Up to $24 million will help to eliminate two tropical diseases

Research from Washington University School of Medicine in St. Louis over the past decade has helped advance a global campaign led by the World Health Organization (WHO) to eliminate two neglected tropical diseases that have left tens of millions of people permanently disabled or disfigured.

Now, an international team led by Gary Weil, MD, professor of medicine and of molecular microbiology – with the assistance of up to $24.7 million in new grant funding from the Bill & Melinda Gates Foundation – plans to conduct clinical trials and related studies in Africa and Oceania that could help speed the elimination of these diseases as a public health problem. About $6 million already has been committed to the project, with additional funding dependent on the results of the first wave of studies.

One of those diseases is lymphatic filariasis, which in severe cases causes elephantiasis, painfully swollen limbs that make it difficult to walk and carry out the tasks of daily life. The second disease is river blindness, known more formally as onchocerciasis, which leads to blindness and severe skin disease. Both are caused by parasitic worms that are transmitted by biting insects.

“Globally, enormous progress has been made in reducing lymphatic filariasis and river blindness, but it will take decades to achieve full elimination with current treatment strategies,” said Weil, the principal investigator of the long-running Death to Onchocerciasis and Lymphatic Filariasis Project (DOLF), funded by the Gates Foundation. “So there is an urgent need to develop new tools and approaches to speed the elimination of both diseases.”

A major focus of the new effort will be on lymphatic filariasis. The WHO launched a global campaign in 2000 to eliminate the disease by 2020. While this program has successfully cut the number of people at risk of disease nearly in half – from 1.4 billion to 800 million – completely ridding...
Lymphatic filariasis is spread by mosquitoes that carry larvae from one person to the next. Once inside a person’s body, the adult worms migrate to lymphatic vessels that drain excess fluid from tissues and return it to the bloodstream. By blocking the drainage routes, worms cause swelling in the lower limbs. Adult worms can live for years in the lymphatics, producing millions of young that travel to the bloodstream, where they are picked up by the next mosquito that bites.

The WHO’s strategy has been to break the cycle of transmission by administering worm medication on a massive scale to everyone who lives where the parasites are found, regardless of whether they are infected. In prior studies in six countries in Asia, Africa, Oceania and the Americas, DOLF researchers found that a triple cocktail of drugs — ivermectin, diethylcarbamazine and albendazole, collectively known as IDA — was safe and more effective than two-drug combinations the WHO had recommended for mass treatment campaigns in most countries. While the two-drug regimens kill the larvae, their effect is incomplete and temporary. Permanently ending transmission requires treating entire communities repeatedly until the adult worms become too old to reproduce, which can take up to seven years. The three-drug combination, however, sterilizes or kills the adult worms. Based on these results, the WHO changed its policy in 2017 to recommend the three-drug combination for filariasis elimination in many places, a shift that could vastly accelerate the pace of elimination.

The WHO does not recommend the triple-drug combination in places where both lymphatic filariasis and river blindness are endemic. The parasites that cause both diseases are susceptible to some of the same medications, so conceivably, both diseases could be eliminated with the same mass treatment strategy. The problem is that the worms that cause river blindness can live in the eye — which is why they trigger vision problems — and when they are killed by medication, the worms release toxic byproducts that can cause blindness.

“With the new funding from the Gates Foundation, we will test IDA in places where some people are co-infected with the worms that cause lymphatic filariasis and onchocerciasis,” Weil said. “Our strategy is to pre-treat people with ivermectin to remove the parasites from the eyes and then, several months later, deliver IDA, which should then be safe.”

The strategy will first be tested in Ghana. Success there will lead to larger studies in other countries in Africa. If successful, 18 countries with overlapping areas of endemic river blindness and lymphatic filariasis — all located in Africa — will have a much more powerful weapon in their fight against parasitic diseases.

The grant also will allow the researchers to test other drug combinations with a goal of finding more treatment regimens that quickly and effectively kill the worms while also being safe and acceptable to the people who have to swallow the drugs. Some of these studies will include a newly approved drug called moxidectin. Moxidectin is similar to ivermectin, but lasts longer in the body. It has been shown to be effective for clearing onchocerciasis parasites from the skin for at least one year.

Weil and the DOLF team also will tackle the question of why mass treatment for lymphatic filariasis is not always as effective as hoped. They will look for differences among people — such as history of prior treatment and ability to metabolize medications — and among the parasites — such as genomic variations and signs of drug resistance — that could explain why mass treatment for lymphatic filariasis works better in some people and regions than others.
awards & announcements

**RECENT GRANT AWARDS**

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**special recognition**

Sumanth Gandra, MD, MPH, assistant professor of medicine, is a member of the 22nd World Health Organization (WHO) Expert Committee on the Selection and Use of Essential Medicines. The Model List of Essential Medicines, published by the WHO, contains the medications considered to be most effective and safe to meet the most important needs in a health system. The list is frequently used by countries to help develop their own local lists of essential medicine.

The WHO updated its Essential Medicine List with special focus on antibiotic classification for stewardship. Dr. Gandra represented India in the committee. His research at the Center for Disease Dynamics, Economics & Policy focused on antibiotics resistance and antibiotic consumption globally.

**congratulations...**

Best wishes to Anne Butler, PhD, assistant professor of medicine, and her husband, Andrew Butler, on the birth of their son, Neville John Butler, born on June 11, 2019 at 9 lbs, 5 oz. Neville joins siblings, Wyatt and Liam.
Powderly to lead institute of clinical & translational sciences

William G. Powderly, MD, the Dr. J. William Campbell Professor of Medicine and co-director of the infectious disease division, has been named director of the university’s Institute of Clinical and Translational Sciences (ICTS). The institute is funded by the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH).

Powderly’s appointment takes effect Sept. 1. He will take over leadership from Bradley A. Evanoff, MD, the Richard A. and Elizabeth Henby Sutter Professor of Occupational, Industrial and Environmental Medicine, who has held a leadership role in the ICTS since its inception in 2007. Evanoff will remain involved with the ICTS and continue his roles as a principal investigator researching work-related injuries and workplace health, and as director of the Division of General Medical Sciences.

Powderly, also the Larry J. Shapiro Director of the Institute for Public Health, served as the dean of medicine and head of the School of Medicine and Medical Sciences at University College Dublin, Ireland. He will manage the future growth and direction of the ICTS.

The university’s ICTS is one of 57 such centers in the U.S. The institute works to advance clinical and translational sciences across the university and throughout the region. Rather than focus on a single specialty or disease, the facilities and resources supported by ICTS funds are intended to speed the adoption of research findings in disease prevention, diagnosis and treatment across the spectrum of health care.

The Washington University ICTS is a regional consortium that includes important partnerships with BJC HealthCare, the St. Louis College of Pharmacy, Saint Louis University and the University of Missouri in Columbia.

ICTS funds have supported many research efforts that have resulted in major steps in understanding and treating disease, including the development and testing of new diagnostic methods, new drugs and other therapies. Washington University’s ICTS has actively promoted the career development of students and junior faculty, many of whom are emerging leaders in their fields.

“It is a privilege to take over as director from Dr. Evanoff, who has laid a superb foundation for clinical and translational research at Washington University and its regional partners,” Powderly said. “The ICTS is well-positioned to bring advances in biomedical science into the clinical arena that can lead to significant improvements in individual and population health, and continue to foster the next generation of clinically active physician-scientists.”

Powderly is an infectious disease expert with a 30-year career in clinical research related to HIV infection. He has served as a member of many advisory boards related to HIV and infectious diseases, including for the NIH, the U.S. Centers for Disease Control and Prevention, the Canadian Institute for Health Research, and the European Medicines Agency. He is also a fellow of the Royal College of Physicians in Ireland, the Royal College of Physicians (London), the American Association for the Advancement of Science and is a past-president of the Infectious Diseases Society of America.

adapted from Washington University news release by Julia Evangelou Strait
Elvin H. Geng, MD, MPH  
Professor of Medicine, Infectious Diseases

The Department of Medicine and the Institute for Public Health (IPH) are delighted to announce the appointment of Elvin H. Geng, MD, MPH as professor of medicine in the Division of Infectious Diseases, and as the next Director of the Center for Dissemination and Implementation Science (CDI) at the IPH. Dr. Geng who was an associate professor of medicine in the division of infectious diseases at UCSF, is an internationally recognized leader in implementation science as applied to HIV.

“Implementation science has become a key discipline as we try to bring the benefits of discovery to wider populations both in the US and internationally” said William G. Powderly, the Larry J. Shapiro Director of the Institute for Public Health. “Washington University has been a national leader in implementation science, and we anticipate Dr. Geng will build upon the outstanding leadership provided by Enola Proctor, the out-going Director of the CDI, and her colleagues.”

Dr. Geng earned his MD and MPH degrees from Columbia University and subsequently completed post-doctoral training through the Aaron Diamond AIDS Institute (posted in Kunming, China) as well as fellowship training in infectious diseases at the University of California in San Francisco. Using the lens of implementation science, he conducts research to optimize the use of evidence-based interventions in the public health response to HIV. Currently, through diverse collaborations in Kenya, Zambia, Uganda, as well as in safety net settings in the US, he is leading work to advance strategies for HIV treatment success. His work is sponsored by the Bill and Melinda Gates Foundation and the NIH. He serves in an advisory capacity for the WHO, non-governmental organizations, and professional organizations. He is an academic editor at PLOS Medicine, a member of the editorial board of JAIDS and editor for implementation science at Current HIV/AIDS Reports.

“Dr. Geng is an outstanding physician scientist,” said Dr. Victoria Fraser, Adolphus Busch Professor of Medicine and Chairman, Department of Medicine. “He is internationally recognized for his research on implementation science to improve prevention and treatment of AIDS in diverse settings. He will strengthen our implementation science and global health research programs”.

Keep up with our latest news... [https://infectiousdiseases.wustl.edu](https://infectiousdiseases.wustl.edu)

National Leaders in Infectious Diseases
... preparing the next generation of scientists and physicians

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**welcome new faculty**

**Jane O’Halloran, MB BCh BAO (Hons), MRCPIM**

Assistant Professor of Medicine, Infectious Diseases

Dr. O’Halloran received her Bachelor of Medicine, Surgery and Obstetrics & Gynecology, from the National University of Ireland, Gateway, Ireland. She continued her professional training and completed higher specialist training at the Royal College of Physicians of Ireland in 2015. Dr. O’Halloran recently completed her ID fellowship training at Washington University School of Medicine and plans to continue her current research on anti-retroviral toxicities and co-morbidities associated with HIV infection.

**Daisy W. Leung, PhD**

Associate Professor of Medicine, Pathology & Immunology
Associate Professor, Biochemistry and Molecular Biophysics

Dr. Leung joined the division spring 2019. She completed a BA, Biology in 1997 at Amherst College, Amherst, MA and worked on her PhD, at Weill Cornell Graduate School of Medical Sciences of Cornell University, New York, NY. She later transferred and completed a PhD in molecular biophysics at UT Southwestern Medical Center at Dallas, TX with advisor Michael Rosen, PhD.

Dr. Leung’s research is focused on understanding the molecular mechanisms regulating signaling at the host-viral interface using biochemical and structural methods. These studies will identify novel host and viral interactions that are important for host immune inhibition or viral replication and that can be targeted for therapeutic development.

**Carlos Mejia, MD**

Instructor in Medicine, Infectious Diseases

Originally from Guatemala city, Dr. Mejia studied medicine and graduated from San Carlos University. He did his residency at La Paz University in Madrid, Spain. Dr. Mejia recently completed his ID fellowship training at Washington University School of Medicine and plans to pursue clinical research on mycobacterial infections locally and in Guatemala as part of his Global Health interest.
2019 FACULTY PROMOTIONS....CONGRATULATIONS!

Professors of Medicine

Hilary M. Babcock, MD, MPH

Makedonka Mitreva, PhD

Associate Professors of Medicine

Jacco Boon, PhD

Eva Istvan, PhD

Michael Lane, MD, MSc

Jay McDonald, MD

Assistant Professors of Medicine

Larissa Thackray, PhD

Jason P. Burnham, MD

Anne Butler Mobley, PhD, MS

Abigail Carlson, MD
Olsen, recognized at 2019 commencement ceremonies

Margie Olsen, PhD, MPH, professor of medicine, was honored with two awards as mentor and coursemaster at the Clinical Research Training Center (CRTC) Joint Recognition and Commencement Ceremony.

Margie earned recognition and received the Mentor of the Year award by the CRTC graduates from the Master’s programs: MSCI, AHBR & MPH. The Clinical Research Training Center is part of the Washington University Institute of Clinical and Translational Sciences. The Center provides didactic curriculum and mentored training in clinical and translational research for students, house-staff, postdoctoral students, fellows and junior faculty. Senior faculty serve as mentors, role models and teachers to develop future leaders of clinical and translational research.

Margie was recognized again, by the Master’s of Science in Population Health graduates, as Coursemaster of the Year for her teaching in the Administrative Data Course.

Mike Lane Named Medical Director of Safety for BJC HealthCare.

Mike Lane, MD, associate professor of medicine, joined the Center for Clinical Excellence at BJC HealthCare in February 2015. Much of Mike’s work at BJC has focused on improving the safety of care delivered across BJC. Mike has functioned as a physician leader of BJC’s patient safety program and has worked with an extraordinary patient safety team and collaborators across all of BJC. The safety team has investigated hundreds of issues since 2015 and assisted with the implementation of action plans to make care safer for patients across BJC. In his newly expanded role, Mike will continue to focus on leading safety strategy and activities across all BJC programs. In addition, Mike will be taking on additional leadership responsibilities for BJC’s quality program.

Kirmani, Durkin and Liang, editors of the ID Subspecialty Consult 3rd edition

The recently published Infectious Diseases Subspecialty Consult 3rd edition is now available online at https://shop.lww.com.

The manual was edited by Washington University ID faculty, Nigar Kirmani, MD, professor of medicine, Michael Durkin, MD, MPH, assistant professor of medicine, and Stephen Liang, MD, MPH, assistant professor of medicine.
Kwon named to NAM health policy committee

Jennie H. Kwon, DO, MSCI, 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, has been named a member of the National Academy of Medicine's (NAM) Health Policy Fellowships and Leadership Programs (HPFLP) Advisory Committee. This advisory committee is made up of one representative from each of the NAM Fellowship programs and will provide strategic advice and guidance on how the NAM HPFLP can advance the aims of the fellowship programs and contribute to the NAM mission.

As a committee member, Dr. Kwon will provide perspective and insight to the HPFLP director and staff on current fellowship and leadership programs, and assist in the exploration of new programs and strategic initiatives.

Mattar joins Global Expert Advisory Group

Caline Mattar, MD, assistant professor of medicine and director, Global Health Track for Infectious Diseases and Global Health Scholars Pathway in Internal Medicine was selected as one of 29 experts for the Expert Advisory Group for the Global Antimicrobial Resistance (AMR) Research & Development (R&D) hub based in Germany.

Launched in May 2018, the initiative aims to improve coordination and collaboration on a global level, and to identify and prioritize R&D gaps, maintaining awareness at all levels. It is a global partnership currently consisting of 15 countries, the European Commission and two philanthropic foundations. It will support global priority setting and evidence-based decision-making on allocation of resources for AMR R&D. The expert advisory group is meant to evaluate the market potential of vaccines, diagnostic and antibiotics targeting the pathogens on the WHO priority pathogen list as well as tuberculosis.

Medicine residency house staff honor

Gerome Escota, MD, assistant professor of medicine, infectious diseases

Congratulations, Gerome Escota, MD, assistant professor of medicine, for being awarded not one, but two, Teaching Faculty of the Year Awards, in Infectious Disease and in General Internal Medicine, from medicine residency house staff at Washington University School of Medicine.

Dr. Escota also serves as the associate program director, of the Infectious Diseases Fellowship Program and clerkship director in medicine.
Powderly honored with Distinguished Graduate Award by University College Dublin (UCD) Medical Graduates Association

William G. Powderly, MD, the J. William Campbell Professor of Medicine & Co-director, Infectious Diseases Division, received the UCD Medical Graduates Association (MGA) Distinguished Graduate Award at their MGA Reunion 2019.

The UCD MGA Distinguished Graduate Awards are awarded to outstanding graduates of the UCD School of Medicine, who are nominated by their alumni in recognition of their lifelong achievements to medical education, research and/or clinical practice.

The citation for Dr. Powderly was shared by his classmate, Professor Tim McDonnell, consultant in respiratory medicine, St. Vincent's Private Hospital. Professor McDonnell reflected on Dr. Powderly's commitment to research, particularly HIV related clinical research, his tenure as Dean of Medicine of UCD and his friendship with his classmates since medical school. The award was presented by Professor Fionnuala McAuliffe, President of UCD Medical Graduates Association. Dr. Powderly graduated with the Class of 1979.
Patel selected to national list of influential young executives

Dr. Patel of Washington University School of Medicine, has been selected to a national list of influential young executives. These Rising Stars were identified in conjunction with editors and staff writers across The St. Louis Business Journals' network of more than 40 publications, including the St. Louis Business Journal. The first-of-its kind list, draws in large part from the various 40 Under 40 profiles and similar efforts produced by The Business Journals publications over the past year.

Patel presents at WUSTL TEDx event

TED is a nonprofit organization devoted to Ideas Worth Spreading. TEDx is a program of local, self-organized events that bring people together to share a TED-like experience. At a TEDx event, TED Talks video and live speakers combine to spark deep discussion and connection. Dr. Patel discussed Diversity & Inclusion and Pre-exposure Prophylaxis (PrEP). The event was at the George Warren Brown School of Social Work at Washington University St. Louis.

Patel receives Gerry and Bob Virgil Ethic of Service Award

Founded during Washington University in St. Louis' Sesquicentennial year, the Gerry and Bob Virgil Ethic of Service Award is an annual award recognizing a select group of WashU community members who exemplify a character of service and contribution to the St. Louis region.

Rupa R. Patel, MD, MPH, DTM&H, assistant professor of medicine, division of infectious diseases, was among those who were honored with the award this year. Dr. Patel dedicates her career to alleviating health disparities amongst underserved communities. As founder and program director of the Washington University HIV Pre-Exposure Prophylaxis (PrEP) Program and as assistant professor in the division of infectious diseases at the School of Medicine, Dr. Patel focuses on biomedical HIV prevention.

Rupa’s compassion and commitment impact countless community members. Rupa founded the PrEP Program in 2014, which provides a drug regimen that is over 90% effective in preventing HIV infection in HIV-negative people when taken daily. Many young adult gay and bisexual men were eager to take the medicine but due to a variety of social and financial factors, often could not continue seeing her or afford the costs of the program. Rupa advocates for accessible, affordable, and quality health care and has worked to create a sustainable PrEP Program for the St. Louis LGBTQ+ community.

Nominated by her students Julia Zigman and Eliza Antonowich, they wrote, “Dr. Patel doesn't strive to be known as a savior. Instead, her mission is to build and promote the community around her, one that flourishes with the same passion, inclusivity and determination she brings to work every day.” The award was presented by John Crane on April 17, at the Gephardt Institute for Civic and Community Engagement.
Carlos Mejia, MD
Next Steps: I’ll be staying as faculty as an Instructor in Medicine starting in July. I will continue to develop my clinical research focusing on mycobacterial infections locally and in Guatemala as part of my Global Health Interest.

Highlights of fellowship: If I had to highlight something in my fellowship, it would be the support I received from everyone in the ID division and especially my mentor, Andrej Spec, to pursue a career pathway based on my interests. Having shared the journey with my co-fellows was a bonus.

Jane O’Halloran, MB BCh BAO (Hons), MRCPIMD
Next Steps: I will be staying on in the division as an assistant professor in medicine. I plan to continue my current research into anti-retroviral toxicities and co-morbidities associated with HIV infection.

Highlights of fellowship: The fellowship gave me the opportunity to learn from and train with fellows and faculty whose enthusiasm for the specialty of infectious diseases is inspiring.

Juan Calix, MD, PhD
Next Steps: I will be staying at Washington University to complete the research component of my Physician Scientist Training Program. I will be performing research to further understand the pathogenesis of Acinetobacter infections, both with epidemiological studies and basic science.
Matthew Hevey, MD

**Next Steps:** After fellowship, I will begin working at the Infectious Disease Specialists private practice group in Colorado Springs, CO. There, I will join a former Washington University fellow and 4 other ID physicians to provide general infectious disease care as the only practice in the region. Most of my time will be spent seeing inpatients; however, I will also have a general ID clinic as well as a virology clinic at a local FQHC. My family and I look forward to the breathtaking views, outdoor activities, and being part of the close-knit practice.

**Highlights of fellowship:** For my medical career, I’ve never had one specific plan, but rather have been lucky enough to follow my passions as I discover them. At Washington University, I was able to get a lot of both clinical and research experience until I figured out what I enjoyed the most about Infectious Disease. I was helped along the way by great mentorship and close friendships with my co-fellows, attendings, and staff. We’re excited for the next step, but I will always look fondly upon my time in fellowship where I had the fortune to work with leaders in the field and create lifelong friendships.

Kap Sum Foong, MD

**Next Steps:** I am going to work for University of Illinois in Peoria as an Infectious Disease physician, with a focus on Antimicrobial Stewardship and Infection Control.

**Highlights of fellowship:** I think what I appreciate the most from my fellowship was the incredible learning experience and the powerful support system for both my personal and professional development. I am humbled by the knowledge passed onto me by my mentors (Drs. David Warren, EP Barrette) and talented peers who have watched me grow and achieve my goals successfully.

Laura Marks, MD, PhD

**Next Steps:** I will continue my training as a fourth year ID fellow focusing on research related to metabolomic approaches to the pathogenesis of invasive bacterial infections in patients with opioid use disorders.
Dr. Mitreva and collaborators identified inhibitors of key chokepoint enzymes that share potentially pan-intestinal and pan-phylum efficacy!


A new study published by Makedonka Mitreva, PhD, associate professor medicine, and collaborators identified 17 inhibitors of key chokepoint enzymes that share efficacy across parasitic worms with very different mode of parasitism. The active inhibitors target three different target classes. Representative inhibitors from each target class also had efficacy in hamsters infected with hookworm, as characterized by negative effects on parasite fecundity.

“Targeting chokepoint enzymes in metabolic pathways has led to new drugs for cancers, autoimmune disorders and infectious diseases. This is also a cornerstone approach for discovery and development of anthelmintics against nematode and flatworm parasites.”


Stephen Y. Liang, MD, MPH, assistant professor of medicine: Following upon work led by Dr. Jay McDonald on the long-term infectious complications of deployment-related trauma among U.S. military personnel in Afghanistan and Iraq now in VA care, this paper describes the incidence, epidemiology, and risk factors for urinary tract infections after combat-related genitourinary trauma. UTIs were common in patients with dismounted complex blast injury and urologic sequelae (e.g., bladder injury, posterior urethral injury, pelvic fracture, urinary retention/incontinence/stricture). Soft tissue infection at the pelvis/hip, trauma specifically involving the urinary tract, and transtibial amputation were all independent risk factors for UTI. While most UTIs occurred early on after the initial injury, recurrent infections may continue into long-term VA care.


Stephen Y. Liang, MD, MPH, assistant professor of medicine: This study sought to determine the extent to which patients with a history of methicillin-resistant *Staphylococcus aureus* (MRSA) colonization or infection in the preceding year contaminated environmental surfaces during a typical emergency department visit. Cultures were obtained from 5 anatomic sites to confirm active MRSA colonization. After patient discharge and prior to environmental disinfection, up to 16 pre-specified surfaces in their ED rooms were cultured. Of 42 patients enrolled, 25 (60%) remained colonized with MRSA. The rate of surface contamination with MRSA was highly associated with the patient’s MRSA colonization status (76% versus 18%), as well as the number of colonized patient body sites. In 16 of the 19 ED rooms (84%) where MRSA was recovered, all environmental strains were concordant with the corresponding patient strain. Contamination of the ED environment with MRSA from actively colonized patients is common. Improved environmental disinfection may help reduce the risk of transmission of MRSA to ED healthcare professionals and other patients during emergency care.
The influence of race and sex on gonorrhea and chlamydia treatment in the emergency department.

Hilary E.L. Reno, MD, PhD, assistant professor of medicine: Our STI research group has been working to improve care for patients in the BJC Emergency Departments by examining current practice. Treatment for STIs like gonorrhea and chlamydia is largely syndromic based care as testing does not return for 24-72 hours after a patient is seen. This results in overtreatment, which exposes patients to antibiotics they do not need as well as undertreatment, which risks patients not being treated in follow up. The BJH ED sees a high volume of patients for STI related concerns (about 3.3% of all patients are tested for gonorrhea and chlamydia) and so we were interested in patterns of over and undertreatment. Our study used two years of visits including testing results and antibiotics delivered and found that African American patients without gonorrhea or chlamydia were more likely to be overtreated than white patients (OR 1.83, 95% CI: 1.5, 2.2), likely reflecting ED health professionals knowledge of STI rates. The study also found that women with gonorrhea or chlamydia were more likely to be undertreated than men (OR 7.34, 95% CI: 4.8, 11.2). ED health professionals should be mindful of these treatment patterns, encourage patients to leave confidential numbers for follow up, and work to be early adopters of rapid turn around/point of care STI testing as it becomes available.

Presenting to the Emergency Department Versus Clinic-Based Sexually Transmitted Disease Care Locations for Testing for Chlamydia and Gonorrhea: A Spatial Exploration.

Hilary E.L. Reno, MD, PhD, assistant professor of medicine: Our STI research group wanted to better understand why patients may come to the ED for STI related care, which is often thought of as an “out patient issue.” Using visits that included gonorrhea and chlamydia testing, we examined the day and time of arrival for ED visits to multiple BJC hospitals as well as the patient’s home address in relationship to the ED they presented to. With this data, information on STI clinic and testing locations availability (from our St. Louis Regional Response Coalition’s provider database), and GIS analysis, we were able to show that 46% of St. Louis City residents lived closer to an open, no charge, walk in STI testing site than the ED they presented to. For St. Louis County residents, 26% lived closer to an available STI testing site. When we looked at the location of the St. Louis County Sexual Health Clinic (of which I’m Medical Director), 50% of all patients lived closer to this traditional STI clinic than the ED to which they presented. Certainly a patient centered media campaign can improve public knowledge of STI testing sites and clinics, but what this study shows is that the region needs to listen to patients with sexual health concerns to understand how, when, and what they need in STI testing—and then the public health system needs to change.

Events

SAVE THE DATE
Washington University School of Medicine IDSA Reunion 2019
Date: October 3, 2019
Time: 7:00 – 9:30
Location: Walter E. Washington Convention Center Washington, DC
Please RSVP to Stephanie Montgomery at montgomery.stephanie@wustl.edu

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Washington University School of Medicine hosts 4th Annual World TB Day Symposium April 2019

Shabaana Khader, PhD, professor of molecular microbiology, is instrumental in organizing an annual world TB symposium. This year’s 4th Annual Symposium was co-organized by Dr. Daniel Hoft, professor of medicine, St. Louis University and Dr. Khader on April 11, 2019 to commemorate World TB Day, the date Robert Koch first reported *Mycobacterium tuberculosis* as the cause for tuberculosis. The event brought together researchers, clinicians and epidemiologists throughout the St. Louis area, and nationally, who are working to stop tuberculosis.

Katrin D. Mayer-Barber, PhD, of the National Institute of Allergy and Infectious Diseases, delivered the keynote address “Inflammatory Innate Cytokines and Effector Cells in Host Resistance to Tuberculosis” and guest speaker, Mark Cronan, PhD, of Duke University, Medical Center, presented “Genetic Dissection and Modeling of Granulomatous Inflammation in Tuberculosis”. In addition to these invited speakers, there were five additional talks from researchers in the St. Louis area, followed by twenty cutting-edge and innovative poster presentations. The 4th Annual World TB Day Symposium highlighted the ground-breaking research on tuberculosis being carried out in the St. Louis area by researchers involved in basic/clinical TB/HIV research.

Members of the ID Division joined the Go!Missouri TM KT82 Relay Race

Faculty, fellows, and staff participated in a 6 person team one day relay race a one day, which is typically an 82-Mile relay that traditionally starts in Creve Coeur MO and ends in Hermann MO. However, due to both the Missouri and Mississippi Rivers experiencing historic flooding, portions of the Katy Trail had already been closed. Given the dangerous and unpredictable flooding along the trails, the event transitioned to Southern Illinois University - Edwardsville and the Madison County Trail system. This venue allowed runners to experience the relay-style event.

The team consisted of Deb Gase, Laura Marks, Mike Durkin, Victoria Haight, Jane O’Halloran, and Carlos Mejia. Their team was called “One Strep at a Time.” They finished in 12 hours and 56 minutes along with other 111 teams.
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.

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.

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We thank you for your gifts.

In Memory of Gerald Medoff, MD

Dr. Nathan A. Berger
Dr. Michael H. Cynamon
Dr. Joe Louise Seltzer & Mr. Carl Selzer
Dr. Keith F. Woeltje
Ms. Susan L. Wightman

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Your Donations Are Greatly Appreciated!

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