



# NACMID NEWS

Northeast Association for  
Clinical Microbiology and  
Infectious Disease

NACMID NEWS

2013/2014

## ANNUAL MEETING 2013, June 17& 18

NACMID held it's 29th Annual Meeting on June 17 and 18, 2013 at the Holiday Inn in Boxborough MA. This year was structured differently than in past years as the Workshop Day was omitted and two days of General Sessions were held instead.

NACMID is challenged as are other organizations to attract current and new members in the face of workplace issues that include staffing shortages and lack of funding for continuing education. This year's

offering of multi-topical sessions attracted a very positive attendance and feedback supported the change. In addition to the full day microbiology topics, a management-focused morning was offered concurrently allowing the attendees the freedom to roam between lecture halls to hear topics pertinent to their clinical setting.

On Monday evening the many vendors greeted the attendees at the traditional wine & cheese reception. We had a great showing of exhibi-

tors this year and we thank them for their loyal support in helping to keep NACMID thriving.

The Keynote Address followed the wine & cheese reception. We were pleased to welcome Douglas Beecher, PhD in Microbiology who works with the FBI in Quantico, VA. Doug gave us a great rundown of the "Ameri-thrax", a.k.a. anthrax cases that were reported before and after 9-11. We loved hearing how the cases unfolded.

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### Special points of interest:

- Lean lab
- Molecular Testing
- Maldi-TOF
- Management Talks
- Clash of "Cultures"

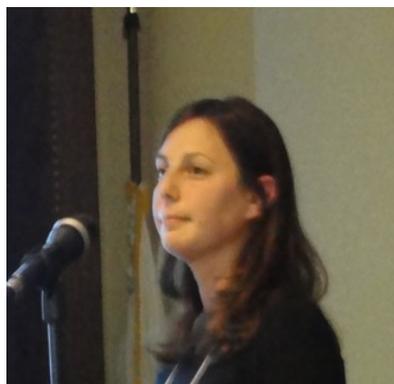
## NH, MA, ME Hold Evening Dinner Meetings

Three evening dinner meetings were held since last annual meeting. In NH, Director Stephanie Szopa presented "Blood Culture Contamination Reduction" led by Susan Bollinger of Tufts Medical Center. A large group

attended this July meeting consisting of Microbiologists, Phlebotomists, members of Industry, and Nursing. The response warranted a repeat performance held at Lahey Clinic in December by Massachu-

setts State Director Jennifer Mahoney. In Maine State Director Donna DuBois presented an evening devoted to Antibiotic Stewardship led by Minkey Wungwatana, PharmD of Maine Medical Center.

## A Message From Our President.....



After yet another morning trudging through a snowstorm to get to work, I find myself wondering why I pursued a career that requires me to trek to work during hurricanes, blizzards, city lockdowns, holidays and weekends. But it's during these trying times that I remind myself that what we do is important. We don't journey to the microbiology lab for glamour, money or fame (although my lab did make the local news during last year's flu season!). I won't make my millions in this job, but I can leave work every day knowing that I have made a difference. I am truly inspired by my coworkers that have been working in the lab for 20, 30, and yes, even 40 years! Like all of you reading this, they are incredibly talented and passionate about their work. I learn something new every day and know this will continue until my very last day in the lab. So this message is for you – recognition of the commitment that you make to quality patient care. Weeks and months may go by where you feel under appreciated by the medical community, so it is here that I say whole heartedly **Thank You!** I know what it takes to get up before the sun day after day, to pull on a pair of snow pants at 4am just to get into work to be yelled at for rejecting a urine culture because it took 24 hours to get to the lab. Keep doing what you do; you are appreciated more than you know!

**Rebecca Zaffini** is a 2006 graduate of the University of New Hampshire's Medical Laboratory Science Program. After her six month internship in the labs at Dartmouth Hitchcock Medical Center in Lebanon, NH, Rebecca knew that she wanted to pursue her career in microbiology. She worked for five years in the Microbiology Lab at Brigham and Women's Hospital in Boston then decided to try out the pharmaceutical world. After one year she missed the activity of the clinical lab so much that she returned to Microbiology at BWH as the supervisor of molecular testing and has been in this role for the last two years.

Rebecca joined NACMID as the Massachusetts State Director in 2010 and is now the current President. She greatly enjoys the friends, colleagues, and talented microbiologists she has met through this organization!

### *Contributors to this Issue*

Irene Girard

Kim Loeschner

Deborah St. George

Stephanie Szopa

Marty Wilson

Carlene Wong

Rebecca Zaffini

## BOARD OF DIRECTORS UPDATES



**Junior Director, Massachusetts:** Jennifer C. Mahoney, Ph.D. is a microbiologist and supervisor of the Molecular Diagnostics Unit at the New Hampshire Public Health Laboratories. Jenny earned her graduate degree in 2011 from the University of New Hampshire where she focused on understanding the genetic mechanisms that underlie virulence in pathogenic and environmental *Vibrio* spp.. Jenny had previously worked in a molecular tumor biology laboratory at Massachusetts General Hospital and in epidemiological research at Brigham and Women's Hospital.



**Junior Director, New Hampshire:** Stephanie Szopa received a B.S. in Microbiology from UNH. She is currently enrolled at UNH for a graduate degree (MPH). She has worked at Elliot Hospital for the past 7 years and works 40 hours in Microbiology. Previous to the Elliot she worked as a food microbiologist for different companies in their Quality Assurance and Quality Improvement areas. She is interested doing more Microbiology and hopes to one day become a supervisor of a microbiology department and/or become involved with infection prevention.

**The State of New York** is without a team of Directors for the first time in years. If any Microbiologists, Medical Technologists, Pathologists, or Infectious Disease Practitioners have an interest in promoting continuing education for clinical microbiologists in your region, please contact our President, Rebecca Zaffini, at: [rzaffini@partners.org](mailto:rzaffini@partners.org)

## ***STEPPING DOWN: Sue Cohen, Ken Atwell, Exhibits Chairpersons***



Sue and Ken have served NACMID for many years and have devoted many hours behind the scenes to make the exhibits a great success. We will miss you both, and wish you well. Our Heartfelt Thanks to you Both!!

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**We'd like to thank the following supporters of NACMID,  
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**ANNUAL MEETING: WHAT WE LEARNED**

**Improving Performance Through Full Microbiology Lab Optimization**

Ben Andrews highlighted current issues that call for trimming the fat in today’s laboratory. Increased volume and lab consolidations increase the need for optimization. The four challenges for labs are:

- Increasing physician demands.
- More pressure to decrease cost.
- Decrease in skilled labor.
- Additional testing due to emerging resistance.

These lead to increased workload pressures. The Lean Approach takes a lot of planning. One must examine the data and dissect the current process at least a month prior to performing Kaizen events. This is a strategic assessment that includes:

- People.
- A need to increase the productivity process.
- Reduce errors.
- A technically rapid clinical decision approach .

- Recognition that people are the limiting factor of change.

Important goals:

- Increase productivity
- Decrease waste
- Optimize the whole and not just parts (achieved through the use of Pareto charts and Kaizen events.)

This was a very informative session for facilities that are looking to optimize their laboratory, but this approach may not be practical for all.



*Increased volume and lab consolidations increase the need for lab optimization*

**Selecting and Implementing Molecular Microbiology Testing**

Manfred Brigl provided an overview of the process of selection and implementation of molecular methods. He cited the types of instrumentation available, how to choose tests to incorporate, how to implement testing and test validation. He also touched on cost analysis and noted that not doing this beforehand may cause you to “bust your bubble”. You must consider if it is more cost

effective to send a test out or to perform in-house. There are FDA requirements and non-regulatory guidelines to consider. Important points:

- Assess hospital needs: consider staff, laboratory space, and cost
- Implement one assay at a time
- Keep in mind future needs
- Set expectations for performance criteria
- Share experience with

- other labs, especially for test validation
- Accreditation and regulatory requirements are minimal standards.
- It is important to stay up to date on testing; get peer input and visit labs that perform methods you are using.

Manfred was thorough and presented with good use of humor.



## Mass Spectrometry for Routine Bacterial and Yeast ID: Performance Characteristics and Clinical Laboratory Implementation



***Maldi-TOF:  
Matrix Assisted Laser  
Desorption/Ionization-  
Time of Flight Mass  
Spectrometry***



John Branda discussed the exciting new technology of Maldi-TOF. He explained that it has been a slow process to get to the point where the technology is now, because the results provided must be 100% correct. The key to making the technology right is finding the right chemical matrix. Any microbe that has a ribosome can be identified by this method known as Maldi-TOF. The library of organisms is analyzed by fingerprinting the clinical strain, or unknown. The clinical strain can then be compared to the reference library to find your “best match”.

John Branda discussed the 2 platforms that are available: the Bruker Maldi Biotyper, and the Biomerieux Vitek MS. Both instruments are extremely simple and user-friendly. When you want to learn about this technology you do not want

to dig into any outdated literature. Literature from even 2009-2010 would be considered outdated because the technology of this method is continuously getting better as the library and organisms are constantly updated. Both instruments do really well when looking at head-to-head comparisons. The choice is really a matter of what you prefer and of course cost, size, and speed.

It is costly for hospital labs to indulge in this technology, but Dr. Branda explained that because of the fast turnaround-time, patients can recover faster. Also, although most hospitals use instruments that provide panels that will give identification and susceptibilities, there would be a cost savings since you would only require panels that determine susceptibility results.

The Maldi-TOF Biotyper can be linked to your automated susceptibility. The Maldi-TOF technology can identify other microbes such as Mycobacterium species as well as fungal isolates. Many hospital labs send out testing for these types of organisms, so there would be a cost savings by doing them in-house instead of sending them out to a reference lab.

This technology is not FDA cleared as yet, but by late summer or early fall of 2013 there may be FDA clearance. Some larger hospitals have completed in-house validations, but they are very extensive and Dr. Branda seemed to not recommend it.

The “trickier” organisms still need work with the library availability but this is soon to be perfected!

## C difficile Panel Discussion

This session discussed the controversy over the best testing methods for *C difficile*. Dr. Branda uses the two-step (lateral flow for GDH + toxin and toxin-gene PCR) algorithm while Dr. Chapin's institute uses PCR only. Dr. Moore presented the Leeds Study which concluded that a high sensitivity screening test can identify who may have "*C difficile* infection" (CDI) but a second test is needed for specificity.

It was made pretty clear that there is no "defined" gold-standard for CDI

testing. At this point we don't have guidelines for best methods and the literature contains studies that point in every direction. Each institution needs to decide what is best for their patient population.

PCR is more sensitive than a two-tiered approach but may lead to over-diagnosis. Rationale for the 2-tiered method is that the sensitivity is "just right"; however the turnaround-time is much faster when using PCR

alone. Also, the Leeds Study introduces a new diagnostic category of "Potential *C difficile* Excretor" which can be used to characterize patients who have diarrhea but it is unlikely due to CDI.

This was an excellent session but I was hoping the speakers would go head to head and debate more. However they all seemed in agreement that this is a challenging issue with no "best answer" at the moment.

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*all seemed in agreement that this is a challenging issue with no "best answer" at the moment.*

## Leadership Skills with Rick Danforth

In a lively interactive discussion, Rick gave a presentation of various leadership skills and attributes.

Communication is a two-way street.

- Listen
- Share
- Brainstorm
- Acknowledge good ideas
- Encourage and support staff

Leadership is a lifetime learning exercise which requires patience, knowledge, vision, strategy, and insight.

- Lead by example
- Plan and schedule time
- Know when to compromise
- Know when the goals must be met
- Learn by observing

Conflict resolution and good management require daily effort, wisdom and moral fortitude.

This was a good review of important interpersonal skills that are needed when managing in clinical labs.



*Trichomonas is  
now the most  
common  
Sexually  
Transmitted  
Disease*

## Direct Testing: An Alternative to Molecular

Dr. Chapin reviewed “choice” tests for rapid identification and reporting in microbiology that use non-molecular methods, have high sensitivity and specificity, and advanced sophistication.

EIA & Elisa are first line for HIV in maternity testing. Routine screening is recommended for all pregnant women but these are not reliable tests for infants because maternal antibody is detected.

Direct Fluorescent Antibody (DFA) offering same-day results are good tests: When testing for Herpes Simplex I and II and Varicella zoster, use specimens

containing vesicular fluid. A rapid early antigen screen can detect Cytomegalovirus (CMV) in urine. Detect Influenza A/B during flu season with rapid Ag or PCR. Legionella rapid urine Ag test only detects *L pneumophila* type I. You must know when to request sputum for culture.

Trichomonas is now the most common Sexually Transmitted Disease. A positive wet prep is a good test. If it's negative and the patient is symptomatic, reflex to the OSOM immunoassay. Beware of and be alert to clues in a gram stain. Be specific as interpretation is important. Have more than one

person review suspicious smears. Consult the doctor. Elaborate on unusual morphology (i.e., beaded, branching, budding, etc.).

This was an excellent review of rapid, specific and cost-effective methodology available in most clinical labs that do not require molecular technology. We got great advice on when to use the most expedient, yet sensitive assays as first-line identification tools. Dr. Chapin has excellent presentations with occasional good humored anecdotes. Her energy and clinical enthusiasm for Microbiology is contagious!



## The Intestinal Microbiome and Fecal Microbiota Transplantation: Jonathan Nowak

Dr. Nowak opened his talk by presenting a case study of a 26 year old woman who was diagnosed with ulcerative colitis in her teens, and who, after reading a recipe for Fecal Microbiota Transplant (FTM) on the internet, attempted a transplant using her mother's stool. She did not fare well.

Dr Nowak went on to discuss the distribution of microbes in the human body, and particularly the gastrointestinal tract, at different ages, and with different diets (protein vs carbs). He explained the importance of "like flora" when seeking a donor for transplant. For example, the flora of twins is very similar, and is less simi-

lar to their mother, whose flora is more similar than a stranger's. The function and balance of intestinal microbes is important because some organisms have positive and negative effects in the gut.

He cited early history of stool transplant and its use in treating *C difficile* colitis, inflammatory bowel disease, and non-gastrointestinal disease: In 4<sup>th</sup> century China human fecal suspension administered by mouth was reported to have brought people from the brink of death. In the 16<sup>th</sup> century Ming Dynasty prescriptions using fermented fecal solution, fresh fecal suspension, dry feces, or infant feces were described as effec-

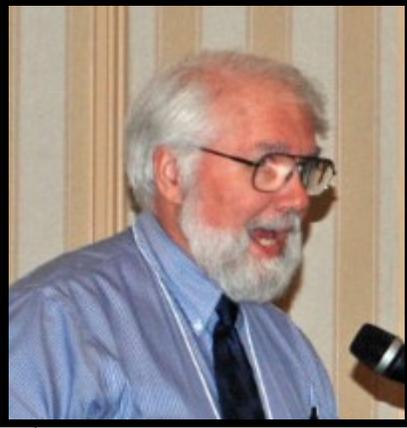
tive in treating severe diarrhea, fever, pain, vomiting, and constipation. Veterinarians employed FMT in the 17<sup>th</sup> century. In the modern world, a first study of successful fecal transplant was reported in 1958 by the University of Colorado/VA Hospital Departments of Surgery and Medicine. Because of the prevalence of *Clostridium difficile* infections (CDI) and inflammatory bowel disease this continues to be a buzzing topic.

Still today, there is no standardized procedure for fecal transplantation.

*a 26 year old woman  
..... who, after  
reading a recipe for  
(FTM) on the  
internet, attempted a  
transplant using her  
mother's stool.....  
did not fare well.*



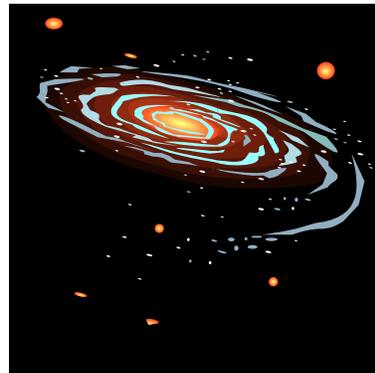
## “Culture Wars” (with Rick Bugwalker)



*...”traditional methods are good and to not force old-timers to give up their roots for the new wave of technology called PCR.”*

The presentation by Rick Danforth had a humorous twist where he initiated his talk by sitting down to “watch his own presentation” where we all watched the Star Wars opening and theme song. He began to explain that for generations we have had problems with new technology, and we must not think that what we are doing right now is the “end all be all”. He stated that there is always something next, we just don’t know what it is yet. He explained that traditional methods are good and to not force old-timers to give up their roots for the new wave of technology called PCR. These molecular diagnostics will complement our work, not displace it. The technology is getting better. Some tests that used to take 60 minutes (for example a Rapid Strep test), now takes just under 15 minutes. This allows for a faster turnaround time, which

is not only better for a facility’s cost reduction, but is also better for the patient.



Rick mentioned that he has been in the field of Public Health for the past 12 years. In Epidemiology, non-culture methods are a concern because with the new technology the bugs are not available. We can determine if someone has a GI infection by PCR, but unfortunately the bugs themselves are no longer being produced since the culture method in a lot of cases has been replaced. So now, public health agencies are no longer getting the organism, and therefore cannot do the very important epi-

demiological investigation that is necessary in the tracking of disease. If these studies cannot be performed, then the particular strain of organism cannot be identified, and the source of the problem would not be determined. CDC in Atlanta still considers the culture to be the gold standard.

We must be aware that the bugs are smart and that certain PCR technologies only look for one part of the genome to identify the organism. Rick wonders if an organism is smart enough for the new technology? If they are smart enough to mutate, they could then hide from being detected by this instrumentation.

Overall, this was a fantastic presentation that made us realize the importance of growing those bugs and sticking to our roots!

## Anaerobic Tips and Techniques: Gloria Petruzziello

Gloria Petruzziello presented a wonderful overview of the anaerobic world. She explained that these organisms are common colonizers of the human body and have a beneficial effect, providing us with Vitamin K to reduce toxins, help to recycle bile acids, and supportive roles to ward off infections, such as *Lactobacillus* in the gut.

Anaerobes can, on the other hand produce some nasty infections and are often preceded by cancers, trauma, surgeries, or obstructions.

Most frequently we see anaerobic infections in the lower respiratory tract, abdominal cavity, or female genital tract. More rarely sites include the brain, bone, or soft tissue.

Accurate identification is very important to patient

care, because it is vital to know whether an infection is recurrent or new. It offers data for epidemiology purposes, and helps in looking for patterns of resistance in this group of bacteria. Seasoned laboratory personnel are a true asset in the war against these bugs, as they offer clinician interaction, can inform with current information and stay abreast of changes in taxonomy. They can also pass the torch by teaching anaerobic microbiology, which tends to be intimidating to many.

The importance of specimen integrity cannot be overstressed. Education of laboratory and ancillary hospital staff is vital. Maintaining a current procedure manual which contains concise and simple tests that are inexpensive yet translate into effective

identification tools can help to run a low-cost laboratory of great value to patients and institutions.

We took a journey with Gloria through each clinically important group of anaerobes: the negative rods, (with highlights on the *Bacteroides*, and the *Fusobacteria*), the positive rods including the *Clostridia*, the spore formers and non-spore formers, the pleomorphic rods and the straight rods. We touched on pigments, and lack of, scents, growth patterns and disc reactions, and susceptibilities.

We were very energized by this dynamic lecture and left with lots of thoughts as to how to implement and improve methods in this fascinating discipline in the microbial world!



- ***Always report *Bacteroides fragilis*.***
- ***Anaerobic cultures should be held for 10 days because of slow growing organisms.***
- ***Clostridium septicum is indicative of colon cancer and should be reported.***
- ***Use simple disc tests to identify an organism's genus.***

### NACMID TREASURER MAKES TELEVISION NEWS!!

Most of you know I am a member of TOPS (Take Off Pounds Sensibly) and some of you know I did a TV ad for the organization. The commercial has aired in nearly 70 countries on Bloomberg International Network and in 35 markets in the United States on CNBC. It was shown on the Fox Business News, Sunday, January 26. If you care to view the ad go to [www.TOPs.org](http://www.TOPs.org) and select "TOPS in the Workplace" or it is available on You Tube at <http://www.youtube.com/watch?v=aUMRXDuyBbY> Thanks for letting me brag. Rick

## Pediatric Clinical Microbiology: Dr. Alexander J. McAdam



***“Children differ from adults in ways that affect diagnostic testing for infectious diseases”***

Children differ from adults in ways that affect diagnostic testing for infectious diseases. Particularly because children have immature immune systems, a difference in microbial flora, sometimes suffer unintentional exposure to pathogens, and lack size to avail much sample volume, testing for diagnostic information is tailored to this population.

Dr. Alexander McAdam presented a variety of diagnostic tests specific to infectious diseases in children. Infections requiring special testing in children include:

- Meningitis
- Septic Arthritis
- Bacteremia/Sepsis
- Respiratory Syncytial Virus

Time is of the essence in determining whether the cause of meningitis in children is bacterial or viral.

- Bacterial meningitis can be fatal, and can result in serious lifelong debilitating conditions.
- Bacterial meningitis requires antibiotics and hospital admission.
- Viral meningitis has a very low mortality rate and responds to supportive therapy, not requiring hospitalization.

Since Enterovirus causes ~85-90% of viral meningitis, Dr McAdam suggested using reverse-transcription-PCR because the sensitivity of PCR assays is >95% higher than culture. (~50-75%). This reduces hospital length-of-stay and antibiotic usage.

When looking for meningitis in children, the gram stain, not the bacterial antigen test, is still the gold standard.

In cases of Septic Arthritis, culturing joint fluid in blood culture broth equates to faster and better recovery (rather than conventional culture media).

When drawing blood cultures in children: only use an aerobic bottle. Use age/weight-specific guidelines for blood culture volume. Anaerobes are rarely isolated and too little sample is available.

Binax NOW RSV Antigen test is now FDA approved for children less than 5 years of age. It's a good test with a sensitivity of 73% - 95%. Sensitivity drops off with age.

Dr McAdam gave an excellent summary of “best methods” diagnostic tests to detect optimal recovery of bacteria, viruses, and parasites.

## Managing Diverse Teams and Behaviors: Zalika Winitzer

Zalika Winitzer discussed both different and difficult behavior in the workplace. She gave tips and best practices on how to give feedback by using the SBII model. Using these tips will lead to effective and constructive feedback. Ms. Winitzer also gave examples of bullying in the workplace and gave great resources on how to best deal with difficult people and situations.

The essence of the SBII model and tips on giving feedback:

- Situation – set the context of the issue at hand
- Behavior – discuss what was observed
- Focus on the impact the behavior had on you, your department, and team, etc.
- Involve the other person

Zalika was insistent that you:

- Use specifics (time, location, date, others involved) Document everything.
- Plan ahead and be

- prepared.
- Know yourself, anticipate trigger words, and know how to keep yourself calm.
- Don't get emotional in professional conversations.

This was a great session. Labs are unique workplaces with diverse workforce. Zalika used an interactive approach and was able to incorporate experiences from the audience. She gave great tips and tools to deal with challenging situations.



***Know yourself, anticipate trigger words, and know how to keep yourself calm.***

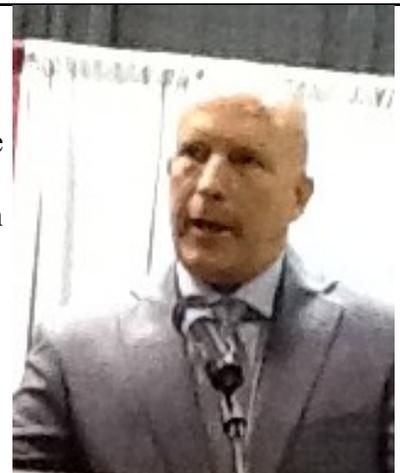
## Anthrax By Mail: History & Legacy: Douglas Beecher, PhD

Microbiologist Douglas Beecher related the fascinating history of the anthrax hoaxes that developed into the use of actual *B anthracis* spores sent in envelopes to the American Media Inc. (AMI) building in 2002. Dr. Beecher described the investigation and his methods.

For determining where the *B anthracis* contamination was in the AMI building he turned to traditional culture methods because the CDC was backed up and was using clinical methodologies on environmental samples.

It was interesting to see inside the investigation

that used microbiology to solve the case by using culture and analyzing appearance and distribution of *B anthracis* colonies on the culture medium. He determined that contamination of the 2 floors was from a single envelope containing spores.



## CLIA Competency Assessment: Charles Reynolds

*Working with  
staff day to day  
will give you a  
sense of their  
competence  
throughout the  
year*

Charles Reynolds presented a review of the CLIA regulation on competency assessments and cited specific examples of the six required elements of an assessment for CAP or JCAHO accredited labs. The more stringent policy applies.

To facilitate understanding, a CMS/CLIA document with Frequently Asked Questions and a reference website were provided. This generated some discussion with audience members and helped to clarify parts of this complex topic.

Mr. Reynolds stressed that assessors must place time and effort

where it is most needed, such as a problem procedure or problem area. Elements may be combined. Working with staff day to day will give you a sense of their competence throughout the year and give the opportunity for direct observation rather than taking a few hours all at once to observe each procedure performed.

This talk provided a good overview but specific methods or forms were not provided.

In Detail the Procedure for Competency Assessment must include:

1. Direct observation of routine test performance including

- patient prep (if applicable), specimen handling, processing and testing
2. Monitoring, recording, and reporting of results
3. Review of results, worksheets, QC records, Proficiency testing and PM records
4. Observation of equipment maintenance and function checks
5. Assessment of test performance through proficiency sample or other previously analyzed samples/specimens
6. Assessment of problem solving skills

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## Panel On Laboratory Budgets: Ann Marie Riley, Valerie Whitehead, Linda Weiser, Alex McAdam

*one needs to ensure that as costs increase, patient outcomes will improve*

This session covered four aspects of the budget process:

1. Understanding, utilizing, and managing budget reports
2. Yearly budget planning
3. Assessing clinical needs in setting budget priorities
4. Challenges associated with bringing new testing on-line in the middle of the fiscal year.

All speakers stressed the point that you need to do your research when putting in requests for capital purchases. Decide what the effect will be on:

- Cost savings or increases
- Staffing
- Turn-around-time
- Patient outcomes

Dr. McAdam pointed out that the need to work one's way up the clinical chain in order to gain momentum from clinical staff. This greatly helps to get

requests approved and additional costs justified. Also one needs to ensure that as costs increase, patient outcomes will improve.

This was a great panel session. All speakers are from large city hospital labs and are aware of the challenges and constraints in today's healthcare picture. They gave a concise overview of budget development and implementation.





.....SOME NACMID BOARD MEMBERS





**NACMID across 25 Years...**

**NACMID**  
*exists to acknowledge the past recipients of the NACMID AWARD for their commitment, dedication and service to the organization...*

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# NACMID

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Please check if we have your permission to email announcements. We will NOT give out your email address without your permission; you will ONLY receive NACMID updates.

- One year \$20.00
- Five years \$100.00
- Life-time membership \$200.00

Please make your check payable to NACMID and mail to :

Rick Danforth  
9 Sylvester Ave,  
Chelsea ME 04330

## **Please note...**

NACMID will not be holding an Annual Meeting in 2014 as ASM is holding their General Meeting in Boston this year .

NACMID will be sending four representatives to the ASM meeting to participate in a fun-filled event entitled “Quiz-Busters”.

On Tuesday, May 20 at 2:00 pm, teams will go head-to-head to see who knows more about Microbiology!!

Be sure to cheer on our NACMID Team when you attend ASM!

Mark your calendars for NACMID’s 2015 Annual Meeting,  
when we return to

Boxborough Mass in June of 2015

We hope to see you there!!







**NACMID**  
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Chelsea ME 04330

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**NACMID – the Northeast Association for Clinical Microbiology and Infectious Disease is a non-profit organization dedicated to providing low-cost, high-quality continuing education to Clinical Microbiologists in the 6 New England States and New York.**