. That requires knowledge of the data.

Lisa Grohskopf, M.D., MPH, rounded out the session with insight on how to choose influenza vaccines for older adults. The surgeon general recommended influenza immunization for those aged 65 and older as far back as 1960, along with pregnant women and those with certain chronic medical conditions. One of the challenges, however, is that even though older adults are at greater risk for flu-related complications, they don’t tend to respond as well to flu vaccines as other people, Dr. Grohskopf said. This has led to development of different options, hoping to improve immune response. For the 2020-21 season, no less than 10 influenza vaccine products are available across age groups. “That’s a lot to select from,” she said. Three in particular have been noted to have relative benefits for older adults compared with other flu vaccines.

Dr. Grohskopf reviewed both intramuscular and intranasal options. She also noted that there are challenges in weighing the benefits of different vaccines, including limited studies, studies that span only one or two seasons and other factors. It’s a rapidly evolving field. And here, too, ACIP currently expresses no preferential recommendations and is continuing to review data for this age group.

Claim Your CME/ CPE/MOC Credit for IDWeek

The deadline to claim CME/CPE/MOC credit for IDWeek 2020 is Oct. 21, 2021. Visit www.idweek.org/cme to read about the details, deadlines, access the session evaluation and claim credit.

Visit the IDWeek website with your IDWeek login credentials to earn all 210 AMA PRA Category 1 Credits™, 206 MOC points, 40.0 live/simulive CPE contact hours and a maximum of 116.75 on-demand/home study CPE contact hours.

Only member and nonmember full registrants are eligible to claim credit. Students, residents and in-training registrants can pay to upgrade their registration by contacting our registration vendor Experient/Maritz at 844-257-7469, international: 240-439-2943 or by email: IDSA@maritz.com.

Cystic Fibrosis

Continued from page 1

There’s not a lot of information yet about how Trikafta is affecting infections, he said, but that’s coming. Several lines of evidence involving ivacaftor, the first corrector to be introduced, indicate that pathogen burden may go down with corrector use. At the same time, ivacaftor does not appear to have a significant impact on the microbiome.

Christine E. Koval, M.D., joined the session to speak about managing multi-drug resistant organism infections before and after lung transplant in recipients with cystic fibrosis. She provided background and included case illustrations highlighting the impact of infection on lung transplant candidacy, the management of pulmonary exacerbations on the wait list and pre- and post-operative management strategies with notes on the rise of bacteriophage therapy.

Organism-specific risk occurs at each step of the process and varies by center, Dr. Koval said; risk is influenced by the center’s program volume, its ability to absorb the risk, recent outcomes in such transplant patients, institutional memory of poor outcomes and patient-specific factors. Goals for treatment

Learn more: Visit idweek.org to view on-demand content on ID and transplantation, including the sessions “Better Safe than Sorry ... Protecting Patients Pre- and Post-Transplantation” and “Epidemiologically Important Multi-Drug Resistant Organisms in Transplantation.”

change throughout the timeline, too, such as preserving lung function during the referral period and avoiding residual infections in the peri-transplant period.

In general, she said, CF patients have excellent survival rates post-transplant, but there are specific risks: *Pseudomonas* tend to be favorable, and *Burkholderias* tend to be risky. There is also very little clinical trial data to guide management strategies in the peri-operative and post-transplant periods. In addition, “We in ID need to be aware that some of the definitions may be a bit outdated for pan-resistance and how we move forward with that.” All told, however, Dr. Koval is hopeful that the availability of new therapeutic treatment options may “change the CF landscape, and we hope to be reporting on those in the near future.”

Hot Topics in Pediatric Infectious Diseases Run the Gamut

The “Hot Topics in Pediatric Infectious Diseases” session offered a wide variety of studies and insight, with subjects ranging from drug delivery methods to lessons learned from COVID-19.

Stephanie Fritz, M.D., FIDSA, provided updates on *Staphylococcus aureus* infections, treatment and prevention. She began with the background that *S. aureus* colonization is a predisposing risk factor for subsequent infection. To mitigate this risk, decolonization procedures are frequently used in both hospital and community settings.

Dr. Fritz highlighted two studies; the first explored the effects of treating parents colonized with *S. aureus* on transmission to neonates in the ICU. Current infection prevention strategies target health care workers and the physical environment, but the study showed that treating the parents was associated with reduced infant acquisition of a parental-concordant strain.

The second study looked at household versus personalized decolonization in households of children with MRSA skin and soft tissue infection, comparing the incidence of recurrent SSTI. In the personalized approach, decolonization measures were targeted at those who had had a skin infection in the prior year. The study revealed that the personalized approach was not inferior, which could mean a reduced burden and cost for families.

Kevin Messacar, M.D., addressed metagenomic next-generation sequencing, which allows the identification of any pathogen from a single specimen, without directing what is being looked for. He touched on the evolution of diagnostic approaches to ID; the evolution of clinical data when a new platform hits the market/becomes clinically available; and the clinical impact of mNGS in pediatric ID. There, he focused on two platforms in particular: CSF, using mNGS for cases of suspected meningitis and encephalitis, and blood, using cell-free plasma DNA next-generation sequencing.

Studies currently, Dr. Messacar said, are a “mixed bag.” Further research is needed to better define the clinical value of mNGS in targeted populations. Both the clinical microbiology lab and infectious disease services, he said, have a role in how tests are implemented, who gets tested with these platforms and how the results are interpreted.

Kari Simonsen, M.D., FIDSA, spoke about challenges in pediatric preparedness.

As social distancing requirements are relaxed, children who have not had routine vaccines will be more vulnerable to diseases such as measles.

COVID-19 has provided fresh opportunities for learning, and lessons related to decreased vaccine coverage, increased toxic stress (with the pandemic condition viewed as a potential adverse childhood event) and engaging children in preparedness activities are all ripe for the picking.

In terms of vaccine coverage, for example, data from the Vaccines for Children Program provider orders and Vaccine Safety Datalink vaccine administration showed a notable decrease in orders for VFC-funded childhood vaccines and measles-containing vaccines (as an example) when comparing Jan. 6-April 19, 2020, and Jan. 7-April 21, 2019. The VFC program supports vaccination for roughly half of U.S. children up to 18 years old. Dr. Simonsen called the decline for school-aged children in particular “truly drastic.” The data might indicate increased risk for outbreaks of vaccine-preventable disease.

In addition, she said, some parents may have concerns about potentially exposing children to COVID-19 during well visits, contributing to the decline. As such, reminding parents of the vital need to protect children from vaccine-preventable diseases, she said, is “critical, even as we continue to weather the COVID-19 pandemic.” As social distancing requirements are relaxed, children who have not had routine vaccines will be more vulnerable to diseases such as measles. Continued coordinated efforts with public health officials and others will be necessary to work toward “catch-up” for children who have fallen behind in vaccinations, Dr. Simonsen said. She also spoke to the “window of opportunity” for adolescents to receive the HPV vaccine to protect against cervical cancer over their lifetime. Pediatricians can mitigate potential impacts of COVID-19 on vaccine coverage, she said, by promoting well-child and vaccine visits; following appropriate COVID-19 precautions for safe ambulatory visits; leveraging reminder systems to recall families who have been delayed for vaccine visits; and educating parents and families about publicly funded vaccines.

Theodore Ruel, M.D., meanwhile, addressed hot topics in pediatric global HIV. First on the list was novel drugs and delivery

platforms that may have potential for children; that included discussion of injections of long-acting cabotegravir and rilpivirine (CAB/RPV). Dr. Ruel also spoke on optimal management of neonates born to women living with HIV, including new point-of-care testing for early-infant HIV diagnosis with results in as little as 90 minutes.

One study showed turnaround times dropping from a mean 32 days for laboratory-based testing to a mean 2.6 days for point-of-care testing in Kenya and from 67 to 4.4 days in Zimbabwe.

“It’s worth pointing out that this is actually better than many urban academic centers in the USA, where the turnaround times for DNA testing can be a week, and even RNA can take a week,” he said. The result of the accelerated timeframe was that HIV-infected infants from both Kenya and Zimbabwe were 2.4 times more likely to be initiated on antiretroviral therapy within 60 days of sample collection at the point of care versus lab testing.

Learn more: Visit idweek.org to view on-demand content on pediatric ID, including the sessions “Challenges in HIV from Childhood to Adolescence,” “Born into Resistance: Improving Global Neonatal Health in an Era of Antimicrobial Resistance” and “When Cutting Edge Approaches in Adult and Pediatric Transplantation Go Viral.”



IDSA Teams Up with Ad Council for Masking Campaign

The Infectious Diseases Society of America has partnered with the Ad Council to launch “Mask Up, America,” a national campaign that encourages people to wear face masks in public to stem the ongoing spread of COVID-19 and help the nation get back to business.

The ads will reach people at restaurants, bars, grocery stores, gas stations and in other public gathering spots. Online ads will also be part of the campaign. These public service announcements will appear in space that will be donated by the media throughout the country with emphasis on California, Florida, Texas, Utah, parts of the Midwest and all areas where COVID-19 infection rates are high. Learn more about the campaign at www.idsociety.org/masks.

Mark Your Calendar Now for IDWeek 2021

Plan now to attend IDWeek 2021, Sept. 29 – Oct. 3, in San Diego, California. IDWeek 2021 will feature the state-of-the-art science and timely content you expect from the conference as well as can’t-miss networking and career opportunities for all health care professionals in infectious diseases and healthcare epidemiology and prevention.

We look forward to seeing you there!

IDSA, HIVMA Recognize Members for Contributions to Patient Care, Research, Public Health and Education

The Infectious Diseases Society of America and its HIV Medicine Association announced recipients of the organizations' highest honors during a virtual membership town hall Oct. 15.

IDSA is proud to present the **Alexander Fleming Award to James Cherry, M.D., MSc, FIDSA**, a physician-scientist whose work has reshaped the landscape of vaccine preventable diseases and infectious diseases in children. The award recognizes a career that reflects major contributions to the acquisition and dissemination of knowledge about infectious diseases.

Early in his career, Dr. Cherry published seminal studies regarding the virology and clinical manifestations of enterovirus infections and identified the limitations of measles vaccination. He has also been instrumental in the maturation of the field of infectious diseases in children through his time as a member of the American Academy of Pediatrics Red Book Committee, as president of the Pediatric Infectious Diseases Society and through his formation of pediatric infectious diseases training programs at the University of Wisconsin and the University of California, Los Angeles.

HIVMA is proud to honor **Adaora Adimora, M.D., FIDSA**, with the **Clinical Educator Award**, which recognizes members who have demonstrated significant achievement in HIV clinical care and provider education and who move the field of HIV prevention and care.

Dr. Adimora is recognized for her extraordinary contributions to advancing HIV clinical education among trainees and researchers and through her commitment to mentoring students and researchers in

the U.S. and globally. She is a sought-after lecturer in the U.S. and around the world, disseminating her findings as a leading HIV prevention researcher studying the drivers of HIV-related racial and ethnic disparities.

Other award recipients include the following IDSA and HIVMA members:

The **D.A. Henderson Award for Outstanding Contributions to Public Health** is named after the late epidemiologist who directed the international effort to eradicate smallpox. This year's recipient is **Carol Hamilton, M.D., MHS, FIDSA**.

The **Watanakunakorn Clinician Award** honors the memory of Dr. Chatrchai Watanakunakorn and is given by the IDSA Foundation to an IDSA member or fellow in recognition of outstanding achievement in the clinical practice of infectious diseases. This year's awardee is **Ronald Nahass, M.D., MHCM, FIDSA**.

The **Walter E. Stamm Mentor Award**, which honors late past president Walter E. Stamm, M.D., is presented to an IDSA member or fellow who has been exceptional in guiding the growth of infectious diseases professionals. This year's winner is **George W. Counts, M.D., FIDSA**.

The **Oswald Avery Award for Early Achievement** recognizes outstanding achievement in infectious diseases by an IDSA member or fellow who is 45 or younger. This year's recipient is **Sallie R. Permar, M.D., Ph.D.**

The **Clinical Practice Innovation Award** recognizes IDSA members who devote the majority of their time to patient care and who have significantly advanced the clinical practice of infectious diseases within the last



James Cherry, M.D.,
MSc, FIDSA



Adaora Adimora,
M.D., FIDSA

five years. This year's winner is **Raghavendra Tirupathi, M.D.**

The **Society Citation** is given in recognition of exemplary contributions to IDSA, outstanding discovery in the field of infectious diseases or a lifetime of outstanding achievement in a given area — whether research, clinical investigation or clinical practice. This year two members are recognized: **Adarsh Bhimraj, M.D., FIDSA**, and **Christopher Ohl, M.D., FIDSA**.

The **Clinical Teacher Award** honors a career dedicated to excellence in teaching fellows, residents or medical students and motivating them to teach the next generation. This year's awardee is **Stanford T. Shulman, M.D., FIDSA**.

The **HIVMA Research Award** recognizes members who have made significant contributions to HIV clinical or basic research early in their career. This year's award goes to **Gabriel Chamie, M.D., MPH**.

Stay tuned to IDSA and HIVMA communications for more detailed information on all honorees in the coming weeks.

HCV

Continued from page 1

about the effectiveness of treating people who inject drugs for HCV; substance use disorder treatment is protective against reinfection. Reinfection rates are real, she said, but only 5% to 6%. Syringe reduction programs can help in the fight, accessing people who may not be part of the traditional health care system, she said.

The multi-pronged approach, then, includes increasing opioid agonist treatment (buprenorphine or methadone) and other substance abuse disorder treatments for people who inject drugs, increasing harm reduction through syringe exchange and using treatment as prevention. "And that will take advocacy and treatment by infectious disease clinicians like you," she said.

In terms of HIV, Dr. Falade-Nwulia noted that HIV and HCV share similar modes of transmission, and there are about 2.3 million people co-infected worldwide. Those with HIV carry six times the risk of HCV compared to those without HIV, and key risk groups are

people who inject drugs and men who have sex with men.

The concept of treatment as prevention is one that those in the HIV field are "very familiar with," she said. There are targets and goals for elimination of HIV, as well. But achieving microelimination of HCV in patients with HIV will require "significant improvements" in every step of the care continuum. That means identifying more patients, linking more patients to care, treating more patients, curing more patients and preventing reinfection.

Dr. Falade-Nwulia reviewed various studies of efforts with largely positive results. What's needed, she said, are interventions that facilitate progress through both HIV and HCV care, such as combined routine testing; periodic ongoing testing for high-risk groups; colocation of HIV/HCV, substance abuse and mental health disorder care; telemedicine to reduce barriers; HCV treatment by all HIV care providers; early and unrestricted access to HCV treatment; innovative strategies for linking hard-to-reach populations to HIV and HCV testing and care; strengthened care coordination systems; and more. All told, however, it's possible. There is simply work to do.

Learn more: Visit idweek.org to view posters and oral abstracts on hepatitis C, including "Risk Factors for Failed Linkage to Hepatitis C Care" and "The Time Is Now for Rapid Initiation of HCV Treatment."

Dr. Matthews also reviewed a variety of studies and spoke of changing terminology when it comes to acute HCV infection. The term "recently acquired HCV" may be more appropriate. It is not only more pragmatic; it also could move the bar so that patients can start treatment earlier. Achieving elimination, she said, will involve a "test, treat and re-treat" strategy, with annual screening of high-risk populations, rapid point of care testing, an immediate course of treatment, a simple test of cure and retesting/re-treatment.

"We really need to get to the point where we don't worry about whether somebody had acute or recent or chronic infection, but that treatment for hepatitis C should be offered at the point of diagnosis, to all individuals," Dr. Matthews said.