Remembering Dr. Medoff

Gerald Medoff, MD, an emeritus professor of medicine and former director of the Division of Infectious Diseases and vice chair of medicine at Washington University School of Medicine in St. Louis, died peacefully Monday, Jan. 14, 2019, following a long bout with Parkinson’s disease. He was 82.

Dr. Medoff earned his medical degree in 1962 from Washington University School of Medicine and went on to the New England Medical Center and Boston City Hospital for his internship and residency. He completed research and clinical fellowships in infectious diseases at Massachusetts General Hospital and then joined the medicine and pediatrics faculty at Harvard Medical School. He served as attending physician at MGH and Boston Children’s Hospital until moving back to Washington University in 1970 as an assistant professor of medicine and molecular microbiology. In 1972, he became director of the Division of Infectious Diseases at Washington University, a role he served for the next 20 years.

"Jerry was an advisor and friend to the many trainees in medicine and ID who passed through Washington University. One of Jerry’s characteristics was his generosity to colleagues. His reputation as a clinical giant was not widely appreciated outside of St. Louis but everyone who has trained there in the last 40 years knew who to consult in a difficult case and equally knew that he will give them the time and attention they need," said William Powderly, MD, FIDSA, past president of IDSA. "All of us can point to times in our careers where someone provided a guiding light mentoring and supporting career choices – both by word and example. For me, and countless others who trained at Washington University over the last 40 years, Jerry Medoff was that guiding light."

Dr. Medoff’s research received NIH funding for over 20 years and his work on fungi and antifungal therapies formed the basis for modern basic, clinical and translational investigation in the field. In 1989, Dr. Medoff shifted his focus from research to clinical programs. Seeing patients with increasingly complex infections, he realized the importance of infectious diseases as a clinical specialty and at the same time recognized the need for greater mentorship in the careers of clinical investigators. (continued)

We are interested in your achievements, clinical and/or research activities, and other personal news since leaving Washington University School of Medicine. Please contact Susan Wightman at wightman.susan@wustl.edu with any information you would like to share.

Archived Division Newsletters
Since I completed my ID fellowship in 1998, I have been working and living in Greece. I am an ID attending and currently I work mostly as a senior ID attending in “Hippokration” Hospital in Athens which is affiliated with the Athens University Medical School. I work in the Greek National Health System. The position “Director” in Greek NHS is quite ironic because we just do not have junior staff to manage due to the personnel shortage and the brain drain of young physicians from Greece.

We are just two ID physicians in the hospital dealing with almost everything, from consultations to HIV clinic. In addition, we are occasionally required to cover internal medicine wards. I also head the Infection Control committee of the hospital which is a very hard job nowadays because Greece has the worst record in European Union for XDR and PDR pathogens and at the same time lack of resources and personnel (economic crisis).

As for my personal news, I am single, I have become “blonde” and despite the long working hours, I try to enjoy swimming in the summer and the mountains in winter. I hope I shall find some time to visit St. Louis. My best regards to all faculty (especially Drs. Fraser and Powderly) and former fellows with whom I was trained.

**FEATURED COLLEAGUE**

**Jerry Medoff** continued

At the height of the AIDS epidemic, Dr. Medoff founded the first AIDS Clinical Trials Unit at Washington University. When many providers refused to care for these patients, Dr. Medoff established an AIDS clinic and sought the best possible medical care for AIDS patients. In addition to becoming known as an acute diagnostician, he was also known for providing exceptionally compassionate care for all his patients. His care, insight and conscientiousness were hallmarks of his career as a clinician.

Dr. Medoff became the vice chair of clinical affairs for the Washington University School of Medicine in 1992, and in 2000, along with Mark Thoelke, MD, founded the Division of Hospital Medicine. He also served at Barnes-Jewish Hospital, chairing the infection control committee at Barnes-Jewish Hospital for more than 25 years and chaired the quality assurance committee and served as associate chief medical officer and chief of the Kipnis-Daughaday Firm.

Along with his many accomplishments as a researcher and clinician, Dr. Medoff also served as a mentor for over 30 years, sharing his commitment to clinical medicine and his love of science with trainees. His notable contributions fostering the careers of young ID specialists earned him the IDSA Walter E. Stamm Award, which recognizes those who are exceptional in guiding professional growth in ID professionals.

In addition to his longtime IDSA membership, Dr. Medoff was also a member of several professional societies, including the American Society for Clinical Investigation and the American Association for the Advancement of Science. He was the recipient of many awards including the Distinguished Educator Award and the Second Century Award from the Washington University School of Medicine, the Neville Grant Award from Barnes-Jewish Hospital, and the Fellows Award from the Academy of Science—St. Louis.

Dr. Medoff is survived by his wife Dr. Judith Medoff, sons Dr. Benjamin Medoff, Nathaniel Medoff, and four grandchildren.

**memories of a mentor**

We received many heartfelt memories of Dr. Medoff from colleagues and those he trained during their fellowship years. They begin on page 10.
awards & announcements

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special recognition

Hilary Babcock, MD, MPH, became president of the Society for Health Care Epidemiology of America. Dr. Babcock served as vice-president in 2018. Her role as president is a one year position.

We also congratulate Dr. Babcock on her promotion to full professor in January 2019.

congratulations...

Best wishes to Dr. Yasir Hamad, assistant professor of medicine, and his wife, Esraa Osman, on the birth of their baby girl, Minna Hamad, on March 22, 2019. Minna weighed 6 lb 13 oz.
Sumanth Gandra, MD, MPH
Assistant Professor of Medicine

Dr. Gandra received his medical degree from Osmania Medical College, Hyderabad, India in 2004. In 2007, he received his MPH degree in community health from Eastern Kentucky University. He completed his internal medicine residency at the University of Illinois College of Medicine, Peoria in 2010 and infectious disease fellowship at the University of Massachusetts Medical School in 2013.

After his infectious disease fellowship, he worked at the Center for Disease Dynamics, Economics & Policy (CDDEP) Institute in Washington, DC until 2017. At CDDEP, he was involved in the surveillance of antibiotic resistance, antibiotic consumption and establishing a repository of global antibiotic resistance data. His work at CDDEP also focused on understanding the drivers of antibiotic resistance and consumption in India and other low-income countries.

He serves as a member of the WHO Expert Committee on the Selection and Use of Essential Medicines since 2017. In 2018, he completed medical a microbiology fellowship at the University of Chicago/NorthShore University HealthSystem. His research interests include understanding the molecular epidemiology, burden, and transmission dynamics of antimicrobial resistance in healthcare settings and in the community in India.

His ultimate goal is to design interventions to reduce the burden of antibiotic resistance and improve antimicrobial use in India and other resource limited countries. His clinical interests include managing patients with general infectious diseases.

Keep up with our latest news... https://infectiousdiseases.wustl.edu
In Vivo Imaging Core Services Available

The Washington University School of Medicine in St. Louis created the In Vivo Imaging Core (IVIC) in the division of Infectious Diseases to provide a cost-effective resource for investigators requiring in vivo imaging and multi-dimensional data analysis for their research. Mark Miller, PhD, associate professor of medicine, is the IVIC director. Since its inception in 2013, the IVIC has provided imaging data for dozens of papers and grants serving over 40 labs in 22 Washington University departments and divisions and nine external institutions.

1. What is the IVIC?
The IVIC specializes in using two-photon imaging to study disease processes at the cellular level in live mice (in vivo), human tissue specimens (ex vivo) and cell culture systems (in vitro). The video below shows examples of two-photon single-cell imaging.

2. What does the IVIC offer?
The IVIC facility is fully equipped to work with BSL2 pathogens. Users have access to microscopy rooms, wet lab and animal surgery areas, a short-term mouse holding area, a biosafety cabinet and a clean room for data analysis that has two analysis computers equipped with Imaris 9.3 software. In addition, we have over 20 reporter mouse strains available for academic researchers to use for their studies at affordable prices. The IVIC can assist you in designing pilot/feasibility studies, characterizing new reporter mice and analyzing your experimental data. We have expertise with small animal surgery and various imaging preparations including:
   - Non-invasive in vivo imaging of skin (ear, flank, footpad) and oral mucosa.
   - Intravital imaging of bowel, kidney, spleen, lymph nodes, bladder, heart, lungs, brain and spinal cord
   - Imaging of ex-planted animal tissues, human biopsy specimens, cell cultures and organoids.

3. How do we use the IVIC?
Contact us and we will create a user account for you, which will give you access to our online reservation system for booking the two-photon microscopes and/or analysis computers. We provide hands on training for researchers interested in two-photon microscopy, intravital imaging preparations and multi-dimensional data analysis. IVIC billing and access are based on a three tier system so please check our website for the details. Wash U researchers have booking priority, but outside researchers are encouraged to inquire about our services and fees.

Please use the contact information below to obtain more information or schedule a free consultation.

IVIC Director
Mark J. Miller, Ph.D.
Department of Medicine
Infectious Diseases

Website: https://ivic.wustl.edu/contact

Email: invivoimagingcore@gmail.com

Phone: 314-362-3044
Rachel Presti, MD, PhD and team in the Infectious Diseases Clinical Research Unit collaborate in $3.4 million effort to make a better flu vaccine

The flu vaccine’s protection against influenza only lasts a few months. Researchers at Washington University School of Medicine in St. Louis are studying why immunity elicited by the flu vaccine wanes so rapidly. Their goal is to make a better, longer-lasting flu vaccine.

Last year, NIAID issued a strategic plan for developing a universal flu vaccine that would eliminate the onerous and expensive annual operation of surveillance of flu strains, designing a vaccine, manufacturing, and distribution to hospitals, clinics and doctors’ offices nationwide. But designing a flu vaccine that protects people for years instead of months requires a deeper understanding of how strong and persistent immune responses develop, and why the current flu vaccine fails to deliver such a response.

“What we have now is a vaccine that we take every year, and we’re not sure if it even covers the whole flu season,” said principal investigator Ali Ellebedy, PhD, an assistant professor of pathology and immunology and a researcher with the Andrew M. and Jane M. Bursky Center for Human Immunology & Immunotherapy Programs. “People are working on a universal flu vaccine that covers all the different strains, but if we don’t also figure out how to make the immune response last longer, it’s not going to do us much good.”

With the aid of a grant from the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), researchers at Washington University School of Medicine in St. Louis will investigate why the flu vaccine elicits such a short-lived immune response, and how to extend its effectiveness. Dr. Presti and her team at the CRU will support Dr. Ellebedy with recruitment and management of study volunteers during vaccination and coordination of procedures. The CRU has extensive experience in implementing clinical studies.

Keith Woeltje, MD, elected to the Missouri Health Connection (MHC) Board of Directors

Dr. Keith Woeltje, MD, PhD, professor of medicine and vice president, chief medical information officer at BJC Healthcare, was selected to the MHC board of directors for his industry expertise in health plan data analytics and health information technology management. Karen Johnson, PhD, Vice President of Healthcare Insights & Partnerships at Blue Cross and Blue Shield of Kansas City and Mike Paasche, Vice President and Regional CIO at SSM Health since 1999, were also elected to the board.

At BJC Dr. Woeltje leads clinical analytics, quality measurement and reporting, clinical decision support, and clinical informatics support, as well as clinical content for Epic and ancillary clinical systems. “Sharing of health care information, with appropriate safeguards, is essential for optimizing patient outcomes. I look forward to working with MHC to improve the ability of its members to provide safe, affordable, and high-quality care.”

As one of the largest health information exchange (HIE) networks in the United States, Missouri Health Connection (MHC) is the only secure, statewide, private, non-profit HIE in Missouri. Expanding into the Midwest, MHC provides over 7,000 clinicians, hundreds of clinics and community health centers and more than 75 hospitals, and health plans with access to comprehensive patient health records for more than 20+ million patients. MHC’s services are designed to support health care clinicians and payors with a more complete and accurate patient health records. The electronic exchange of health records in the MHC network, enables clinicians to quickly and securely access and receive real-time comprehensive patient health records resulting in improved quality of health care delivery by coordinating care, reducing preventable errors and avoiding treatment duplication.

Rachel Presti, MD, PhD and team in the Infectious Diseases Clinical Research Unit collaborate in $3.4 million effort to make a better flu vaccine

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Presti receives funding to support recurrent UTI in women

Rachel Presti, MD, PhD, Associate Professor, is principal investigator of a study that will define clinical and microbiome features associated with recurrent Urinary Tract Infections (rUTI). Urinary tract infection (UTI) affects over 50% of women during their lifetimes, with a third experiencing recurrent UTI (rUTI). We propose to enroll women with and without rUTI and collect information and stool, urine and vaginal samples at baseline, at the time of rUTI and weekly for one month after rUTI. By defining changes in the microbiome that occur at these sites they will be better able to predict rUTI to develop better treatment strategies.

This project is funded by The Foundation for Barnes-Jewish Hospital.

Kwon featured in SHEA Member Spotlight

Jennie H. Kwon, DO, MSCI is an Assistant Professor of Medicine in the Infectious Diseases Division at Washington University School of Medicine in St. Louis, and an Associate Hospital Epidemiologist at Barnes-Jewish Hospital.

Dr. Kwon received her undergraduate degrees in English and Biology at the University of Illinois in Urbana-Champaign, and her medical degree from the Chicago College of Osteopathic Medicine. After completing her internal medicine residency at the University of Chicago (NorthShore), she served as Chief Resident. She completed her infectious diseases fellowship and Master of Science in Clinical Investigation at Washington University, then joined the faculty in 2016. Dr. Kwon was a 2016-2018 National Academy of Medicine Fellow, where she focused on health policy and contributed to the two globally impactful studies, “Making Medicines Affordable: A National Imperative,” and “Crossing the Global Quality Chasm: Improving Healthcare Worldwide.”

Dr. Kwon has been an active SHEA member since 2015, and received the Jonathan Freeman Scholarship during her fellowship. She is Chair of the SHEA Awards Committee, a member of the SHEA Research Committee, and has served as a member on the SHEA Publications Committee, Journal Club, Research Network Review Committee, and Membership Task Force.

The Kwon Lab is focused on the epidemiology, transmission, and prevention of antibiotic resistant organisms (ARO). Dr. Kwon conducts multi-center studies assessing the fecal microbiome in patients with ARO infections, and studies of the role of the built environment in ARO transmission. Her experiences as a clinician, hospital epidemiologist, and scientist encompass her interests to translate the latest research findings into better quality care and outcomes for people.

fellow highlights

Kap Sum Foong MD, Infectious Disease Fellow 2nd year, was awarded the 2019 Jonathon Freeman Scholarship. The Jonathan Freeman Scholarship was established by SHEA to promote the training of outstanding infectious disease fellows who demonstrate interest in the field of healthcare epidemiology. His abstract entitled “Duplicative Urine Cultures in Hospitalized Patients: An Opportunity for Diagnostic Stewardship” is also accepted for a poster presentation at SHEA Spring Conference 2019, Boston.
The DOLF project, a collaboration of partners from Africa, Asia, the U.S. and Europe, has secured a new grant of $2.1 million dollars from the Bill and Melinda Gates Foundation. This grant will fund a clinical trial of a new treatment for onchocerciasis, a disease caused by parasitic worms that is also known as River Blindness. Inflammatory reactions to parasites that live in the skin and eyes cause severe dermatitis and different degrees of visual impairment including blindness.

The planned study, which will be conducted in Eastern Ghana, will test the safety and efficacy of a novel triple drug combination of ivermectin with diethylcarbamazine and albendazole or “IDA”, for treatment of onchocerciasis. Prior studies conducted by DOLF have shown that this combination is safe and effective for treatment of lymphatic filariasis (also known as “Elephantiasis”). This disease is caused by a worm parasite W. bancrofti which is closely related to the worm O. volvulus that causes onchocerciasis.

The newly funded research will build on the foundation of an ongoing study that is being conducted with partners from the University of Health and Allied Sciences in Ghana and collaborating scientists at Case-Western Reserve in Cleveland, OH. That study is assessing the timing and duration of ivermectin’s effects on O. volvulus parasites in the eye and skin.

Both studies will employ state of the art methods to assess the presence of intraocular parasites and disease in persons with onchocerciasis. In particular, they will be the first studies to use ocular coherence tomography (OCT) in patients with onchocerciasis. With OCT and other ocular exams, ophthalmologists will be able to visualize the posterior segment of the eye, count small worm parasites in the eye, and evaluate abnormalities in delicate ocular structures before and after treatment. Dr. Augustine Hong from Washington University in St. Louis and Dr. Michael Gyasi of the African Ophthalmology Council have collaborated in the planning of the ocular exams and trained several study staff in OCT, slit lamp examination, and fundoscopy imaging. Their careful planning and diligence has borne out the successful implementation of these advanced technologies.

The new grant will support a clinical trial to assess the safety and efficacy of IDA for treatment of patients with onchocerciasis who have already received pretreatment with ivermectin in the ongoing study. IDA has been shown to be safe and effective for treatment of lymphatic filariasis in previous DOLF Project studies. If IDA is more effective than ivermectin alone for treating onchocerciasis, it could be a major breakthrough in the fight against that disease.

However, use of IDA for onchocerciasis is not without risk. That is because diethylcarbamazine (DEC; the “D” in IDA) sometimes causes severe adverse events in persons with heavy infections. DEC rapidly kills parasites in the eyes and inflammatory reactions to dying parasites that can damage delicate ocular structures and cause visual impairment. The rationale for the new study is that pretreatment with ivermectin will clear the parasites from the eyes so that DEC can be safely used in combination with ivermectin and albendazole.

IDA is currently off-limits for LF elimination programs in many African countries that also have onchocerciasis. A positive outcome from the new combination therapy under study may make it possible for public health officials to use IDA to eliminate LF in these countries. The study will also test whether IDA can kill or permanently sterilize adult O. volvulus worms. A positive result would be a major breakthrough, because there is no safe, short course treatment for that infection at this time.

We are very excited to have the opportunity to conduct this new study, because IDA has the potential to accelerate elimination of two major neglected tropical diseases from Africa.

This article was written by Rachel Bick, MPH, the Global Health Research Program Manager for the DOLF Project.

Megan Tierney Baldridge, MD, PhD, assistant professor of medicine: Our study identified that highly immunocompromised mice were surprisingly resistant to getting infected with enteric viruses including norovirus and rotavirus, and that it was actually the presence of a novel astrovirus that was mediating this protection. Chronic infection with astrovirus, though it didn’t cause any pathologic effects in the host, helped compensate for the lack of an immune system in the mice, thus highlighting the importance of considering the role of the commensal virome in regulating infection outcomes.

A Cluster of Cefepime-induced Neutropenia During Outpatient Parenteral Antimicrobial Therapy.

Kap Sum Foong, MD, 2nd year fellow: We identified a cluster of cefepime-induced neutropenia among patients receiving cefepime for OPAT from June 2017 to May 2018. Our findings suggest prolonged courses of cefepime (≥2 weeks), administered by intravenous push, were associated with a higher risk for cefepime-induced neutropenia. This led to institutional discontinuation of the practice of administering cefepime via intravenous push in both inpatient and outpatient settings. Since that time, we have not identified any cases of cefepime-induced neutropenia through our ongoing surveillance.


Stephen Liang, MD, MPH, assistant professor of medicine: Infectious complications related to deployment trauma significantly contribute to the morbidity and mortality impacting wounded service members. The Trauma Infectious Disease Outcomes Study (TIDOS) collects data on U.S. military personnel injured in Iraq and Afghanistan in an observational cohort study of infectious complications. In this analysis of the first 337 TIDOS enrollees to receive VA healthcare, we found that deployment-related trauma infectious complications continue long after the initial injury. Overall, 38% of enrolled patients developed a new trauma-related infection after their initial hospital discharge with 29% occurring after the patient left military service. Injury severity and occurrence of ≥1 inpatient infection were associated with a shorter time to development of a new post-discharge infection.
What you may not have known about Dr. Medoff....

“Bailing Hook Loses to Shakespeare”

“These are the headlines of a New York Times article, originally published January 14, 1958. The article discusses how three days a week had meant conservative tie, tweed jacket, organic chemistry and Shakespearean English for Gerald Medoff. Tuesdays and Thursdays had meant a worn railroad cap, scuffed-up shoes, and 100 pound sacks of flour.

When Dr. Medoff was a Columbia senior he was also a stower for the Lehigh Valley Railroad, handling cargo.

After two years of unloading and reloading sacks of flour, he slipped on a wet surface, landing between the loading platform and the railroad car, resulting in a sprained knee and ankle. Two weeks later after nursing his leg injury, he announced his decision to hang up his bale hook and stick to his books.

As Dr. Medoff put it “sack of flour is not quite the same as a briefcase, but I got used to the work very quickly.” He also had indicated that the work on the pier was the best paying job he could get, and averaged $2 an hour, plus overtime.

Later that year he enrolled as a medical student at Washington University Medical School in St. Louis with the promise of a $450 scholarship.

memories shared by colleagues & trainees

“I am now in my 10th year as President of Stony Brook University, and Dr. Medoff is very much responsible for putting me on the path that led to this incredibly rewarding job. His confidence in me, his belief that I could lead the RCE Program Grant for Washington University, was critical in giving me a second career in administration, one that I have found very, very fulfilling.

Of course I am not alone, there are many others, several of them occupying key positions at Washington University, who have also benefited from his mentorship. All of us our grateful, and I hope that all of us have learned from his example, and are finding ways to help mentor others so that they can achieve their goals.”

-Samuel L. Stanley Jr., MD
President, Stony Brook University
WashU Fellow 1983
Dr. Medoff played an enormous positive role in so many of our lives that you will undoubtedly be overwhelmed once more by his contributions in the next several days, by many colleagues whose careers he nurtured. I am honored to be one.

- Don Krogstad, MD, Faculty WashU 1978-1992
  Professor and Chair
  Tulane University School of Public Health and Tropical Medicine

I well remember my time in St. Louis and having had several dinners with Dr. Medoff and Judy – what a great sense of humor and what a legacy he built there.

- Lou Polish, MD, Associate Professor
  University of Vermont Medical Center

It was always a nice surprise when my wife and I would occasionally bump into Dr. Medoff when we were out walking our dogs, down Kingsbury Blvd. in U. City! It would remind me that even the great ones take pleasure in doing the simpler things!

- Alex Granok, MD
  ID Specialist, Southern NH Medical Center
  WashU Fellow 1996-1999

He was a great physician, mentor and above all a good man. It is a big loss for the division and all of us.

- Pablo Tebas, MD
  Professor of Medicine, University of Pennsylvania
  WashU Fellow 1992-1995

I am always thinking of you and miss you more when I see difficult patients here in Louisville :)

- Joy Pongruangporn, MD
  ID Specialist, Norton Infectious Diseases
  WashU Fellow 2010-2012

I recall being on rounds one day and you seemed to be distracted…then realized you were trying to keep up with the score! I bet few know of your long baseball career but I was able to grab a photo of you at bat.

- Judy Aberg, MD, FIDSA, FACP
  Chief, Infectious Diseases Division
  Icahn School of Medicine at Mount Sinai
  WashU Fellow 1994-1996

Jerry was an incredibly talented and wise individual but he also knew his priorities and pursued them with vigor. He also spoke his mind!

- Adolf W. Karchmer, MD,
  Professor of Medicine
  Beth Israel Deaconess Medical Center
Having had the privilege of being a medical student, resident, and fellow on service with Dr. Medoff, I was fortunate to have shared moments with Dr. Medoff that were uproariously funny, academically impressive, and stimulating. I think I spent more time with him than with any other physician during these years. I remember a particularly poignant moment, seeing a young man with a new HIV diagnosis in the hospital. His mother was in the room, nervously listening to what we had to say. As we left, she shared with us that her daughter had also been diagnosed HIV-positive within the past year. Dr. Medoff spent a little extra time with the patient’s mother and I saw that he was very affected by her anxiety and concern for her children. He shared this with the team. I still remember feeling impressed that somebody who seemed so worldly about medicine was still so empathetic with his patients. He would share his humanity as openly as his medical knowledge. I am grateful to Dr. Medoff and his family for sharing him with us.

Jeff Henderson, MD, PhD,
Associate Professor of Medicine and Molecular Microbiology,
Washington University School of Medicine
WashU Fellow 2002-2005

``After my internal medicine residency at Barnes, I joined the Epidemic Intelligence Service at the CDC. While there, I decided that I wanted to do an infectious diseases fellowship. Soon after I made that decision, Dr. Medoff was in Atlanta for a meeting and took me out to dinner. He suggested that I come back to Washington University so I did. I did a year of clinical infectious diseases consults and 3.5 years in Bill Goldman’s lab working on Bordetella pertussis. When I began applying for academic ID jobs, and implemented Dr. Medoff’s advice on my CV it caught the attention of Dick Wenzel who was just starting a Clinical Epidemiology Division at the University of Iowa. I have now been on the faculty of the University of Iowa for > 26 years.

In addition, to preparing me for my profession and helping me find a great job, Dr. Medoff helped me “find my man.” When I returned to St. Louis to do my fellowship, I met my husband and we have been married nearly 26 years. Dr. Medoff and his lovely wife attended our wedding, an event he would never forget because it was so hot that day--105 F on June 25th. So I will be forever grateful that Dr. Medoff took me to dinner in Atlanta and invited me to return to Washington University to do ID. It was one of the best things that ever happened to me.” - Loreen Herwaldt, MD
Professor of Epidemiology

Unbeknownst to him, he often times appeared in my professional life :-). If there is a tricky clinical scenario I usually ask myself “what would Dr. Medoff do?” The answer he gives me is always pragmatic and filled with a sly sense of humor.

-Jonas Marschall, MD, MSc,
Associate Professor and Director, Infection Prevention
Bern University Hospital, Switzerland, WashU Fellow 2006-'2009

I shall always be grateful for the great chance to be trained in ID in such a great environment with all the great faculty at Wash U.

-Maria Pirounaki, MD
Hippokration Hospital, Athens, Greece, WashU Fellow 1996-1998

continued
I was a first year fellow, my favorite memories of you were always during Grand Rounds. After the first slide or two, you seemed to always deduce the answer. Your ability to recognize clinical syndromes quickly always astounded me, and I hope I can emulate that in the future. I was also lucky to round with you on the general ID service (you were covering for another attending), and I will always remember your caring bedside demeanor with patients. Thank you Dr. Medoff for taking part in educating me. I think fondly of my fellowship years and you.

- Jennie Kwon, DO, MSCI, Assistant Professor of Medicine  
  Washington University School of Medicine  
  WashU Fellow 2013-2016

Unfortunately Dr. Medoff was no longer teaching fellows by the time I began my fellowship. However, we became acquainted slowly. First, through passing greetings in the hallway. Then, when I was pregnant, he would stop to wish me well. This turned into brief, funny exchanges in the hallway. It culminated in one of the most unexpected relationships between him and I, where I would drop into his office every so often to discuss a patient, whine about my back hurting at the end of my pregnancy, or hear him tell stories from his attending days. It said so much about him that he would take the time to invest in me in this way. Outside of being such a prominent figure in our discipline, he will always be remembered to me as a kind human being.

- Matifadza Hlatshwayo Davis, MD, MPH, Instructor of Medicine,  
  Washington University School of Medicine  
  WashU Fellow 2015-2018

Dr. Medoff influenced my life in many ways. Not the least of which is I met my wife because of him.

- Jonathan M Green, MD  
  Professor of Medicine  
  Associate Dean for Human Studies  
  Executive Chair of the IRB at Washington University

We will miss Dr. Medoff at grand rounds – he always gets the diagnosis before anybody else!

- Nigar Kirmani, MD  
  Professor of Medicine  
  Washington University School of Medicine in St. Louis

I was a first year fellow, my favorite memories of you were always during Grand Rounds. After the first slide or two, you seemed to always deduce the answer. Your ability to recognize clinical syndromes quickly always astounded me, and I hope I can emulate that in the future. I was also lucky to round with you on the general ID service (you were covering for another attending), and I will always remember your caring bedside demeanor with patients. Thank you Dr. Medoff for taking part in educating me. I think fondly of my fellowship years and you.

- Jennie Kwon, DO, MSCI, Assistant Professor of Medicine  
  Washington University School of Medicine  
  WashU Fellow 2013-2016

Dr. Medoff influenced my life in many ways. Not the least of which is I met my wife because of him.

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  WashU Fellow 2013-2016
As a pediatric resident who had been tentatively accepted already for Peds ID fellowship and possible assignment to the Adult ID T32 training grant [G Medoff, PI], I was on call at SLCH ED when Dr. Medoff’s son was seen for a big laceration over the knee, from playing in a creek, falling, and getting a contaminated laceration. As I recall, Gerry was already upset because they were supposed to go to Italy soon for a conference [either mycological, or on Infectious Diseases usage of rifampin, rifamycins—can’t remember!]. Anyway, I established it did not look to go into knee joint, irrigated it as best I could, bandaged the knee, and sent them home. I was aghast when I heard the child was admitted to SLCH about 3 days later with a Plesiomonas shigelloides infected leg, maybe knee joint [can’t remember precise extent]. All I do remember is being petrified that I had not done something better, either prophylactically or therapeutically, for his son, and that the Head of Infectious Diseases would not look favorably on me becoming a fellow, if even in Peds!! After visiting them and giving my apologies, he just gave me one of those Medoff sidewise glances, and said these things happen, or something to that effect. I felt the weight of the world lifted, although all of these years later I still wondered if I had erred.

Next, I became a Peds ID fellow, and in those years, Dr Medoff still rounded one month/year in Peds, as he had a wealth of experience from running all age ID at Mass General. We had voice pagers in those years, and at some point on rounds, in the middle of learning pearls dropping from his mouth to my ears, Dr Medoff’s pager went off declaring “toilet clogged in room xxx, needs plunging”. We could not believe that someone would pull such a prank on him [as we used to do with our colleagues on night call] and were aghast at this apparent insult. Turns out the Facilities Dept had entered the wrong pager into the phone voice system; he was pretty amused, although I felt that someone’s head should roll [don’t know if Medoff was ever in the Navy, in which case he probably would have noticed that unintended pun just made].

I remember reading the Waldvogel F/Medoff G/Schwartz MN NEJM articles on osteomyelitis, those on Listeria, antifungals, and other of his works while a fellow, and still have most of those articles in my files. He was an extraordinary teacher, and although I did not work with him in Adult ID, I considered him a mentor nonetheless—a classic physician who could move between infections in children, adults, and in the lab [with George Kobayashi, whom I was also fortunate to know] with ease. Not many can replicate that, although Storch is pretty close.

Geoffrey A. Weinberg, M.D., FAAP, FIDSA, FPIDS
Professor of Pediatrics
Clinical Director, Pediatric Infectious Diseases & Pediatric HIV Program
University of Rochester School of Medicine & Dentistry
WashU/SLCH ID Fellow 1984

Dr. Medoff was a great inspiration for me during my fellowship years and a good role model once I started my academic career.

- Michael Cynamon, MD,
Chief, Infectious Diseases, Upstate University Hospital.
Research Scientist at Central New York Research Corporation and Biotechnology Consultant
Syracuse, New York Area
WashU ID Fellow 1976

Dr. Medoff was by far the smartest, most compassionate and best mentor I could ever have had. It has been my honor to have trained under him.

- Hope Cranston-d’Amato, MD,
Medical Director, ICU St. Luke’s Hospital,
WashU ID Fellow 1981

I will be forever grateful for his mentorship, and support and for being such a wonderful and inspiring role model.

- Corrado Cancetta, MD, PhD
Director Botswana University of Pennsylvania Partnership
Associate Professor of Clinical Medicine
I was really influenced by your clinical skills, sense of humor, and your professionalism. What you taught me during my fellowship was invaluable and spending time in St. Louis is the highlight of my life. My goal is to inspire residents who are interested in infectious diseases, like you did for me.

-Hitoshi Honda
Chief, Infectious Diseases Division
Tokyo Metro Tama Medical Center, Japan
WashU ID fellow 2007

“My thanks to Dr. Medoff for the wonderfully sceptical, witty and baseball-linked training that he gave us”.

- Sam McConkey, MD, FRCP, FRCPI, AM, DTM&H
Head of the Department of International Health and Tropical Medicine, Royal College of Surgeons in Ireland
WashU ID Fellow 1997

“One of my first encounters with Dr. Medoff, and still one of my favorites, was when I was a Medicine intern in the CCU. A pt was admitted with a complicated multi-organ presentation that didn’t seem to make much sense, especially to the CCU team. ID was of course consulted and I’ll never forget Dr Medoff sitting in the middle of the CCU, listening to the fellow’s presentation of all the many tests and procedures that had been ordered to try to sort her out – and what he said, quite strongly, was: “What this patient needs is a DOCTOR!” So true! And how lucky for the patient that such a great one had just come to see her. His depth of knowledge and focus on the patient has always been a real inspiration to me and many others as we picked our sub-specialty areas. We miss him every day but especially on Tuesday mornings during ID grand rounds when his experience and insights were invaluable.

-Hilary M. Babcock, M.D., M.P.H., FSHEA, FIDSA
Professor of Medicine, Infectious Disease Division
Washington University School of Medicine, WashU ID Fellow 1999

Four amigos: Gerry Medoff, MD, Bill Powderly, MD, Gary Weil, MD and Russ Little, MD
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 was 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 continue to honor him through 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 the Washington University “Gifts” page and designate your gift to honor Dr. Medoff to the Division of Infectious Disease Fund (90991).

We thank you for your gifts.

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