

CME

Creighton University School of Medicine
Continuing Medical Education Division
2500 California Plaza
Omaha, Nebraska 68178-0216

21144-811620-7431-110

Address Service Requested

25th Annual
Infectious Diseases Symposium
Friday, April 22, 2005

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PAID
Permit No. 227
Omaha, NE

CME

25th Annual Infectious Diseases Symposium

Embassy Suites Downtown/Old Market
555 South 10th Street
Omaha, Nebraska

Friday, April 22, 2005
8:00 a.m. - 3:30 p.m.

Designed for:

Physicians, Nurses, Laboratory Personnel,
Fellows, Residents, Students, Physician Assistants,
Nurse Practitioners, and Other Interested
Health Care Personnel

Co-Sponsored by:

The Sections of Adult and Pediatric Infectious Diseases
from the Departments of Medical Microbiology and
Immunology, Internal Medicine and Pediatrics
The Continuing Medical Education Division of
Creighton University School of Medicine
and the
University of Nebraska Medical Center

Creighton
UNIVERSITY
Medical Center

Continuing Medical Education

PURPOSE AND OBJECTIVES

Purpose: To provide current information on infectious diseases based on requests from attendees of the 2004 Infectious Diseases Conference.

Objectives: At the conclusion of this Symposium the participant should be better able to:

- Know the current epidemiology and antibiotic resistance mechanisms for *S. aureus*
- Understand the clinical manifestations of *S. aureus* infections in children
- Know the recommended management approaches for the empiric therapy of infections possibly caused by *S. aureus* and the treatment of *S. aureus* infections based upon the antibiotic susceptibility results
- Understand the strategies that may be beneficial for preventing recurrent staphylococcal infections
- Understand the epidemiology of ventilator-associated pneumonia
- Describe prevention strategies for ventilator-associated pneumonia
- Understand the procedure of pre-departure and new arrival screening for refugees
- Describe the standard of care for the new refugee medical screening examination and how this standard varies between populations depending on origin and pre-departure therapy
- Describe the epidemiology of tropical diseases encountered in the refugee population
- Initiate further evaluation and treatment for conditions frequently found in refugees (*i.e.* eosinophilia)
- Describe the current epidemiology of syphilis in the United States
- Define screening criteria for *C. trachomatis* and *N. gonorrhoeae* in heterosexual women and men who have sex with men
- Discuss the role of patient-delivered partner therapy in the treatment of bacterial STD
- Discuss the role and pitfalls of serological screening for HSV-2
- Review the risk factors and natural history of HCV infection
- Understand the choices and efficacy of current therapy and its side effects for HCV
- Discuss the factors associated with HCV infection progression to cirrhosis
- Identify the special (at-risk) populations with HCV infection
- Explain the clinical impact of meningococcal disease, hepatitis A and B, influenza, Varicella, measles, mumps, rubella, tetanus, diphtheria, and pneumococcal disease during adolescence
- Describe vaccination recommendations from the Center for Disease Control and Prevention Advisory Committee on Immunization Practices during adolescence
- Summarize the characteristics of available vaccines for meningococcal disease, hepatitis A and B, influenza, varicella, measles, mumps, rubella, tetanus, diphtheria, and pneumococcal disease

SCHEDULE

- 8:00 a.m. **Registration** (coffee and rolls)
- 8:25 a.m. **Welcome**
Gary L. Gorby, MD, Program Chairman
- 8:30 a.m. **Community-Acquired MRSA in Pediatrics**
Sheldon L. Kaplan, MD
- 9:20 a.m. **Prevention of Ventilator Associated Pneumonia (VAP)**
Victoria J. Fraser, MD
- 10:10 a.m. **Refreshment Break - View Exhibits**
- 10:30 a.m. **Infectious Disease Issues of Refugees on Arrival to the United States**
William M. Stauffer, MD
- 11:20 a.m. **Update on Sexually Transmitted Diseases**
Matthew R. Golden, MD
- 12:15 p.m. **Lunch Break** (on your own) **and visit exhibits**
- 1:30 p.m. **Predicting Outcomes of Hepatitis C (HCV)**
Mark E. Mailliard, MD
- 2:20 p.m. **Adolescent Immunizations**
Archana Chatterjee, MD
- 3:15 p.m. **Evaluation and adjournment**

FACULTY

COURSE DIRECTOR

Gary L. Gorby, MD

Chief, Section of Infectious Diseases
Associate Professor of Microbiology and Immunology
Associate Professor of Medicine
Creighton University Medical Center
Creighton University School of Medicine
Omaha, Nebraska

Archana Chatterjee, MD, PhD

Associate Professor of Pediatrics
Division of Pediatric Infectious Diseases
Creighton University Medical Center
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Omaha, Nebraska

Victoria J. Fraser, MD

Professor of Medicine
Co-Director, Infectious Disease Division
Washington University School
of Medicine
St. Louis, Missouri

Matthew R. Golden, MD

Assistant Professor of Medicine
Division of Infectious Diseases
Acting Director, Public Health – Seattle
and King County Sexually Transmitted
Disease Program
University of Washington
Seattle, Washington

Sheldon L. Kaplan, MD

Professor and Vice Chairman
for Clinical Affairs
Department of Pediatrics
Baylor College of Medicine
Chief, Infectious Disease Service
Texas Children's Hospital
Houston, Texas

Mark E. Mailliard, MD

Associate Professor of Medicine
Interim Chief, Division of
Gastroenterology & Hepatology
University of Nebraska Medical Center
Chief, Gastroenterology Section
Omaha VA Medical Center
Omaha, Nebraska

William M. Stauffer, MD

Instructor of Medicine and
Infectious Diseases Fellow
Division of Infectious Diseases and
International Medicine
Department of Medicine
University of Minnesota and Center
for International Health
Department of Medicine and Pediatrics
Minneapolis, Minnesota

Planning Committee:

Kathleen DeRoos, ARNP, ICP	Mark Rupp, MD
David L. Dworzack, MD	Meera Varman, MD
Alison Freifeld, MD	Browyn Gaines
Gary Gorby, MD	Dona Goodrich
Sally O'Neill, PhD	

EDUCATION CREDITS

The Creighton University School of Medicine designates this educational activity for a maximum of five (5) hours in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the activity.

This activity has been reviewed and is acceptable for up to **5.25 Prescribed** credits by the American Academy of Family Physicians.

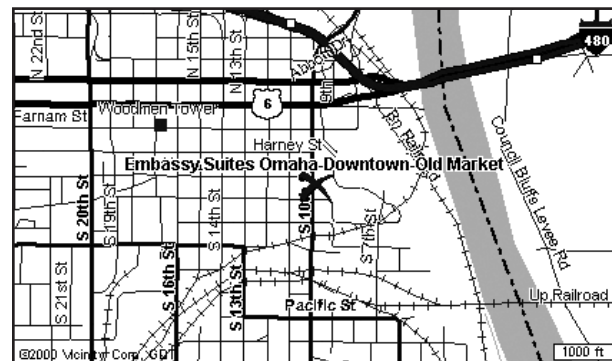
6.2 contact hours awarded. Creighton University Medical Center is an approved provider of continuing nursing education by the Nebraska Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. NE04-07H2-16.

FOR YOUR INFORMATION

REGISTRATION: Registration fee of \$20.00 (\$50.00 for those who desire CME credits). Please register by April 15, 2005.

CANCELLATION: Please call 402-280-1830 or 1-800-548-CMED by April 15, 2005. Refund less \$10.00 if canceling by April 15, 2005. No refunds after April 15, 2005.

MEETING PLACE: Embassy Suites Downtown/Old Market, 555 South 10th Street, Omaha, Nebraska.



PARKING: Complimentary parking is available at Embassy Suites guest parking lot.

ACCOMMODATIONS: A block of rooms has been reserved at a discounted rate. Reservations are to be directly with Embassy Suites at (402) 346-9000 or 1-800-EMBASSY and identify the Infectious Diseases Symposium. Please reserve your room by March 22, 2005. For further room options, please call Dona Goodrich (402) 449-0650 or e-mail at dona.goodrich@med.va.gov

EMERGENCY PHONE: (402) 346-9000. Identify the Infectious Diseases Symposium.

CLIMATE AND DRESS: April in Omaha brings cool weather. Please be sure to bring a warm jacket. Casual dress is encouraged for the entire meeting. Temperature in the meeting rooms can fluctuate therefore, layered clothing is suggested.

A NOTE FOR THOSE WITH SPECIAL NEEDS: Creighton University School of Medicine wishes to ensure that no individual with special needs is excluded, denied services, segregated or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you are in need of auxiliary aids or services, please contact the Continuing Medical Education Division at 1-800-548-2633 or 402-280-1830.

ACCREDITATION STATEMENT: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Creighton University School of Medicine and University of Nebraska Medical Center. The Creighton University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We gratefully acknowledge educational grants from the following companies:

- Aventis Pharmaceuticals
- Bristol-Myers Squibb
- Merck & Company, Inc.

5 EASY WAYS TO REGISTER



1 ON-LINE

Register on-line at:
<http://medicine.creighton.edu/medschool/CME/seminars.html>



2 FAX

FAX: 1-402-280-5180



3 MAIL

Mail the registration form to:
Creighton University School of Medicine
Continuing Medical Education Division,
601 N. 30th St., Suite 2130, Omaha, NE 68131-2100.
Make check payable to Creighton University.



4 PHONE

Our staff will be happy to register you by phone. Just call Monday - Friday, 8:00 a.m. - 4:30 p.m.
1-800-548-CMED (Continental USA)
or 1-402-280-5659



5 ON-SITE

We would be happy to have you register at the conference. However, if your registration is not received at least 5 working days prior to the conference we cannot guarantee you seating or conference materials.

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Registration Fee: \$20.00 • \$50.00 for those who desire CME credits

Lunch is on your own. Check appropriate box: Yes, I want credit. No, I do not want credit.

PLEASE REGISTER BY APRIL 8, 2005

REGISTRATION WILL BE COMPLETE AND CONFIRMATION SENT UPON RECEIPT OF REGISTRATION FEE.

(PLEASE TYPE OR PRINT)

What specific information would you like to receive at the conference? _____

Do you require special accommodations (dietary, handicapped, etc.) for the meeting? Yes No

If yes, please explain: _____

Name Mr. Ms. Mrs. _____
First MI Last (MD, NP, PA, etc.)

Social Security Number X X X - X X - _____ (Last 4 Digits Only)

Specialty/ Dept. _____ License Number: _____
(non-physician)

Address _____

City, State _____ Zip Code _____

Phone: Office (_____) _____ Home (_____) _____

FAX: (_____) _____ E-mail: _____

Please charge my: VISA MasterCard Discover for \$ _____

_____ Exp. Date: _____

_____ Account Number _____

_____ Name as it appears on card (if different from above) - Please Print

_____ Signature

I have enclosed a check for this conference only made payable to Creighton University for \$ _____

If you have already registered by phone and paid by credit card, it is not necessary to return this form.

THIS FORM MAY BE DUPLICATED