south central association for clinical microbiology
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SCACM NEWSLETTER

SUMMER 2019 EDITION

GREETINGS!

Hello everyone,

Hopefully you are enjoying the end of summer! Exciting things will be happening soon, such as the SCACM Fall Meetings (listed on page 2).

INTERESTING INFO

Some interesting articles and information are in this issue. Ideas for future issues are always welcome!

LEARN MORE:

If anyone is reading our newsletter for the first time, please head over to our website at www.scacm.org for additional information. You can also visit our Facebook page by typing @SCACM.ORG in the Facebook search box.

SCACM FALL MEETINGS

Visit https://scacm27.wildapricot.org/ Upcoming Conferences for more details. Save the dates!

SCACM FALL MEETING ILLINOIS 2019

20 Sep 2019 7:00 AM • Café la Cave 2777 Mannheim Road, Des Plaines, IL 60018

SCACM FALL MEETING MICHIGAN 2019

25 Sep 2019 8:00 AM • Auditorium of the Lansing Community College West Campus 5708 Cornerstone Drive Lansing, Michigan 48917

SCACM FALL MEETING KENTUCKY 2019

11 Oct 2019 8:00 AM • KY Community and Technical College 300 North Main Street, Versailles, KY 40383

SCACM FALL MEETING WISCONSIN 2019

15 Oct 2019 9:00 AM • Medical College of Wisconsin Alumni Center 8701 W. Watertown Plank Road Milwaukee, WI 53226

SCACM FALL MEETING WEST VIRGINIA 2019

25 Oct 2019 7:30 AM • Erickson Alumni Center 1 Alumni Drive, Morgantown, WV 26504

SCACM FALL MEETING INDIANA 2019

25 Oct 2019 7:45 AM • Valle Vista Golf Club and Conference Center 755 E Main St, Greenwood, IN 46143

SCACM FALL MEETING OHIO 2019

28 Oct 2019 4:00 PM • Cleveland Clinic Akron General Health & Wellness Cntr 4125 Medina Rd, Akron, OH 44333


SAVE THE DATE
2019 Indiana Fall SCACM Meeting
10.25.19
7:45 am - 4:00 pm
Valle Vista Golf and Conference Center
755 E. Main Street
Greenwood, IN 46143
Registration information:
www.scacm.org
For questions contact
Jyl Madlem
jmadlem@isdh.in.gov
317-921-5574
Valle Vista
Like No One Else

755 E. Main Street, Greenwood IN 46143
https://www.banquetroomindianapolis.com/

Valle Vista
Like No One Else

1180 Wilson Drive, Greenwood, IN 46143
317.881.0600
Room Block: $125/night (2 Queen/1 King); Mention SCACM Indiana

Holiday Inn Express

OHIO FALL SCACM MEETING 2019

Monday, October 28th, 2019
Akron General Health and Wellness Center, Bath
4125 Medina Rd.
Akron , Ohio 44333

NEW CHALLENGES IN THE MICROBIOLOGY LAB

4:00 – 5:00 PM Registration/ Visit vendor booths

5:00 – 5:10 PM Welcome

5:10 – 5:50 PM 1.0 Contact Hour - Level: Basic - P.A.C.E.® #

Beta-Lactamase inhibitors: a renaissance.
Robert Bonomo MD
VA North-East Ohio Health Care System, CWRU, Cleveland, OH

5:50 – 6:30 PM 1.0 Contact Hour - Level: Basic - P.A.C.E.® #

A practical guide to bacterial nomenclature in clinical microbiology's MALDI era
Daniel Rhoads, MD
University Hospitals Cleveland Medical Center, Cleveland, Ohio

6:30 – 7:20 PM 1.0 Contact Hour - Level: Basic - P.A.C.E.® #

Laboratory Diagnosis of Infectious Disease. IDSA Guideline 2018. A review for the microbiologist.
Michael Jacobs MD, PhD
Case Western Reserve University, Cleveland, OH

7:20 – 7:40 PM Dinner buffet

7:40 – 8:30 PM 1.0 Contact Hour - Level: Basic - P.A.C.E.® #

Challenge Me! Interactive presentation of clinical microbiology cases
Susan Harrington, PhD, D(ABMM)
Robert Tomsich, Pathology Laboratories, Cleveland Clinic, Cleveland, OH

3:30 - 4:00PM Book raffle and Adjournment

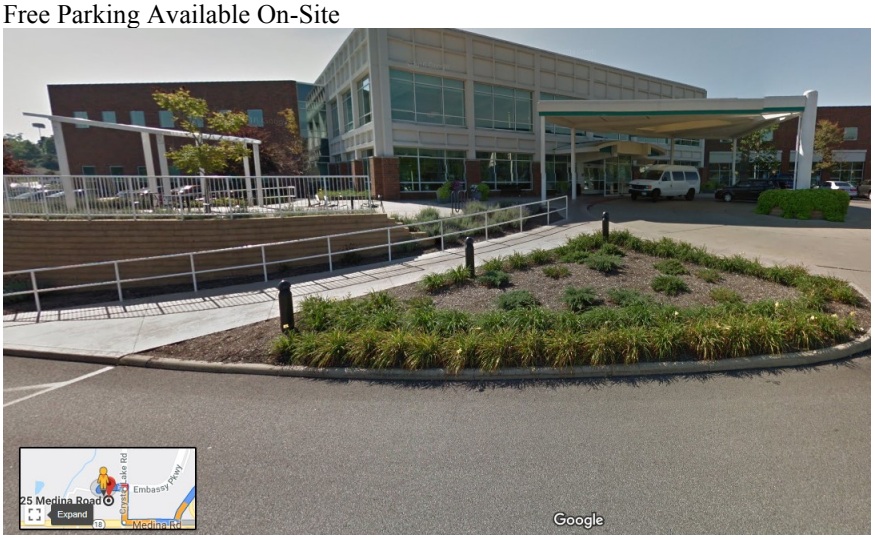
For additional information, please contact:
Maria E. Navas
713 280 4809
Maria.navas@va.gov

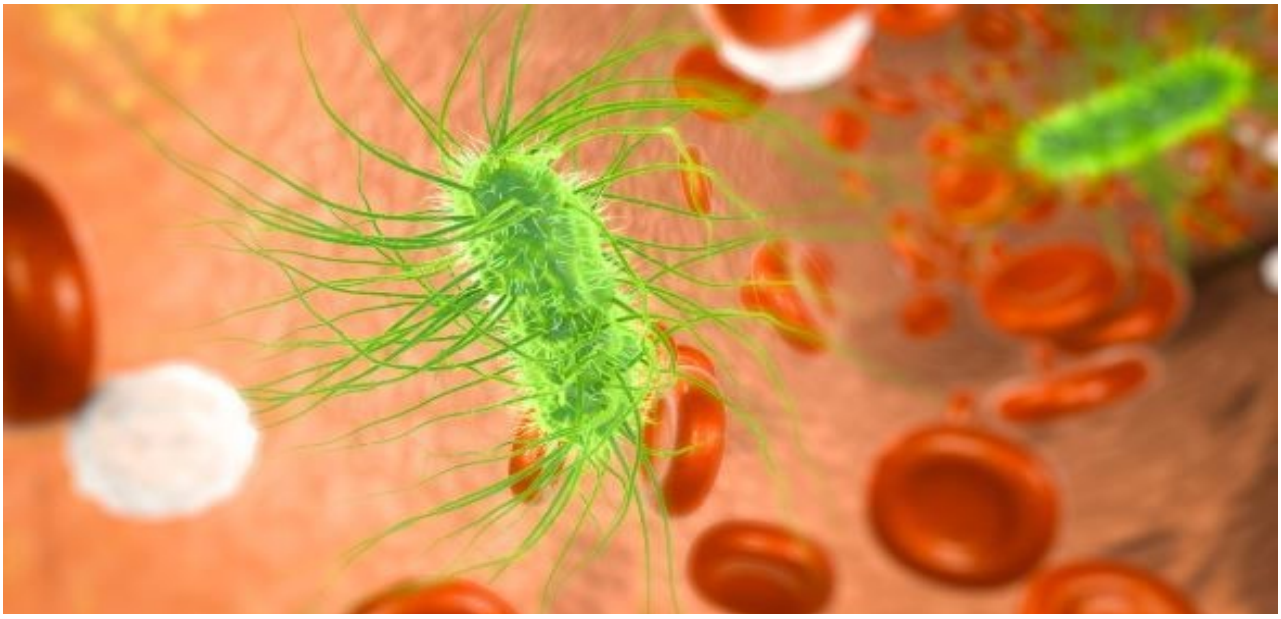
Driving Instructions:

From Cleveland:
Follow I-77 S to Montrose-Ghent.
Take exit 137B from I-77 S. 24 min (25.5 mi)
Continue on OH-18 W/Medina Rd. Drive to Embassy Pkwy. 2 min (0.3 mi)
Arrive 4125 Medina Rd Akron, OH 44333

From Columbus/ Cincinnati
Get on I-70 E/I-71 N.
Follow I-71 N to Montville Township.
Take exit 218 from I-71 N. 1 h 37 min (111 mi)
Follow OH-18 E/Medina Rd to Embassy Pkwy in Montrose-Ghent. 12 min (7.3 mi)
Arrive 4125 Medina Rd Akron, OH 44333

Parking:
Free Parking Available On-Site





Thursday Nov 7, 2019 at 3:30 to 8:00 pm

MERC Center, Cincinnati Children's Hospital, Oak Street and Reading Road, Cincinnati, Ohio

"Detecting Bacteremia: New and Novel Tools"

Presented by Nationally Recognized Speakers:

- **J. Kristie Johnson PhD**, Director of Microbiology, University of Maryland Medical Center
- **James Snyder PhD**, Director of Microbiology and Molecular Diagnostics, University of Louisville Hospital

The speakers will be discussing the scientific basis, of new technologies, innovations in basic technology, and clinical applications of these new and improved methods.

This symposium series provides an opportunity for area laboratorians, nurses, physicians and infection control/prevention specialists to interact with national experts in the fields of infectious disease and public health preparedness. The laboratory network is a unique organization whose membership represents area hospital microbiology, public health and reference laboratories within a 50 mile radius. Educational updates like this symposium facilitate the Laboratory Network's mission to prepare for potential infectious disease outbreaks and bioterrorism. Emergency communication, surge capacity planning and collaborative research projects are some additional network activities.

For more information, contact regionallaboratorynetwork@gmail.com.

SAVE THE DATE!

50th Anniversary SCACM Spring Meeting

March 18-21, 2020

Galt House, Louisville, KY

AST News Update Sign-Up

The CLSI AST Outreach Working Group (ORWG) is part of the CLSI Subcommittee on Antimicrobial Susceptibility Testing (AST) and was established in 2015. The formation of the working group originated in a desire to efficiently convey information regarding contemporary AST practices, recommendations, and resources to the clinical microbiology community.

Through periodic newsletters, the CLSI AST ORWG will direct you to educational materials to help you learn more about the CLSI Subcommittee on AST and the recommendations published in CLSI AST documents. Information will be provided through webinars, annotated presentations, self-study programs, case studies, articles, and more. A "hot topic" in antimicrobial resistance will be included in each issue of the newsletter. Educational materials will be provided by ORWG members and guest authors.
Visit https://clsi.org/meetings/ast/ast-news-update-sign-up/ to sign up.

By: Linzi Sheldon Updated: Jul 22, 2019 - 7:51 PM

Harborview Medical Center confirms that 158 employees are receiving treatment and medical attention after a potential exposure to brucella, a bacteria that can cause the infectious disease, brucellosis.

The exposure occurred in an operating room and a laboratory at Harborview in late June. A patient was transferred from another hospital to Harborview for an urgent operation and later tests revealed that person had brucellosis.

“The symptoms are vague,” said Dr. Chloe Bryson-Cahn, doctor of infectious diseases at Harborview Medical Center. “It can look like a ton of other infections and so when he was transferred here from outside, the other hospital did not know.”

On June 25, she said, a lab worker dropped a test tube with the brucella bacteria in it, potentially exposing lab workers.

According to the Centers for Disease Control and Prevention, initial symptoms can include fever, sweats, headache, and pain in muscles, joints, or the back.

The CDC states that some symptoms may persist for longer periods of time or never go away, including recurrent fevers, arthritis, swelling of the heart, and neurological symptoms.

“Can brucellosis be deadly?” KIRO 7 reporter Linzi Sheldon asked.

“If unrecognized and untreated, yes,” Bryson-Cahn said.

The bacteria is found in animals and transmitted to people by drinking unpasteurized milk or by being exposed to bodily fluid from an infected animal.

A person who said they were a Harborview employee provided KIRO 7 a fact sheet that Harborview confirmed it gave employees once they received medical attention.

It reads in part, "Depending on the type of exposure you may be offered antibiotics, blood tests or be asked to watch for symptoms,” all things Bryson-Cahn confirmed have been happening.

But what about any risk to others?

“Is there any concern of infection to employees' families or to any of the patients at Harborview?” Sheldon asked

“Great, thank you for asking that question,” Bryson-Cahn said. “I think -- just to be absolutely clear, because this does not spread human to human, there is no risk of exposure to any employees who were elsewhere in the hospital … anyone’s family at home, and any of our patients.”

Bryson-Cahn said they are monitoring people’s blood test results and weekly symptom reports for any signs of an infection. She said blood tests have not shown anyone having an immune response to brucella bacteria so far.

“I think the risk is really low,” she said. “We really took this approach out of an abundance of caution.”

For more information, please go to: https://www.kiro7.com/news/local/more-than-150-harborview-medical-center-employees-potentially-exposed-to-dangerous-bacteria/969234567

CDC is concerned about an increase in human illness from a new strain of multidrug-resistant (MDR) *Salmonella* Newport, that appears to have spread from cattle in the United States and Mexico. A new CDC report highlights an emerging strain of *Salmonella* Newport; that may not respond to antibiotics recommended for treatment of severe infections. During June 2018–March 2019, CDC identified 255 infections and 60 hospitalizations from 32 U.S. states. Infections were linked to beef obtained in the United States and soft cheese obtained in Mexico, suggesting that this strain could be present in cattle in both countries. Antibiotic susceptibility testing showed that the strain had decreased susceptibility to azithromycin and nonsusceptibility to ciprofloxacin–two commonly prescribed oral antibiotics. This leaves ceftriaxone, an injectable antibiotic, as the recommended treatment option. Most patients with *Salmonella* infections recover without antibiotics, but those with severe infections need antibiotics. Resistant infections can be harder to treat, and patients may be at increased risk for developing serious complications.

For more information, please visit: https://emergency.cdc.gov/newsletters/coca/082319.htm

RESEARCH OPPORTUNITY!

When?

Oct 5-19. Option is could go the whole time or just the first week. We do have faculty on this trip and an additional mentor from Boston Children's who can't help much in the lab but who is on the ground and well loved by the Kenyan staff. She will be there the whole time so our Neonatal Fellow, Anne and whomever her partner is will be well supported.

What will it cost?

The expenses would be covered with the grants from Cincinnati Children's Hospital.

Where is this setting?

Site is in Bomet Kenya on the edge of the Great Rift Valley. You fly into Nairobi, and then the next day take a 5 hour drive across the Valley. Housing is on site at the teaching hospital, it's an international community (filled with amazing and also weird humans from the US, Canada, Kenya, Ethiopia). Lab tech expectations would be to be in the lab helping Anne and possibly doing some light teaching if desired with Kenya lab staff.

If anyone is interested, they can contact me – address below and I can put them in touch with the research/clinical group in Neonatology. They have a picture book and more info and will be happy to personally talk to anyone who is interested.

Thanks,

Joel E. Mortensen, PhD

Professor

Director

Diagnostic Infectious Diseases Testing Laboratory

Department of Pathology and Laboratory Medicine

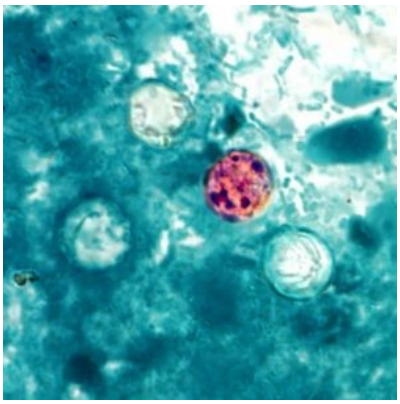
Cincinnati Children's Hospital Medical Center

3333 Burnet Avenue, Building, MLC 1010

Cincinnati, OH 45229-3026

T: 513.636.5310

Joel.mortensen@cchmc.org



Cyclospora in Southwest Michigan: Possibly linked to South Haven restaurant

By NewsDesk @infectiousdiseasenews July 20, 2019

Health officials in Michigan are reporting multiple cases of the parasitic infection, cyclosporiasis in Southwest Michigan. There have been eight lab-confirmed cyclosporiasis cases with illness onset dates since late June. At least 14 other individuals are also being investigated as possible cases associated with this cluster.

Health officials say preliminary information from the investigation suggests an exposure to food products prepared at or distributed by Taste restaurant in South Haven.

There is no indication that the illnesses are related to poor food handling or preparation at this establishment. Taste restaurant is fully cooperating with the investigation.

“Cyclospora contamination often occurs prior to the food arriving at food distribution centers and restaurants,” said Tim Slawinski, Michigan Department of Agriculture and Rural Development’s (MDARD) Food and Dairy Division director. “This type of contamination is not easily removed by standard produce rinsing.”

Cyclosporiasis is a gastrointestinal illness caused by a microscopic parasite. People can become infected by consuming contaminated food or water. Outbreaks in the United States have been linked to contaminated fresh produce.

Illness typically results in watery diarrhea, and can include loss of appetite, weight loss, stomach cramps, bloating, nausea and fatigue. Symptoms generally appear 1-2 weeks after ingestion of the contaminated product. If untreated, symptoms often last for weeks and can return one or more times. Infection is not transmitted directly from person to person and usually is not life-threatening.

For more information, please visit: http://outbreaknewstoday.com/cyclospora-in-southwest-michigan-possibly-linked-to-south-haven-restaurant-99140/

Please read the following write-up about an NDM Case:

Written by **Paul Lephart, Ph.D., D(ABMM)**
Associate Director, Clinical Microbiology Laboratory
Assistant Professor of Pathology

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

According to a recent CDC publication on travel epidemiology, international travel is expected to double from 1.2 billion in 2015 to 2 billion by 2030. As microbiologists, we are too aware that along with the international travelers and their baggage comes their international microbial baggage as well. That baggage may be parasitic, bacterial or viral in nature, and while most of the time these microbial tourists are fairly benign, the potential exists for the spread of significant pathogens. Two of these notable exotic travelers are the carbapenemase-gene carrying gram-negative pathogens, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*. Domestically, carbapenem resistance in *P. aeruginosa* is more common than in *K. pneumonia,* but is commonly associated with chromosomally mediated mechanisms that pose minimal risk for horizontal spread to other gram-negative pathogens. However, transferrable carbapenem resistance in both organisms is much more common internationally and includes such carbapenemase gene families such as OXA, VIM, IMP and NDM. Equally important is that these carbapenemase genes are typically carried on plasmids that also confer resistance to many other antimicrobial classes, often resulting in pan-resistant phenotypes. CDC tracking of Enterobacteriaceae and *P. aeruginosa* carrying such carbapenemase enzymes suggests limited spread -- ranging from only seven NDM carrying *P. aeruginosa* isolates found nationwide in 2017 to almost 400 NDM carrying Enterobacteriaceae nationwide over the same time period. So while the potential for domestic spread of these isolates does exist, the primary source for carbapenem resistance of this nature is likely from foreign travelers.

Carbapenem resistance at the University of Michigan is relatively uncommon, with 98% of our *K. pneumoniae* and 80% of our *P aeruginosa* isolates susceptible to meropenem. An almost unheard of situation in our laboratory is finding an isolate of any organism resistant to all drugs on our AST panel. More common (but still rare) is the incidental contamination of a susceptibility test of a gram-negative organism with a gram-positive organism, resulting in a multi-drug resistant (if not pan-resistant) profile. Therefore, in the absence of significant gram-negative resistance to a significant degree in our routine population, when isolates with significant resistance appear, it is a more natural inclination to count the result as erroneous and to repeat testing rather than report the result immediately. Such was the case recently when both a *P. aeruginosa* and a *K. pneumoniae* isolate from a patient with only a history ESBL positive *E. coli* came across our bench. Both tested as pan-resistant by our custom susceptibility panels, including resistance to the newest drugs available such as ceftazidime/avibactam, ceftolozane/tazobactam and meropenem-vaborbactam. Assuming contamination, repeat testing was set up but it wasn't until the following morning during our weekly lab rounds with our Infectious Disease team that the patient's recent hospitalization in India was mentioned. We immediately tested both the *K. pneumoniae* and *P. aeruginosa* isolates on our Verigene system by preparing a 1.0 McFarland suspension from the freshly grown isolates that were set up for repeat MIC testing (validated RUO method). Two hours later, the Verigene results came back and confirmed our suspicions; the *K. pneumoniae* was not only positive for CtxM (ESBL) but also positive for OXA and NDM and the *P. aeruginosa* isolate also positive for the NDM marker. Notices immediately went out to our Infection Prevention team who then developed plans to screen all patients who had potentially been exposed. The Michigan Dept of Health and Human Services was contacted and graciously accepted nearly 100 perirectal swab samples to screen for carbapenemase carrying gram-negative organisms—thankfully, none were found.

At the end of the week, it became crystal clear to all of us involved at Michigan Medicine that the world was just that much smaller and that the worst of MDR pathogens are not that far away.

FDA approves new treatment for complicated urinary tract and complicated intra-abdominal infections

For Immediate Release: July 17, 2019 The U.S. Food and Drug Administration has approved Recarbrio (imipenem, cilastatin and relebactam), an antibacterial drug product to treat adults with complicated urinary tract infections (cUTI) and complicated intra-abdominal infections (cIAI).

"The FDA remains focused on facilitating the development of safe and effective new antibacterial drugs to give patients more options to fight serious infections," said Ed Cox, M.D., M.P.H., director for the Office of Antimicrobial Products in FDA's Center for Drug Evaluation and Research. "It is important that the use of Recarbrio be reserved for situations when there are limited or no alternative antibacterial drugs for treating a patient's infection."

Recarbrio is a three-drug combination injection containing imipenem-cilastatin, a previously FDA-approved antibiotic, and relebactam, a new beta-lactamase inhibitor.

The determination of efficacy of Recarbrio was supported in part by the findings of the efficacy and safety of imipenem-cilastatin for the treatment of cUTI and cIAI. The contribution of relebactam to Recarbrio was assessed based on data from in vitro studies and animal models of infection. The safety of Recarbrio, administered via injection, was studied in two trials, one each for cUTI and cIAI. The cUTI trial included 298 adult patients with 99 treated with the proposed dose of Recarbrio. The cIAI trial included 347 patients with 117 treated with the proposed dose of Recarbrio.

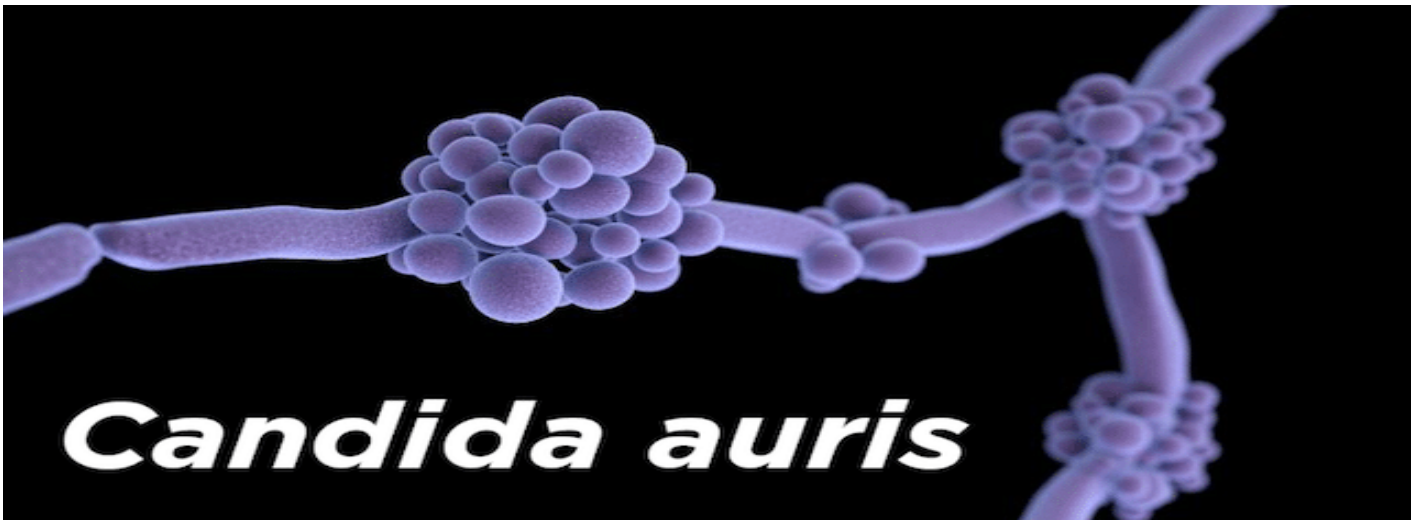
The most common adverse reactions observed in patients treated with Recarbrio included nausea, diarrhea, headache, fever and increased liver enzymes.

Recarbrio should not be used in patients taking ganciclovir unless the benefits outweigh the risks as generalized seizures have been reported. Patients should also avoid using Recarbrio when taking valproic acid or divalproex sodium, drugs used to manage seizures, as a reduction in valproic acid level may lead to seizures.

Recarbrio received FDA's Qualified Infectious Disease Product (QIDP) designation. The QIDP designation is given to antibacterial and antifungal drug products intended to treat serious or life-threatening infections under the Generating Antibiotic Incentives Now (GAIN) title of the FDA Safety and Innovation Act. As part of QIDP designation, Recarbrio was granted Priority Review under which the FDA's goal is to take action on an application within an expedited time frame. The FDA granted the approval of Recarbrio for the treatment to Merck & Co., Inc.

A key global challenge the FDA faces as a public health agency is addressing the threat of antimicrobial-resistant infections. Among the FDA's other efforts to address antimicrobial resistance, is the focus on facilitating the development of safe and effective new treatments to give patients more options to fight serious infections.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products. Please visit https://www.fda.gov/news-events/press-announcements/fda-approves-new-treatment-complicated-urinary-tract-and-complicated-intra-abdominal-infections for more information.



Healthcare settings face challenges in identification, treatment, and prevention

by Molly Walker, Associate Editor, MedPage Today July 29, 2019

Identifying, treating, and preventing *Candida auris*, the invasive multi-drug resistant yeast associated with severe nosocomial infections, is a challenge facing more and more healthcare settings, researchers argued.

With 90% of *C. auris* isolates resistant to fluconazole, and 40% resistant to at least two classes of antifungal agents, limited treatment options exist for patients colonized with *C. auris*, reported Snigdha Vallabhaneni, MD, MPH, of the CDC in Atlanta, and colleagues.

"From an infection control perspective, *C. auris* acts more like a multidrug-resistant, health care-associated bacteria than like a typical yeast. It is a new bug using old tricks mastered by some well-known, multidrug resistant organisms," they wrote in a commentary in the *Annals of Internal Medicine*.

They detailed the history behind this multi-drug resistant pathogen with "unprecedented" drug resistance. Clinically, *C. auris* is linked with bloodstream infections and intra-abdominal infections, as well as endocarditis, surgical site infections, osteomyelitis, and endophthalmitis, the authors said. Specifically, they cited a study that found 5% of patients with *C. auris* skin colonization developed invasive blood stream infection within a year, and of those, 40% died within 30 days.

In fact, findings presented at the 2019 ASM Microbe meeting in San Francisco by CDC researchers found that patients with *C. auris* appear to "shed" the pathogen from their skin into their environment, which could potentially play a factor in transmission.

Vallabhaneni and colleagues pinpointed risk factors for *C. auris*, including treatment in long-term acute care hospitals or skilled nursing facilities with ventilator units, but included other patient-based factors, such as history of stroke or other severe neurologic conditions, tracheostomies and percutaneous feeding tubes, and inability to perform any activities of daily living.

Environment also plays a factor -- specifically hospitalization in a country with *C. auris* transmission. Researchers pointed to CDC guidelines that recommend screening patients with overnight hospitalizations outside the country, specifically hospitalizations in countries with "involvement with carbapenemase-producing

organisms." They added that in one instance, at least 12 patients with *C. auris* infection had been previously hospitalized in India, Pakistan, the United Arab Emirates, South Africa, Venezuela, or Kenya in the prior year.

But identification can be challenging. At ASM Microbe, Milena Kordalewska, PhD, of Hackensack Meridian Health in New Jersey told *MedPage Today* that "few labs can handle ... an outbreak of this magnitude, you need several public health labs, clinical labs, private labs all to come together to tackle this situation. Until that happens, it will be a challenge."

Indeed, Vallabhaneni and colleagues wrote that *C. auris* can often be misidentified as another yeast if only biochemical methods are used. They added that "species determination of yeast found in noninvasive sites, such as urine and respiratory specimens, should also be considered in high-risk settings like long-term acute care hospitals."

Antibiotic stewardship, improved maintenance practice for central venous catheters and targeted antifungal prophylaxis can all help in *C. auris* prevention efforts, the authors said.

"The key difference for *C. auris* prevention is the need for strict adherence to infection control measures, including hand hygiene; contact precautions for colonized and infected patients, such as use of single rooms or patient cohorts; and thorough cleaning and disinfecting of the patient environment and shared medical equipment with an agent active against *C. auris*," they noted.

In the meantime, the authors said that rapid diagnostic tests and effective decolonization methods are "urgently needed," and also recommended "bolstering laboratory detection capacity, strengthening public health surveillance and improving infection control practices."

For more information, please visit https://www.medpagetoday.com/infectiousdisease/infectioncontrol/81290.

2019 Michigan Measles Outbreak Information

As of May 17, 2019, the Michigan Department of Health and Human Services has confirmed 44 total measles cases statewide since March 13, 2019.

The outbreak, which began in mid-March, has resulted in 40 cases in Oakland County, one in Wayne County and one in the City of Detroit.

In addition, an international traveler was diagnosed with measles following a visit to Washtenaw County and a second international traveler resulted in a case of measles in St. Clair County in May. Infected individuals range in age from 8 months to 63 years; a majority of the cases involve adults.

Unvaccinated residents, or residents who are unsure of their vaccination status, should get vaccinated. Residents should contact their healthcare provider or local health department to receive vaccine. If symptoms develop, do not visit your doctor or emergency room unless you call ahead so they can take precautions to prevent exposure to other individuals.

The measles vaccine is highly effective and very safe. A single dose of measles vaccine protects about 95 percent of children, but after two doses, almost 100 percent are immune. You cannot get measles from the vaccine. It can be effective within 72 hours of exposure to prevent illness.

In addition, immune globulin treatment is effective within six days of exposure for high-risk individuals. Talk to your healthcare provider to determine if immune globulin is right for you and if it is available. High-risk individuals include those who are unvaccinated or unsure about vaccination status, pregnant women and those who are immune-compromised (have a weakened immune system due to illness and diseases like HIV, malnutrition and/or medications).

To find your local health department, visit Malph.org/resources/directory.

Residents with questions about vaccination are encouraged to visit IVaccinate.org for information based on credible medical science and research to help them protect from vaccine-preventable diseases, such as measles. The I Vaccinate campaign is a joint effort of the Franny Strong Foundation and Michigan Department of Health and Human Services, and is supported by every major medical group in the state and the U.S. Centers for Disease Control and Prevention. Please visit https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914_68359-492981--,00.html for additional information.

In Recognition
Thank you everyone for helping make this issue of e-news. If you any suggestions, articles or ideas please send an email to news@scacm.org

SCACM E-news team: Misha Tate, Dr. Linoj Samuel , Dr. Richard Van Enk, Dollie Marie Jacosalem

Thanks for taking the time to read through our e-newsletter. We hope to send these out quarterly. We would like to keep you informed on professional development opportunities and provide you with quick links to get there. We also want to showcase local programs.

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