INFECTIOUS DISEASES

Peter F. Weller, MD, Chief — The Division of Infectious Diseases is recognized nationally and internationally for excellence in clinical care, teaching and research. The Division provides clinical care through its inpatient consultation services, including for specialized immunocompromised patients; its outpatient Infectious Diseases, Urgent Care and Travel Clinics; and its new Outpatient Parenteral Antibiotic Therapy Clinic. The Division is actively involved in education of Harvard medical students, BIDMC residents, and Infectious Diseases fellows. More broadly, our faculty's publications and presentations have national impact. Among these activities, we're proud to highlight initiatives related to enhancing the quality of care for patients with bacterial infections.

Highlights

Increasing numbers of patients from multiple medical and surgical services at BIDMC require continued outpatient intravenous antibiotic therapies for varied medical and surgical conditions, including osteomyelitis and endocarditis. Management of continued outpatient antibiotic treatments requires substantial efforts by committed and knowledgeable personnel. They must monitor and supervise issues such as necessary follow-up visits, outpatient medication-related safety monitoring, lab tests and scheduling of needed follow-up exams (e.g., CTs, MRIs and echocardiograms).

To optimize care of those requiring longer-term parenteral antibiotics, the Infectious Diseases Division has established an Outpatient Parenteral Antibiotic Therapy (OPAT) Clinic. With this new service, plans for outpatient antibiotic treatment regimens are initiated prior to discharge, and patients are seen within one to two weeks after discharge by a Division staff physician and thereafter, over what is usually two to ten weeks of antibiotic treatment. Requisite safety labs (including antibiotic levels, LFTs and CBCs) during outpatient antibiotic therapy, which must be obtained during the outpatient treatment course, are closely monitored to assure that they are being obtained and that the tests remain within established normal ranges. The OPAT Clinic assumes primary medical responsibility for providing expert parenteral antibiotic therapy, services that are not provided by the referring physicians or the patients' PCPs. Benefits of optimized outpatient antibiotic management through the OPAT Clinic include shortened inpatient admissions; assured quality of outpatient medical care; and obviated premature readmissions related to PICC-line issues, adverse reactions to medications or failures of longer-term treatment.

Top: Mary LaSalvia, MD

Faculty

Mary Albrecht, MD
Rachel Baden, MD
Sigall Bell, MD
Clyde Crumpacker, MD
Erika D'Agata, MD, MPH
John Doweiko, MD
George Eliopoulos, MD
David Fessler, MD
Joyce Fingeroth, MD
Howard Gold, MD
Camilla Graham, MD, MPH
Adolf W. Karchmer, MD
Jennifer Mitty, MD, MPH
Robert C. Moellering, Jr., MD
Anne Nicholson Weller, MD
Lori Panther, MD, MPH
Satish Pillai, MD
Nira Pollock, MD, PhD
Christopher Rowley, MD
Roger Shapiro, MD, MPH
Wendy Stead, MD
Chen Sabrina Tan, MD
José Trevejo, MD, PhD
Peter F. Weller, MD
Robin Wigmore, MD
Michael Wong, MD
Sharon Wright, MD, MPH

Adolf W. Karchmer, MD

Honors and Awards

Adolf W. Karchmer, MD – Received the Clinician-Teacher Award from the Infectious Diseases Society of America.

Joyce D. Fingeroth, MD – Received the St. Baldrick's Children's Cancer Research Foundation Award.

Selected Publications

Bell SK, Little SJ, Rosenberg ES. Clinical management of acute HIV infection: Best practice remains unknown. *J Infect Dis* 2010; 202:278-88.

D'Agata EMC, Webb GF, Pressley J. Rapid emergence of co-colonization with community-acquired and hospital-acquired methicillin-resistant Staphylococcus aureus strains in the hospital setting. *Math Mod Nat Phen* 2010; 5:76-83.

Dang X, Bialasiewicz S, Nissen MD, Sloots TP, Koralnik IJ, Tan CS. Infrequent detection of KI, WU and MC polyomavirus in immunosuppressed individuals with or without progressive multifocal leukoencephalopathy. *PLoS One* 2011; 6:e16736.

Guerrant RL, Walker DH, Weller PF, editors. *Tropical Infectious Diseases: Principles, Pathogens and Practice, 3rd ed.* Philadelphia: Elsevier; 2011.

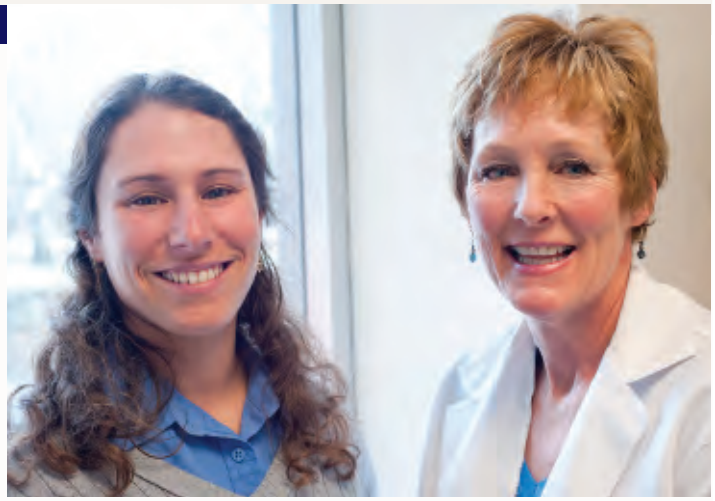
Karchmer AW, MacGillivray TE, Healey TT, Stone JR. Case records of the Massachusetts General Hospital. Case 1-2011. A 35-year-old man with fever, bacteremia, and a mass in the left atrium. *N Engl J Med* 2011; 364:158-66.

Liu C, Bayer A, Cosgrove SE, Daum RS, Fridkin SK, Gorwitz RJ, Kaplan SL, Karchmer AW, Levine DP, Murray BE, Rybak MJ, Talan DA, Chambers HF. Clinical practice guidelines by the Infectious Diseases Society of America for the treatment of methicillin-resistant Staphylococcus aureus infections in adults and children. *Clin Infect Dis* 2011; 52:1-38.

Moellering RC Jr. NDM-1 – A cause for worldwide concern. *N Engl J Med* 2010; 363:2377-9.

O'Fallon E, Kandell R, Schreiber R, D'Agata EMC. Acquisition of multidrug-resistant gram-negative bacteria: Incidence and risk factors within a long-term care population. *Infect Control Hosp Epidemiol* 2010; 31:1148-53.

The Infectious Diseases Division strives to contribute to the quality of care of patients with infectious diseases. Programs in place include daily monitoring of all significant positive blood cultures to assure patients are receiving appropriate care. We have also newly instituted an Outpatient Parenteral Antibiotic Therapy (OPAT) Clinic to optimally manage patients discharged from many surgical and medical services who require prolonged antibiotic therapy. Robyn Bluestein and Laurie McGuire, RN, have been instrumental in establishing the OPAT clinic.



Robyn Bluestein and Laurie McGuire, RN