31st Annual Infectious Diseases Symposium

Friday, April 29, 2011

Omaha Marriott Regency
10220 Regency Circle
Omaha, Nebraska

Designed for:
Physicians, Nurses, Laboratory Personnel, Fellows, Residents, Students, Physician Assistants, Nurse Practitioners, Public Health Professionals and Other Interested Health Care Providers

Sponsored by:
The Sections of Adult and Pediatric Infectious Diseases from the Departments of Internal Medicine and Pediatrics of Creighton University School of Medicine and University of Nebraska Medical Center and Creighton University School of Medicine Continuing Medical Education Division
**PURPOSE AND OBJECTIVES**

**Purpose:** To provide current information on infectious diseases based on requests from attendees of the 2010 Infectious Diseases conference.

**Objectives:** At the end of this program the participant should be able to:
- Explain the epidemiology and pathophysiology of the Ebola hemorrhagic fever viral infection
- List major challenges faced in trying to make an accurate diagnosis of the causative viral agent based on clinical presentation
- State the clinical and financial impact of rapid, sensitive and comprehensive diagnostics for respiratory infections
- Describe the prevalence of the hepatitis C virus (HCV) among patients living with HIV/AIDS and the treatment and standard of care challenges in the management of a co-infected patient
- Discuss key aspects of the emergence of multi-drug resistant *Acinetobacter baumannii* in the U.S.
- Describe patterns of seasonal variation in incidence of infections with gram-negative pathogens, enterococcus and *Staphylococcus aureus*
- Review use of new diagnostic tests for diagnosis of latent and active tuberculosis and current treatment recommendations
- Discuss special considerations regarding the prevention and treatment of infection in transplant recipients

**SCHEDULE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:15 AM</td>
<td><strong>Registration, Continental Breakfast &amp; Visit Exhibits</strong></td>
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<tr>
<td>8:00 AM</td>
<td><strong>Welcome &amp; Interactive Pre-Conference Warm-Up</strong></td>
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<td></td>
<td>Gary L. Gorby, MD</td>
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<tr>
<td>8:20 AM</td>
<td><strong>Viral Hemorrhagic Fever Developments</strong></td>
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<td>Mark G. Kortepeter, MD, MPH, FACP</td>
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<tr>
<td>9:10 AM</td>
<td><strong>Diagnosing Viral Respiratory Infections – Clinical and Laboratory Challenges</strong></td>
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<td>Christine C. Ginocchio, PhD, MT (ASCP)</td>
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<tr>
<td>10:00 AM</td>
<td><strong>Break &amp; Visit Exhibits</strong></td>
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<tr>
<td>10:20 AM</td>
<td><strong>Management of Chronic Hepatitis C in the Setting of HIV</strong></td>
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<td>Vincent Lo Re III, MD, MSCE</td>
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<tr>
<td>11:10 AM</td>
<td><strong>Exploration of Risk-Factors and Control of Resistant Bacterial Pathogens in the Hospital Setting</strong></td>
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<td>Eli N. Perencevich, MD, MS</td>
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<td>12:00 NOON</td>
<td><strong>Lunch &amp; Visit Exhibits</strong></td>
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<tr>
<td>1:00 PM</td>
<td><strong>Tuberculosis</strong></td>
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<td>James K. Todd, MD</td>
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<td>1:50 PM</td>
<td><strong>Transplant ID</strong></td>
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<td>Andre C. Kailil, MD</td>
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<td>2:40 PM</td>
<td><strong>Post Conference Interactive Wrap-Up</strong></td>
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<td>3:00 PM</td>
<td><strong>Evaluation &amp; Adjournment</strong></td>
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The Creighton University School of Medicine designates this live activity for a maximum of 5.75 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in this activity.

AAPA accepts AMA category 1 credit for the PRA from organizations accredited by ACCME.

Application for CME credit has been filed with the American Academy of Family Physicians.

Determination of credit is pending.

This course is approved for 5.75 Contact Hours for Nurses and .57 CEU's for Iowa Nurses through Iowa Western Community College Iowa Board of Nursing Provider #6.
REGISTRATION: Registration fee of $30.00 ($60.00 for those who desire CME credits). Please register by April 15, 2011. A pasta lunch buffet (includes a vegetarian option) is offered for $10.00. Please check the box on the registration form if you want the lunch buffet.

CANCELLATION: Please call 402-280-5180 or 1-800-548-CMED by April 15, 2011. Refund less $10.00 if canceling by April 15, 2011. No refunds after April 15, 2011.

MEETING PLACE: Omaha Marriott Hotel
10220 Regency Circle
Omaha, Nebraska
800-228-9290 or 402-399-9000
http://www.omahamarriott.com

CLIMATE AND DRESS: Casual dress is encouraged for the entire meeting. Temperature in meeting rooms can fluctuate. Layered clothing is suggested.

LODGING: The Omaha Marriott Regency is offering a rate of $139.00/night plus tax to guests that would like to stay during the meeting. Please reference the Creighton University program to receive the discounted rate. Reservations should be made prior to Friday, April 15, 2011, after this date subject to availability.

OMAHA MARRIOTT REGENCY DIRECTIONS: From Eppley Airfield: Abbott Drive South (left) to Downtown area. West (right) on Dodge Street to Regency Parkway exit. Turn left at first light; turn left at the next light (under Dodge Street). Turn right at split in road; turn right at Regency Circle. Hotel is on the right. From I-80: I-680 North to Dodge Street East. Exit Regency Parkway; turn left at first light. Turn right at Regency Circle. Hotel is on the right.

EMERGENCY PHONE: (402) 399-9000. Identify the Infectious Diseases Program.

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 402-280-5659.

ACCREDITATION STATEMENT: The Creighton University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
### 5 EASY WAYS TO REGISTER

1. **ON-LINE**
   - Register on-line at: http://cme.creighton.edu

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:** $30.00 • $60.00 for those who desire CME credits

Check appropriate box:   [ ] Yes, I want credit.   [ ] No, I do not want credit.

**PLEASE REGISTER BY APRIL 15, 2011**

**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          Middle          Last  (MD, NP, PA, etc.)

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

S specialty/ Dept. ____________________________  License Number: ____________________________

(non-physician)

Address ____________________________________________

City, State ____________________________  Zip Code ____________________________

Phone: Office (_______) ____________________________  Home (_______) ____________________________  Fax (_______) ____________________________

Please charge my:

[ ] VISA   [ ] MasterCard   [ ] Discover   [ ] American Express

Account Number ____________________________

Exp. Date: ____________________________

[ ] Yes, I want the Lunch Buffet

[ ] Vegetarian (check box for vegetarian preference)

**PASTA LUNCH BUFFET**

$10.00 – tax included

(Must be prepaid by April 15, 2011)

Social Security Number XXX – XX – _____ _____ _____ (Last 4 Digits Only)

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 $ ____________________________

______________________________

Please watch your e-mail for conference confirmation!

THIS FORM MAY BE DUPLICATED • IF YOU HAVE ALREADY REGISTERED BY PHONE AND PAID BY CREDIT CARD, IT IS NOT NECESSARY TO RETURN THIS FORM.
Creighton University School of Medicine Continuing Medical Education Division
2500 California Plaza Omaha, Nebraska 68178-0216
230087-811620-7431-110
Non-Profit Org. U.S. Postage PAID Omaha, NE

CME Permit No. 227

Please watch your email for conference confirmation!

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