As the 2016-17 academic year comes to a close, we would like to reflect on the highlights and accomplishments of the Division over the last year.

We continue to grow as a Division with over 50 faculty now employed across the research and clinical sides of the mission. We anticipate recruiting additional faculty, both in bench research and in clinical sciences. We are collaborating with the Center for Human Immunology and Immunotherapy Programs to recruit bench scientists whose research focus will address the intersection of human immunology and infectious diseases; we are also recruiting at the other end of the translational spectrum and hope to add faculty interested in clinical outcomes and population health. We recently held a very successful faculty retreat that focused on translational research in infectious diseases which helped identify further areas of potential collaboration across the basic and clinical sides of the Division and should yield interesting opportunities for innovative clinical and translational research.

Even though NIH funding for research has been relatively flat-lined for the last few years, the Division has remained highly productive and successful, with over $19 million in extra-mural grants and contracts in the last year. Among the most significant awards were extension of the Bill and Melinda Gates Foundation’s funding to Dr. Gary Weil for global efforts to eradicate filariasis, renewal of the Center for Disease Control and Prevention funding of the Epicenters program to address hospital-acquired infection (led by Dr. Vicky Fraser) and support from the NIH for Mike Diamond’s groundbreaking work on the pathogenesis of ZIKA virus infection.
However, we are also conscious of the on-going threat to the NIH and CDC budget in the current political climate and we have been among the leaders advocating for increased support to these agencies given the importance of existing and emerging infectious diseases to health and national security. Continued federal funding for research is also vital to encourage the next generation of investigators. The Division has put in place a very supportive environment for career development of junior faculty and currently 8 recently appointed members of the Division are recipients of career development grants. The range of topics these grants represent (norovirus pathogenesis, HIV persistence, herpes virus tropism, filariasis, enteropathogenic E. coli infection, HIV PrEP, gut bacterial resistance, and antimicrobial stewardship) reflect the breadth of research in the Division.

Our Infectious Disease course for the second year medical students, led by Drs. Steve Lawrence and Nigar Kirmani, continues to be one of the best and most popular courses. Our Infectious Disease training grant is going into its 37th year. It brings together 30 training faculty from different divisions and departments and has spawned innovations such as the ID Gateway course to expose PhD trainees to the diverse facets of ID, including clinical ID, pathogenesis, diagnostics, biodefense, epidemiology, and development of therapeutics.

Our clinical activities continue to expand and we now have six in-patient consult services at BJ Hospital, several of which are staffed by attending physicians supported by physician extenders. This new model has allowed us to ensure that our fellowship program can continue to offer a very high level of clinical training (that maintains an appropriate mix of service and education) while providing high level care to the patients of our referring physicians.

We continue to attract high quality fellows, although the diminishing national pool of applicants has offered us more challenges than previously. One of our strengths has been our willingness over the last thirty years to accept high quality international graduates, and this is now bearing second generation fruit, with fellows this year from Ireland and Spain, recommended by prior trainees, Mary Horgan and Jose Arribas who have gained great prominence on their return to their national health systems. Indeed, Mary Horgan was this year elected as President of the Royal College of Physicians in Ireland (the first woman president in over 300 years of that body’s history).

Our faculty continue to gain national prominence. One of us (BP) is almost halfway through his tenure as President of the Infectious Diseases Society of America - an appointment more challenging than usual because of the unprecedented challenges of the national political system. Hilary Babcock was elected Vice-President of the Society for Healthcare Epidemiology of America (SHEA) and Courtney Chrisler was appointed to the Clinical Affairs Committee of the IDSA. Jennie Kwon was selected as a National Academy of Medicine Fellow in Osteopathic Medicine and Caline Mattar was elected as Chair of the Junior Doctors Network of the World Medical Association (WMA).

First of all, I want express my lifelong gratitude to Dr. Gerald Medoff for providing me the opportunity to join the Infectious Disease Division as a first year fellow back in 1974. Injecting Aspergillus spores into the tail vein of mice helped me establish a foundation of discipline and clinical inquiry. I have lived my professional life trying to emulate the high ethical, moral and clinical standards that Dr. Medoff displayed as a friend and mentor. I also remember with great affection the rest of the team who provided much support and wisdom; and regret not maintaining contact as I had anticipated.

At 71, I continue to work full time here in South Carolina, treating patients with HIV and viral hepatitis in disadvantaged settings. I recently submitted an abstract for presentation at our next IDSA meeting. If accepted, my transfigured academic stint may conclude the same way it started. A high point in my career was being advanced to Fellow of the IDSA in 2012. Furthermore, my generation has been witness to a transformational period in the field of ID.

Ann, and our children David and Sarah, are doing well but no grandchildren so far. In 2015, I survived the “widow-maker” (not for the faint of heart). I like to write poetry and dabble in the garden. This year I’m growing yucca, a starchy root vegetable that native Taino Indians of Puerto Rico used for making a type of primitive bread by grinding and placing it in thin sheets over hot stones. My smuggled seedlings will be ready to harvest in the fall.

I greatly appreciate this opportunity to reconnect with the ID team at Wash U and do something I seldom do: talk about myself. It would be wonderful to hear back from anyone so inclined.
awards & announcements

### RECENT AWARDS

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR(S)</th>
<th>AWARD</th>
<th>PROJECT TITLE</th>
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<tr>
<td>Jacco C. Boon, PhD and</td>
<td>Defense Advanced Research</td>
<td>An Inducible Genetic Bioshield for Flexible and Rapid Protection of Body</td>
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<tr>
<td>David T. Curiel, MD, PhD</td>
<td>Projects Agency (DARPA)</td>
<td>Portals Against Bio-weapons Attack of Diverse Types</td>
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<tr>
<td>(radiation oncology)</td>
<td>R01 - National Institutes of</td>
<td>An advanced vaccine candidate to prevent Zika virus infection</td>
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<td>Health (NIH)/National</td>
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<td>Institutes of Allergy and</td>
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<td>Infectious Diseases (NIAID)</td>
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<td>Michael S. Diamond, MD,</td>
<td>R21 NIH/ NIAID</td>
<td>Targeting Fatty Acid Metabolism to Treat TB</td>
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<td>PhD</td>
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<td>Jennifer A. Philips, MD,</td>
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<td>PhD</td>
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### Length of Service Awards

Congratulations to the following ID faculty and staff for their years of service to Washington University School of Medicine.

<table>
<thead>
<tr>
<th>10 YEARS</th>
<th>15 YEARS</th>
<th>25 YEARS</th>
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<tbody>
<tr>
<td>Traci Albers, MBA</td>
<td>Tawna Brown, MSW</td>
<td>Thomas Bailey, MD</td>
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<tr>
<td>Vidana Basagic, BBA</td>
<td>Kurt Curtis</td>
<td>Victoria Fraser, MD</td>
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<tr>
<td>Kerstin Fischer</td>
<td>Jennifer Klenke, MS</td>
<td>Mike Royal, RPh</td>
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<tr>
<td>Tanya Madden, BS</td>
<td>Teresa Spitz, RN, BSN</td>
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<td>Sara Hubert, MSW</td>
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### special recognition

Sara Hubert and Teresa Spitz at the award ceremony

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### reflections continued

At a local level, Mike Diamond was appointed the Gasser Professor of Medicine in recognition of his ongoing work on flaviviruses. Gary Weil received recognition from the WUSM Alumni association for his career in filariasis research. Steven Lawrence was the recipient of the Samuel R. Goldstein Leadership Award for education. Tom Bailey was chosen to receive the WUSM 2017 Distinguished Clinician Award. Steve Lawrence and Nigar Kirmani won Distinguished teaching awards from the medical students and Jeff Henderson received an outstanding Faculty Mentor Award from the graduate students.

We also hosted the third annual Gerald Medoff Lecture in Infectious Diseases, this year given by Dr. Kieren Marr from Johns Hopkins. We are grateful to all the friends of the Division who have supported this and other Divisional activities through their philanthropy.

Dan Goldberg and Bill Powderly
Anne Mobley Butler, PhD, MS, Instructor in Medicine

Anne grew up in Baltimore, Maryland, where she once aspired to be a baseball statistician for the Baltimore Orioles. After earning her BS degree in Neuroscience at Emory University (2003) and her MS degree in Epidemiology at Harvard School of Public Health (2006), she worked as a research coordinator in the Infectious Diseases Division at Washington University School of Medicine (2006-2009). Here, she collaborated with ID faculty on research studies using hospital informatics data and electronic medical records to determine disease burden, risk factors, outcomes, costs, and electronic surveillance methods for hospital-acquired infections and antimicrobial resistance.

In 2009, she moved back to the east coast for doctoral and post-doctoral training in epidemiology at the University of North Carolina at Chapel Hill. During her training, she focused on the application of epidemiologic study designs and analytic methods, including comparative effectiveness research methodology, to highly detailed, clinical and administrative data that are captured on patients as part of routine clinical care. Her doctoral work focused on using large healthcare utilization databases to study disease-related burden, prevention, treatment, and outcomes in immunosuppressed populations (i.e., end-stage renal disease patients and cancer patients). During her postdoctoral fellowship in pharmacoepidemiology, Anne became increasingly interested in the prevention-related substantive area of vaccine. She used data from US commercial claims, Medicaid, and the United States Renal Database System (USRDS) to investigate the utilization, effectiveness, and safety of several vaccines in various populations (i.e., Tdap immunization during pregnancy; rotavirus immunization during childhood; HPV immunization during adolescence; and high-dose influenza immunization in the dialysis population). Much of her work is motivated by the ability to use large-scale non-experimental studies and existing healthcare data to study vulnerable populations who are rarely included in clinical trials and for whom little is known regarding the risks and benefits of commonly used vaccines and drugs.

Anne was delighted to return to St. Louis and to join the faculty in the Infectious Diseases Division in May. She lives in University City with her husband and two children. She spends most of her free time watching her boys wrestle and sword-fight. She also loves to read, travel, run, bike, enjoy live music, and eat delicious food.

Jason Burnham, MD, Instructor in Medicine

Jason was born and raised in Houston, Texas and remained in Texas for college and medical school. He went to a small liberal arts college in Texas, Southwestern University, where he worked in a microbiology lab. His mentor and close friend, Martín Gonzalez, encouraged Jason to go to medical school. Jason went to medical school at UTMB in Galveston, Texas where he discovered clinical research and more importantly, met his lovely wife, Heather. Heather came to Washington University a year before Jason as a medicine resident and Jason followed the next year. He completed medicine residency and ID fellowship at Wash U.

Jason has more research interests than time, but his focus is the epidemiology of multidrug resistant organisms, ways to predict them, and attempts to figure out how to improve outcomes for patients who have them. He also has a strong interest in the carbon footprint of and sustainability in healthcare as there is no planet B and he really wants his adorable baby, Elias (b.2016), to have a nice planet on which to live.
Barrette Receives Dedication to Resident Teaching Award

E-P Barrette, associate professor of medicine, was honored at the annual senior lunch celebrating the graduating Internal Medicine residents on May 23, 2017. The residents selected Dr. Barrette to receive the “Department of Medicine House Staff Dedication to Resident Teaching 2016-2017” award. Dr. Barrette received this special award because the residents and chiefs wanted to show their deep appreciation of his hard work, excellent teaching style, his vast knowledge and dedication to patient care in the Center for Outpatient Health (COH). The award also exemplifies, for Dr. Barrette, that he will be greatly missed as he leaves his director position of the COH and Assistant Program Director position in the Internal Medicine Residency program to be the medical director of the HIV and Virology clinic.

Lawrence Receives Infectious Diseases Teacher of the Year Award

Steven J. Lawrence, associate professor of medicine, was also recognized on May 23 at the Senior Luncheon hosted for graduating residents. The residents and chiefs selected Dr. Lawrence as the Infectious Diseases Teacher of the Year Award in the category of infectious diseases consults and infectious diseases subspecialty clinics.

Escota First Recipient of the J. Russell Little, MD Clinical Education Award

The ID Division has decided to recognize both clinical teaching and the career of Russ Little by creating the Dr. J. Russel Little Award for Clinical Education. The award is given to a faculty member chosen by the current ID fellows as an outstanding clinical teacher. Dr. Gerome Escota is the inaugural recipient of the J. Russel Little Clinical Education Award.

This award honors Dr. Little for his years of practice and teaching at the Washington University School of Medicine. Dr. Little joined Washington University faculty on July 1, 1964 and became head of Infectious Diseases Division at The Jewish Hospital of St. Louis. After the hospital mergers of Barnes and Jewish Hospitals in 1992, Dr. Little continued his life-long career in infectious diseases at Washington University School of Medicine with a 2 year retirement between 2001 and 2003. He retired again in 2005, and has remained a Professor Emeritus.
迎接...Traci Albers, MBA, 作为业务运营经理

Traci Albers 于 2017 年 2 月加入了传染病系。Traci 接替了丹·科尔特，他于 5 月退休。

Traci 拥有学士学位和硕士学位，专攻人力资源-组织发展和领导力，毕业于麦肯德里大学。她在伊利诺伊州黎巴嫩的华盛顿大学医学院的金融办公室工作了 10 年。

Traci 是三个女儿的骄傲母亲，Morgan, Paetyn 和 Regan。她已与她“很棒”的丈夫 Gerard 婚姻 21 年。Gerard 是一所初级高中的数学和代数老师，也是篮球队教练。Traci 在 Germantown, Illinois 长大，是 Red Schoendienst 的家园。他是任何 St. Louis Cardinals 的棒球迷 - 对于任何 St. Louis Cardinals 的棒球迷来说，她都是那里的家庭。

Traci 说，“我很感激有机会作为传染病系的业务运营经理。系里的工作人员和教师都很棒，我很高兴能成为这个团队的一部分。”
fellows’ corner

Second year fellows receive travel grants to IDWeek 2017

Carlos Mejia, MD, Jane O’Halloran, MD, PhD, and Krunal Raval, MD will be attending IDWeek 2017 October 4-8 in San Diego, CA. Each have submitted abstracts which have been accepted for presentations.

Carlos’s abstract was accepted for an oral presentation. Jane and Krunal will be presenting posters.

They all have been selected to receive IDWeek Trainee Travel Grants. Congratulations, second year fellows!

next steps for 2016 graduates

Jason Burnham, MD
Next Steps: I will be staying on as an instructor at Wash U. I will continue my research on the epidemiology of multidrug resistant organisms and begin some new projects on the carbon footprint of the care of hospitalized patients with infection.

Highlights of fellowship: Working with a great and hilarious class of fellows. Being given the opportunity to pursue my research interests in a supportive environment. I am thankful to all my mentors and the division for the exceptional support they have provided.

Bateau Eldos, MD
Next Steps: I will be doing a Geriatric Fellowship at Washington University starting July, 2017. I am excited about this opportunity to provide inpatient care with emphasis on management of elderly patients with diverse medical conditions.

Highlights of fellowship: I have had a wonderful time doing Infectious Disease Fellowship at Washington University. I feel so fortunate to have had the opportunity to be a part of such a great division at this outstanding academic institution. My highlights were ‘by far’ my class of fellows; we helped each other in good and bad times and we shared many laughs. I feel obligated to thank Dr. Kirmani and Dr. Powderly for supporting me throughout the two years.

Matifadza Hlatshwayo, MD, MPH
Next Steps: I will continue my training to complete an HIV fellowship. I plan to continue work on an existing project with Dr. Rachel Presti investigating HIV and lung disease. I will also explore collaborations for HIV research in Sub-Saharan Africa, and working on linkage to care projects in the ID clinic.

Brett Jagger, MD, PhD
Next Steps: I am an Oliver Langenberg Physician-Scientist Training Program (PSTP) trainee and am entering my 2nd year of the research portion of my training program. I am working in the lab of Division faculty member Michael Diamond, MD PhD focusing on Zika virus pathogenesis, vaccines, and immunotherapy. We have had some recent publications: https://www.ncbi.nlm.nih.gov/pubmed/28423319 and https://www.ncbi.nlm.nih.gov/pubmed/28708997.

Darrell McBride, DO
Next Steps: I will continue my training as a third year ID fellow focusing on Clinical Research with emphasis on HIV and continuum/linkage to care.
The faculty of the ID Division at Washington University School of Medicine are working on a variety of research endeavors from basic science to clinical practice. This newsletter features a section showcasing recent publications/reviews and the author’s spin on why the publication is relevant and the significance in medicine today.

Below is a list of several publications, followed by the author’s comment.


**Jennie H. Kwon, DO, MSCI:** Personal protective equipment (PPE) is a key intervention used to prevent the transmission of infectious agents. Utilizing a combination of MS2 bacteriophage and fluorescent markers, we found that protocol deviations and self-contamination were common during the doffing of PPE used for Ebola virus disease and standard contact precautions. This study highlights the need for PPE donning/doffing training and optimization of PPE design.


**Lemuel R. Non, MD:** This report highlights the need to consider cytomegalovirus infection in patients with inflammatory bowel disease who have pancytopenia and pneumonitis. Typically, CMV presents as colitis in this population, but can also be extraintestinal without colitis like in this patient.


**Lemuel R. Non, MD:** This retrospective review is the largest retrospective review on S. lugdunensis bacteremia. This study supports the consideration of infective endocarditis in patients who grow S. lugdunensis in the bloodstream.


**Lemuel R. Non, MD:** This review provides an updated overview on the interrelationship between HIV, host factors (inflammation, gut microbiome, aging, etc.) and antiretrovirals in the pathogenesis of dyslipidemia and insulin resistance in people living with HIV.

**Margie A. Olsen, PhD, MPH:** We validated the use of billing diagnosis codes to identify surgical site infection and noninfectious wound complications in women after mastectomy. Billing codes can be used to rapidly determine rates of complications, including infections, after surgical procedures using hospital, state, and even national data. Validation is important to identify the most accurate algorithms to identify infections and noninfectious complications in order to compare complication rates over time and between facilities.


**Margie A. Olsen, PhD, MPH:** We used private insurer claims data to determine mortality and readmissions in children with at least one hospitalization that resulted in stay in the intensive care unit. We found progressively greater risk of readmission in children and more children coded for infection with longer length of stay in the ICU. Pneumonia and bloodstream infection during the ICU hospitalization were associated with increased risk of readmission within one year in children without cancer.


**Margie A. Olsen, PhD, MPH:** We used private health insurer claims data to analyze healthcare costs due to surgical site infection after four common surgical procedures, including breast conserving surgery, cholecystectomy, hernia repair, and anterior cruciate ligament reconstruction. We found that serious infections requiring surgical intervention or hospitalization cost more than less serious infections, and that costs due to serious infection were highest in patients who underwent cholecystectomy and hernia repair with the highest total healthcare costs. This paper demonstrates that the costs due to surgical site infection vary depending on the severity of the infection, and also vary among patients depending on their overall severity of illness.

**Anupam Pande, MD:** This manuscript alerts the clinician about rare opportunistic yeasts capable of causing severe infection in recipients of stem cell transplants, and reviews the medical literature for infections caused by one such resistant yeast named Pseudozyma.

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**Rupa R Patel, MD, MPH, DTM&H:** This study assessed pre-exposure prophylaxis (PrEP) awareness, willingness to prescribe, and concerns among physicians at a major public hospital in Guatemala City, Guatemala. We found that physicians were PrEP aware and willing to prescribe, but few had actually prescribed the medication. These findings will aid national and regional implementation efforts in Guatemala.

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**Rupa R Patel, MD, MPH, DTM&H:** This paper describes the needs assessment and development of a global health library resource model aimed to enhance the resources available to residents in the Global Health Pathway in Internal Medicine at Washington University School of Medicine. The multi-component library-based global health education program includes didactic sessions taught by a medical librarian, creation of a comprehensive digital guide, and having a dedicated global health librarian available for assistance specific to global health needs.
Rupa Patel, MD, MPH, DTM&H, fighting social stigma and barriers to HIV prevention

In 1978, during the infancy of the AIDS epidemic, reports about isolated cases of gay men suffering from a rare lung infection and an aggressive cancer began trickling in to the Centers for Disease Control and Prevention (CDC). That same year, Rupa Patel was born in the Midwest to immigrants from rural Indian villages. While her parents worked long hours in medicine and business, Patel became family mama-bear, a persistent protector helping her non-English speaking, illiterate grandmother as well as her little brother — who never quite fit in — navigate life in white suburban Michigan.

By the time Patel earned a medical degree in 2004, her brother had acknowledged he was gay, and she had discovered a passion for treating people who were emotionally vulnerable, socioeconomically disadvantaged and at risk for contracting human immunodeficiency virus (HIV), the virus that causes AIDS. For Patel, MD, MPH, Washington University School of Medicine — with its international reputation for developing HIV/AIDS prevention and treatment therapies — beckoned. She arrived on campus in 2013 as an instructor of medicine in the Division of Infectious Diseases.

“I knew this would be an excellent place for me to make an impact on the community as well as in the medical field,” said Patel, who favors her division’s emphasis on hands-on research and community outreach. “Also, importantly, the HIV/AIDS scientists here are world-renowned.”

Their influential body of work ranges from research on the potent multidrug AIDS “cocktails” developed in the 1980s to ongoing analysis of the relationship between the virus and inflammation to recent studies on the role of gut microbial communities in HIV/AIDS. Such efforts have helped to commute AIDS from a death sentence that, thus far, has claimed 35 million lives globally to a chronic and manageable disease, with treatments that provide a normal life expectancy. Patel’s mission is to prevent HIV infections altogether. From urban St. Louis to the rural Midwest to remote African and Asian villages, Patel advocates for a once-daily pill called PrEP, which stands for “pre-exposure prophylaxis.” Studies have shown that pre-emptive use of this antiviral drug, when taken consistently, decreases the risk of HIV infection more than 90 percent. In illicit drug users who share needles, PrEP is more than 70 percent effective at reducing risk.

PrEP contains Truvada, which the U.S. Food and Drug Administration approved in 2012 as “an important milestone in our fight against HIV.” The CDC and World Health Organization (WHO) also endorse PrEP. “PrEP is a game changer for HIV prevention,” said Patel, director of the PrEP Program at the Washington University Infectious Diseases Clinic and a PrEP advisory group member for the WHO. In her various roles, Patel has helped revise international PrEP guidelines and consulted for PrEP programs in places such as Brazil, South Africa and, most recently, India and Kenya. HIV rates in these countries are especially high among teens and young women who work in the sex industry. “PrEP’s public health implications are profound,” Patel said. The CDC estimates that 1.2 million Americans live with HIV; of those, approximately two-thirds are not in treatment. Yearly, 40,000 people in the U.S. receive an HIV diagnosis, but those numbers have declined about 19 percent since 2005.

However, HIV rates are climbing among certain populations — in men who have sex with men and in African-Americans and other minorities. Reasons include a lack of health-care access, cultural and social stigmas and an overall distrust of the medical profession, a particular problem in the African-American community. “It is critical to knock down these barriers,” said Patel, noting that the HIV-infected who are untreated or undiagnosed are the most likely to transmit the virus. Other preventive treatments also are advancing. Patel, along with Rachel Presti, MD, PhD, the HIV director of the school’s AIDS Clinical Trials Unit, and other investigators, are leading a clinical trial testing an injectable drug that prevents HIV and only needs to be given every two months.

faculty spotlight

Rupa Patel, MD, MPH, DTM&H, fighting social stigma and barriers to HIV prevention

In Africa, Assistant Professor Rupa Patel, MD, MPH, meets with team members from Jhpiego. This non-profit organization works with Kenyan governmental leaders to implement HIV prevention throughout the country.

continued
“Although AIDS is no longer a death sentence, HIV prevention remains a public health priority,” said William G. Powderly, MD, co-director of the infectious diseases division and one of the reasons Patel wanted to work at the medical school. “HIV/AIDS is not a situation that is going away any time soon. In a short period, Rupa Patel has done a remarkable job establishing PrEP in St. Louis and globally while also conducting influential research,” added Powderly, who also is the J. William Campbell Professor of Medicine and the Larry J. Shapiro Director of the Institute for Public Health. “She has become a leading expert on PrEP.”

Serving at home and abroad

Truvada combines two medications — emtricitabine and tenofovir disoproxil fumarate, both used in HIV treatment regimes. For people exposed to HIV, Truvada inhibits virus replication while typically causing minimal side effects. “It’s a primary prevention strategy like taking aspirin daily to prevent a heart attack,” Patel said. Since 2014, Patel has led PrEP clinical trials in St. Louis with a focus on raising awareness among primary care physicians and high-risk individuals. The drug — which costs approximately $1,500 for a 30-day supply — is covered through health insurance or financial assistance from the manufacturer.

Patel sees patients in the Washington University PrEP clinic on campus and also monitors patients at a pharmacy-based clinic in a neighboring strip mall. PrEP patients undergo quarterly checkups and receive HIV testing. “PrEP has been called the gateway to primary care for some at-risk populations. It’s important to seize this opportunity to connect this group with other prevention services,” Patel said.

Despite published research acknowledging PrEP’s effectiveness, the drug is not widely prescribed. One-third of primary care physicians and nurses don’t know it exists, a 2015 CDC report found. PrEP programs are at various stages of implementation in the U.S., Canada and Australia, as well as clusters of countries across the globe.

At an international HIV research conference in 2016, Patel presented an analysis on missed opportunities for PrEP. Based on surveys of 102 patients in St. Louis, her research found two-thirds had asked their primary care physicians for PrEP but were not prescribed it. The physicians cited discomfort with discussing the medication, in part, because they knew little about it. “Many physicians see PrEP as unnecessary because they believe their patients can just use a condom to prevent HIV,” Patel said. “But condoms are not 100 percent effective. The best scenario is to use both a condom and PrEP because, together, the likelihood of contracting HIV is miniscule.”

“More people at high risk for HIV would take PrEP if they understood it better,” said Matt Swango, 39, a social worker at Saint Louis Effort for AIDS who works with Patel on PrEP outreach. “Many people say PrEP has taken the fear out of sex so they are able to get on with their lives,” he said. “It’s incredible if you compare it to the 1980s when people were literally dying in the streets. Younger people may not realize how far we’ve come because they’ve always lived in a world with AIDS.”

Critics cite concerns such as PrEP’s lack of protection against sexually transmitted diseases as well as its dependence on people remembering to take a pill every day. There also is fear that PrEP will increase sexual promiscuity; however, studies have shown otherwise. “One of PrEP’s biggest obstacles is a major reluctance to talk about sexual practices and sexual health in our society,” Patel said. “Men who are having sex with men may feel uncomfortable talking to a physician while physicians do not always view it as their role to discuss sexual health. Some never ask about a patient’s sexual preferences. This is a missed opportunity to identify a person who may be at risk for HIV.”

continued 13
Talking frankly about sex

"Patel never misses an opportunity to discuss PrEP," said Dave Rueschhoff, 35, one of Patel's patients who takes PrEP as "an additional layer of security regarding HIV prevention." Rueschhoff, who helps Patel with PrEP outreach and serves as a member of the community advisory board for the PrEP injection study, said Patel has a special talent for connecting with others. She is caring and genuinely respects all individuals," he said. "Dr. Patel knows her patients' culture and asks about their lives. She uses LGBTQ (lesbian, gay, bisexual, transgender and queer) language to assess risky sexual behaviors. She is not judgmental about anything people tell her and that makes them feel comfortable opening up to her. Talking explicitly about sex does not faze her."

Indeed. Patel distributes PrEP flyers everywhere she can, visits LGBTQ nightclubs and bathhouses to educate owners about PrEP, advertises on social media and coordinates community outreach through events and LGBTQ phone apps. A craving for ice cream recently led Patel to Boardwalk Waffles & Ice-Cream, a new eatery in a trendy, LGBTQ-friendly St. Louis neighborhood. "Can I hang a PrEP information poster here?" Patel asked co-owner Keith Cotton. Patel chatted with Cotton about business, everyday life and PrEP. "I want you to know about PrEP in case customers see the poster and ask about it," Patel said, eating an ice cream waffle. Patients and colleagues agree that Patel's blunt, yet empathetic, approach is a key strength in helping patients. It's one she learned before graduating from medical school. In 1999, her 17-year-old brother came out as gay. "I went to LGBTQ dance clubs with him and immersed myself into his world to gain insight into what he was going through," Patel said.

"My experience with my brother showed me how to approach communities at risk for HIV, de-medicalize or de-stigmatize sexual health, and create a clinic environment that offers more support and comfort for individuals. "Washington University continues to be at the forefront of ending HIV because its physicians combine compassion with outstanding research."

By Kristina Sauerwein
Our mission is to provide outstanding clinical care, conduct ground-breaking research, and train the next generation of leaders in academic medicine and infectious diseases.

Dr. Gerald Medoff has been among the most influential leaders in the School of Medicine in the past half century, and the contributions of Dr. Medoff to the field of medicine are clearly reflected in the quality of the School and in the extraordinary individuals he has mentored. It is therefore only appropriate that we honor him by creating a fund that will provide support for young trainees and junior faculty in the Division, helping them transition their independent careers. Additionally, we rely heavily on outside donations to continue to recruit, train, and retain high quality staff to support the research, education, and clinical mission of the division.

We believe that you share our sense of pride in what we have been able to build, much of which is due to the leadership of Dr. Medoff. To make a gift online please visit our “LEADING Together” page to direct your gift to honor Dr. Medoff to the Division of Infectious Disease Fund (90991).

Your Donations Are Greatly Appreciated!

To make a gift to the Infectious Diseases Division, please contact Traci Albers, Division Administrator, Infectious Diseases Division, or mail your contribution. Checks can be made payable to:

Washington University School of Medicine
Infectious Diseases Division
ATTN: Traci Albers, MBA
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