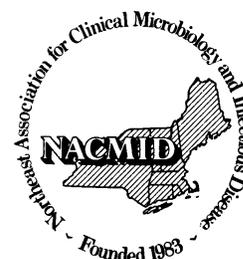


NACMID NEWS—October 2010



The Northeast Association for Clinical Microbiology and Infectious Disease



Special points of interest:

- * 2009 Replay
- * NACMID Anniversary
- * Past Presidents Gather
- * COMING IN NEXT ISSUE::
SUMMARIES OF 2010 SES-
SIONS
- * Upcoming Meetings
- * New Faces 2010-2011

Inside this issue:

Photos 2010	2
Reflections	4
States Report In	5
NACMID Timeline	7
Past Presidents Party	6
NACMID History	9
Photos 2009	12

NACMID's 26th ANNUAL MEETING: NASHUA NH 2010

This year's annual meeting was held in Nashua NH at the Radisson Nashua Hotel on June 14, 15, and 16.



An exciting program covered a number of different topics beginning with our Monday All-Day Workshops. Gerri Hall of the Cleveland Clinic addressed the ever-evolving Antibiotic Susceptibility Updates. With publication of the new CLSI Guidelines this year microbiologists were eager to hear how they might fine tune their testing and learn of the changes due to growing resistance amongst microorganisms. Also presenting that day was Dan Wiedbrauk of Warde Medical Laboratory with a lively presentation on Molecular techniques for the Microbiology Lab. Technologists learned whether to implement molecular methods and to what extent. Our third workshop for the day focused entirely on Mycology with Sarah K. Zimmerman of the Lahey Clinic. Sarah impressed upon bench techs the importance of, and ease in which, mycology can be brought back into the clinical laboratory.

Our traditional Wine & Cheese Reception was held on Monday afternoon from 4:30 to

6:00 PM. This free event allowed participants to meet with exhibitors and discuss state of the art methods, devices, test kits, and instrumentation available today.

Following the Reception a one-hour Key-note Address featured Dr. Phil Lee who spoke on plague in a talk entitled "Black Death: Historic Perspective and Relevance in Today's World".

Tuesday and Wednesday were filled with General Sessions. Tuesday's topics included synopses of the workshop topics from the day before, case studies, a talk on Intestinal Protozoa with Judy Heelan, and Brucella case studies with Dr. Phil Lee.

Tuesday evening we offered an off-site dinner lecture at the Country Tavern in Nashua. We were pleased to have Dr. Roger Barrette from the Plum Island Animal Disease Center in New York, who spoke on *Metagenomics* and how it will aid in the future identification and diagnosis of infectious diseases.

On Wednesday General Sessions examined topics such as the significance of Coag-Negative Staph with Dr. John Branda of Massachusetts General Hospital. At a time when Lyme Disease and co infections spread by the infamous deer tick are getting more and more prevalent, we had Dr Sam Donta presenting an update on the current status of this problem. Dr Sheldon Campbell explored the value of laboratory testing for tickborne illnesses in a very enlightening and humorous talk. Judy Heelan presented an update on Intestinal Protozoa. A Case studies panel followed featuring Dr. Donta, Dr. Campbell, and Judy Heelan. Rick Danforth of the Maine Public Health Laboratory finished up the day with a talk on those bugs that we all studied but never believed we'd see. A true *AHA* moment!



2010





Reflections From the Outgoing President

After celebrating NACMID’s 25th Anniversary I am constantly thinking about what the next 25 years will look like. Over this last quarter century we have made great strides in technology and in Microbiology particularly. In my early years as a bench tech we incorporated biochemical tube tests with our “rapid strips” for organism identification and performed Kirby Bauer testing on all isolates. Rapid tests back then often required a 4 hour minimum incubation, and sometimes 24-48 hours depending on the isolate. We were challenged to turn a spinal fluid isolate around in less than 12 hours. Computers had not yet entered our lives. With the advent of microtiter plates and latex agglutination tests our lives were simplified. Then came plate-readers, conversion to automated systems and automated blood cultures which improved with each generation of instrumentation. With automation, it seems, came cost cutting, staff shrinkage, doing more with less (people). And with this more stress, to produce within strict time constraints and without the support staff to “bounce-things-off-of”.

The evolution of NACMID has witnessed the effects of staffing issues and the economy’s effect on continuing education for laboratorians. Education was once strongly supported by the institutions and came as a benefit like medical insurance and dental coverage. Today laboratorians have to support themselves in the pursuit of continuing education pertinent to their licensure, without which they would likely not be employed. Educational sessions and seminars are seeing less attendees per session and per class day. The lack of attendance puts a strain on the organizations, such as NACMID, and forces us to look for challenging ways to continue our goal: Low cost, High Quality Continuing Education for Microbiologists and Infectious Disease Persons.

This year we met in Nashua on June 14, 15, and 16. We hoped to provide a forum with new ideas to stimulate and rejuvenate you, and with technical assurances, and with a venue where you can address your questions and concerns so that your



Irene Girard, Rhode Island

laboratories may stay at the high caliber that you all strive for.

We look forward to hearing from you all as to your preferences in meeting topics, technical sessions, and even speakers you might recommend so that we can provide a meeting that you just won’t want to miss! Please make every effort to attend meetings. Your support is vital to our survival.

Sincerely,

Marty Wilson, outgoing President

Past-President Muir Gardner, and wife, Catherine



Today laboratorians have to support themselves in the pursuit of continuing education pertinent to their licensure, without which they would likely not be employed.

VERMONT COLLABORATES FOR A REGIONAL MEETING



April 21, 2010. On a lovely spring afternoon in Burlington, Vermont, microbiologists from around the state were invited to attend a presentation on Shiga-toxin producing *E. coli*. To the attendee's credit, the beautiful sunshine did not deter them from attending and learning about the importance of "E. coli: When a Good Bug Goes Bad". Rick Danforth, on loan from the Dept of Public Health in Maine, kept everyone absorbed in his experiences in putting together an effective surveillance program for detecting shiga-toxin producing *E. coli*. Rick presented some of the history of *E. coli* O157:H7, information on non-O157 *E. coli* and some of the laboratory testing that needs to occur to detect these shadowy villains. Some participants were surprised to learn that the traditional Sorbitol-MacConkey plates currently used in the laboratory will not detect

most non-O157 *E. coli*. Non-O157 *E. coli* frequently ferment sorbitol; in fact the sensitivity of SMAC plates is currently 50%.

Clinical manifestations of STEC infections were discussed as was epidemiology. Testing protocols were highlighted and participants were asked which testing methodologies were currently used in their laboratories.

Finally, Rick spoke of a program in the state of Maine that brings together hospital laboratories and the state public health laboratory in a collaborative effort to detect and identify shiga-toxin producing *E. coli* from patients.

This presentation proved to be very timely given the recent outbreak of *E. coli* O145 from romaine lettuce in New York, Michigan and Ohio.

Submitted by Keeley Weening, VT Director

DR. O'BRIEN SPEAKS IN MASSACHUSETTS—23 ATTEND DINNER MEETING

On Wednesday, November 4, 2009 NACMID presented "Detecting Microbiological Events, Trends, and Outbreaks Locally and Globally." Our speaker was Dr. Thomas F. O'Brien, Medical Director of the Microbiology Laboratory at the Brigham and Women's Hospital in Boston, Mass.

Dr. O'Brien is also Co-Director of the World Health Organization Collaborating Center for Surveillance of Antimicrobial Resistance. The information he receives in that capacity allows for the tracking of information

that lends itself to analysis enabling one to look at what is happening in specific areas of the world, or on a world-wide basis, and track trends. Dr. O'Brien shared the specifics of how the information is collected, presented and used to 23 attendees after a fabulous dinner in Peabody, Mass.

Submitted by Donna Blackwell, MA Director

DANFORTH WARNS LABS TO "STAY IN TOUCH!"

May 10, 2010. An evening meeting was held in Lewiston, Maine entitled "Sentinel Laboratories: Stay in Touch". Richard Danforth, SM, the Laboratory Program Advisor of the Maine Health and Environmental Testing Laboratory gave a lively presentation as to how clinical laboratories play a unique role in investigating the cause of an emerging disease. Questions about the cause (natural or man-made), whether appropriate tests are in place and when to send up the red flag, continue to plague clinical microbiologists.

The discussion highlighted the changes clinical laboratories had to endure since October 2001 as well as new changes on the horizon. Topics included: new/old bugs, biosecurity, select agent rules, medical surveillance, PCR, and proficiency testing.

Case histories were used to underscore the evolving work of clinical microbiologists.

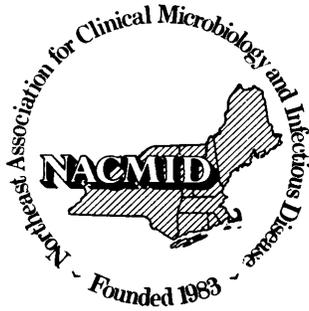
Most clinical microbiologists in their mid thirties and older, only read about *Brucella*, *Bacillus anthracis*, and *Francisella*. When we studied Microbiology most of us were told we might never see these organisms. Surprise!! They are here.

To vividly demonstrate this, Rick presented a recent *Brucella* case-exposure in Maine and an *Anthrax* case in New Hampshire.

Submitted by Karen Hobson, , President (then-director for Maine)

WHAT IS WHO-NET?

When we studied
Microbiology
most of us were
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never see these
organisms.
Surprise!! They
are here.



NACMID MEMBERSHIP APPLICATION

Title: Mr. Miss. Ms. Mrs. Dr.

Name:

(first) *(middle initial)* *(last name)*

Business Address

(city) *(state)* *(zip)*

Home Address

(city) *(state)* *(zip)*

Preferred Mailing Address: Home Business

Business Phone

Home Phone

FAX

E-Mail

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:

Membership Chairperson
 NACMID c/o Coteia Snowden
924 Essex Street Lawrence, MA 01841

A TIMELINE OF NACMID: PAST- PRESIDENTS, VENUES, TOPICS

<p>1984 Richard Clark Worcester AIDS DRG's</p>	<p>1985 Richard Clark Danvers Emerging Enterococci Mycoplasma/Ureaplasma Lysis centrifugation BC's</p>	<p>1986 Gary Horlick Hartford Cryptosporidia Pneumocystis/Isospora</p>	<p>1987 Linda Ferraresso Sturbridge Rapid Virology</p>	<p>1988 Mary Keville Sturbridge Herpes Simplex Virus E coli verotoxins</p>
<p>1989 Nancy Benda Albany OSHA Regulations Universal Precautions</p>	<p>1990 Frank Rodgers Danvers Gardnerella, Mobiluncus Quality Assurance</p>	<p>1990 Ron Trudel October: Galilee RI Automated Blood cultures Bactec, Bacti-Alert 1991 June: Springfield Group B Strep, Lyme Babesia, Erlichia, Rickettsia</p>	<p>1992 Chuck Sylvain Manchester NH CLIA, OSHA, Bloodborne Pathogens Exposure Control</p>	<p>1993 Muir Gardner Sturbridge MA H pylori</p>
<p>1994 Jim Koczat Danvers QA/QI Malaria Anaerobes</p>	<p>1995 Shoolah Escott Portland VRE, MRSA, PRP Hantavirus</p>	<p>1996 Cynthia Astolfi Marlborough E coli, C difficile, Shiga toxin</p>	<p>1997 Michelle Goodwin Cromwell CT Antibiotic resistant TB</p>	<p>1998 Richard Koss Nashua Veterinary Microbiology; Microbiology/ Managed Care</p>
<p>1999 Judy Helan Falmouth MA Lyme Disease Get Ready for Bioterrorism</p>	<p>2000 Wendy Gillespie Portland Infections in Long Term Care facilities</p>	<p>2001 Shabnam Hashemi Andover MA West Nile Virus</p>	<p>2002 Bob Bourgeault Springfield Biofilms, ESBL, HPV</p>	<p>2003 Fatima Muriel Manchester NH Realtime PCR</p>
<p>2004 Maggie Ostrander Cromwell CT Tickborne illness Infections of Long-term Care facilities</p>	<p>2005 Rick Danforth Portland Foodborne illness: bacterial, viral, parasitic</p>	<p>2006 Donna Blackwell Boxborough PRSA, MRSA, VRSA, VISA, etc.</p>	<p>2007 Pat Main Springfield CA-MRSA, arbovirus Corynebacteria</p>	<p>2009 Maureen Collopy Portland Anaerobes; Benchtop Micro</p>

2010
Marty Wilson
Nashua NH
CLSI Changes
Mycology
Molecular Studies

UPCOMING MEETINGS:

An October Workshop is Planned with Dr. Dennis Wegner "Nuts and Bolts of Microbiology" at 2 NH locations: NH Public Health Labs Concord, NH and Androscoggin Valley Hospital I Berlin, NH, AND

A November Dinner Meeting in Peabody MA with Maureen Collopy, MPH, MT ASCP :Where Will Anthrax Hide Next?

CELEBRATING 25 YEARS WITH PAST PRESIDENTS June 2009, Portland ME

We gathered as planned on Saturday and had a great dinner of Flatbread pizza and beverages of choice, among them some of Portland's own brew. We were 19 total. We shared stories and talked well into the evening.

Sunday morning we took a beautiful cruise on Casco Bay via the mail boat, stopping at several islands and getting a guided narrative as we rode along. We were so fortunate to have sunshine – one of few days that we had that summer. When we disembarked many sought out lunch at the local chowder spots – for a lobster roll or whatever.

Portland hosted the Old Port Festival that same day. The streets were lined with vendors of food, art, crafts, jewelry, and activities, and bands played on every corner. Huge crowds made for a festive occasion.

We held the annual Board Meeting Sunday evening and were so pleased to have Richard Clark and Frank and Chris Rodgers in attendance. This year we decided to honor Richard Clark with the NACMID Award, for his part in conceiving NACMID. We invited his very good friend Frank to present this to him which made it very special.

We are sorry for those of you who were unable to attend. Following is a list of who did:

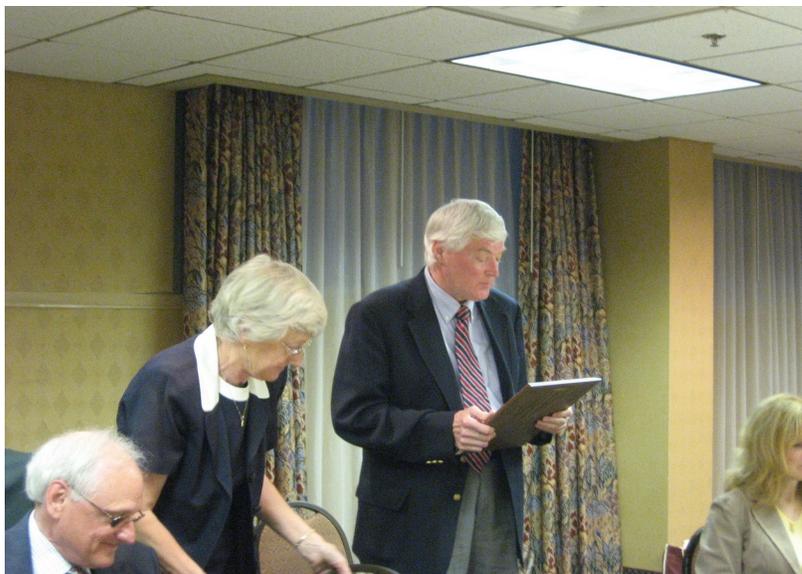
- Richard Clark
- Frank and Chris Rodgers
- Muir and Catherine Gardner
- Shoolah Escott
- Cynthia Astolfi
- Michelle Goodwin

- Judy Helan
- Wendy Gillespie
- Maggie Ostrander
- Rick Danforth
- Donna Blackwell

Maureen Collopy

Maureen Collopy—
Hold onto your hat!!!

Richard Koss



From Left, Frank Rodgers, his wife, Chris, and Richard Clark



Above, Irene Girard, Rob Gibson, Shoolah Escott, Sue Cohen, Michelle Goodwin
Right, Joan Sagurton

This year we decided to honor Richard Clark with the NACMID Award, for his part in conceiving NACMID.



FOUNDING FATHER OF NACMID DETAILS ITS INCEPTION

Early History

I have been thinking for some time about trying to provide some history surrounding the formation of NACMID on the occasion of the 25th Anniversary Meeting, along with some of my thoughts and experiences that were brought to bear on the formation of the group in 1983. To help understand the dynamics of why NACMID was formed at that particular time, I wanted to supply some background. In 1966 I arrived in Philadelphia and started my first job in clinical microbiology as the head of the Microbiology Department at The Pennsylvania Hospital - an average-sized hospital of about 450 beds. As a 25 year old kid, I was very excited to learn that it was the Nation's oldest – having been founded by Benjamin Franklin in 1751. However, as someone just starting in the field, it wasn't very long before I felt the need to talk to other area microbiologists, and I started to reach out to them to find out such things as how they were handling blood cultures, best ways of identifying Gram-negative rods and *Mycobacterium tuberculosis*, and what company gave the best deal on prepared culture media.

I discovered there were 5 medical schools as well as many, many hospitals in the greater Philadelphia area, and it seemed that none of them were talking to each other. As I talked to more and more microbiologists, it seemed logical that, since we had so much in common, we should try to get together and exchange information about problems we all shared: there was SO much to talk about!

In the late spring of 1967, I literally went through the yellow pages, and sent a letter to as many clinical microbiologists as I could find to determine interest in forming a group that could meet on a regular basis and exchange information. The response was very strong, and, after an organizational meeting at the City of Philadelphia Public Health Laboratory, the "Clinical Section of the Eastern Pennsylvania Branch of the American Society for Microbiology" was born in 1967; I was its chair from 1967-1972. We immediately began having monthly meetings and even started having two 4-day workshops per year. Membership and activity was separate from the "regular" section of the Branch – basically all one had to do was show up, and you were a member.

In addition, there were so many outstanding microbiologists who now had easy access to each other and from whom, I personally learned so much. Microbiologists like Eileen Randall at Thomas Jefferson University; Theodore G. Anderson, Kenneth Cundy, the wonderful mycologist and my dear friend, Billy H. Cooper, and Earle Spaulding, all at Temple University; the incomparable Harry E. Morton at the Pepper Laboratory of the University of Pennsylvania; Elvyn G. Scott, at the Wilmington Medical Center and Co-author of the original classic "Bailey and Scott's Diagnostic Microbiology" – the book that could be said to have started it all; Ralph Knight at Women's Medical College; Richard Gutekunst at Hahnemann Medical School; Henry Beilstein, Director of the Philadelphia Public Health Laboratory, James E. Prier, Director of the Pennsylvania State Department of Health, and of course, Herman Friedman at Albert Einstein Medical Center.

The Clinical Section became a significant source of revenue for the Branch partially because of the attendance at the Workshops, which began to attract regional and national attention and which attracted speakers who were nationally known experts in their field. Another source of income that brought in thousands of dollars was the publication, "Topics in Clinical Microbiology", the first cassette training series produced for clinical microbiology. The 24 cassette tape series was a result of the collaboration of about a dozen clinical microbiologists in the Philadelphia area for training of medical technologists and pathology residents. The series was published by Williams & Wilkins in 1972 and marketed internationally with proceeds going to the local Branch. The Clinical Section even produced the first workshop ever to be held in association with a National ASM Meeting by organizing a workshop for the 1972 National ASM Meeting in Philadelphia on "Computerization of Clinical Microbiology", using Pennsylvania Hospital as its site, which had computerized its clinical microbiology reporting by this time.

As a young microbiologist starting out, I also began to learn some important principles about the role and use of clinical microbiology in the practice of clinical medicine. One incident in particular, early in my tenure at Pennsylvania Hospital shocked me into such a realization. Our incubators in the microbiology lab were quite old, and one night the thermostat points on the incubator being used to incubate our blood cultures apparently locked, and the temperature went from 37°C to about 56°C - destroying about 35 sets of blood cultures. Of course we were horrified, and the next morning called each doctor to let him/her know what had happened. Of all the patients involved, only one clinician wanted the blood culture repeated! Although we didn't know the reasons so many blood cultures were not repeated, all of us were amazed and somewhat depressed that of all the patients represented and all the care each of those cultures was receiving, that only one culture was deemed important enough to be repeated.

This incident and subsequent conversations with clinicians showed me very quickly that the culture and antimicrobial information received by the clinician was almost always taken with a grain of salt and was factored in with other information into the clinician's overall assessment and treatment of the patient. I came to realize, to my surprise, that far from taking the microbiology laboratory results from a patient as an absolute dictator of action, that information was just a piece of the puzzle in the overall treatment plan used by the doctor in evaluating and treating an infectious disease patient.

I began to realize that communication with the clinician in treatment of an infectious disease was crucial in knowing what organism to look for, what tests should be done, and even what antibiotic testing should be done. Add to this the basic interpretation of the gram stain results that might or might not be communicated quickly to the clinician, and I began to better appreciate that the microbiology laboratory must NOT act in isolation – merrily going along, growing organisms and routinely reporting antimicrobial results, but should

be an active member of the team treating an infectious disease - always trying to give the clinician what is needed in the disease treatment.

During the following years from 1972-1981 in Dallas-Ft. Worth, Dr. Paul M. Southern, Jr. and I co-founded the Texas Society for Clinical Microbiology, which served that local area but which was replaced in the late 1970's by The Southwestern Association for Clinical Microbiology (SWACM). In the meantime two other regional groups had formed - the South Central Association for Clinical Microbiology (SCACM) in 1970, and the Southeast Association for Clinical Microbiology (SEACM) in 1978. Suddenly 16 states had access to regional clinical microbiology groups – all with the same purpose: to provide low-cost continuing education programs for all those interested in clinical microbiology and to foster communication among microbiologists in that region.

This explosion of groups was truly amazing and possibly represented the enormous amount of activity in the field after 1970 with Bauer and Kirby finally providing standards for antimicrobial testing, the sudden interest in the clinical significance of anaerobic microorganisms, as well as the interest in identifying non-fermenting Gram-negative bacilli being found in the increasing occurrence of opportunistic and nosocomial infections during that period. There was, however, no regional group in the New England area, an area that appealed to me personally, and to which in 1982, I was finally able to relocate.

Development of NACMID

By the late 1960's, the American Society for Microbiology had decided to form a "Board of Education and Training" (BET) and had asked Dr. L. Joe Berry, Chair of Biology at Bryn Mawr College, to be its new Director. As a direct result of the activity of the Clinical Section in Philadelphia, Dr. Berry asked me to be on the BET "Committee on Continuing Education". This provided me the opportunity to meet another charter member, Dr. Larry Kunz, Director of Microbiology at Massachusetts General Hospital in Boston. In addition, from our workshops in Philadelphia, I had been very privileged to also become acquainted with Dr. Ruth Kundsin at "Peter Bent Brigham" (now Brigham and Women's) hospital in Boston. Since I was rather fascinated with New England and eventually hoped to relocate there, I tried over time to learn as much as I could from them about clinical microbiology in their area. Eventually, I was somewhat surprised to learn that there seemed to be little organized activity in Boston with regard to clinical microbiology, in spite of what seemed to be an intense concentration of magnificent resources in the study of infectious disease.

My first position in New England in May of 1982 and was at the Togus VA Regional Medical Center about 4 miles outside of Augusta, Maine. A lovely old typical 1880's Victorian house in Augusta became our home in the summer of 1982 – just in time to get ready for our first Maine winter, complete with a wood/coal burning stove.

Trying to develop a clinical microbiology group to go along with my fascination with New England had suggested itself for a while, and by January of 1983, I began making phone calls to determine interest in the formation of a regional clinical microbiology group. I had worked with Dr. William J. Martin at Tufts New England Medical Center in Boston and also knew Dr. Washington Winn at the University of Vermont, both of whom were very supportive and very kind in being involved early on, however, I knew very few other microbiologists in the area.

In the process of making the calls, I began learning of key individuals in the New England microbiology community and was able to contact them for advice and questions. Prominent names that began popping up included, Linda Ferraresso at Mt. Auburn Hospital in Cambridge, Mary Keville at U. Mass Medical Center, Tommy Shikashio at Roger Williams General Hospital in Providence, and Ron Gonthier of Gibco Laboratories. The early involvement and dedication of these individuals was enormous, helped provide the new organization credibility, and they were to play key roles in the development of NACMID and long after. As conversations continued, I began to work with these individuals as the organizing work began.

During the telephoning process, I also heard some concern from a few individuals that the new group would compete with existing microbiology groups, which was understandable, but the overall response was measured, but positive. Subsequently a questionnaire was sent to as many key individuals as we could identify in the area, and the response was overwhelmingly positive.

It quickly became obvious that it would be necessary to have recognized, respected individuals from each state who would be key contacts in their respective areas for the new organization. After much conversation I was able to line up at least one person from each state that would be willing to be "State Directors" for the new organization.

After sending out a questionnaire to determine interest among clinical microbiologists in the Northeast, the new organization was incorporated June 28, 1983 as a non-profit organization. Much credit is deserved by Ron Gonthier of Gibco Laboratories, our first Industrial Representative, for assistance in the process of obtaining the essential non-profit status for the new organization. The first letter announcing the new organization was sent on July 7, 1983 and is attached. The first Annual Meeting of NACMID was set for May 4-5, 1984 at Worcester, MA, and the new organization was off and running.

It is impossible to overstate the amount of good will and enthusiasm that was shown as the fledgling organization was being formed. So many individuals gave willingly of their time and talent. Some of my fondest personal remembrances include Tommy Shikashio sleeping on the floor of the exhibit hall during our 2nd Annual Meeting the first week of May, 1985 at Danvers, MA, because we had not hired a security guard to protect the exhibits; Linda Ferraresso and I dragging a huge mail sack of brochures at night to the Boston Post Office

Bulk Mail Center close to Boston's South Station; going to the little shop around the corner from Boston's South Station to get the NACMID President's Gavel engraved

Also, by chance, I met Dr. Frank Rodgers for the first time in the hallway at the Danvers Hotel meeting and discovered that he had just moved to New Hampshire from England, having just started his position on the faculty of the University of New Hampshire, while his family was still in England. Frank indicated that he had been involved in arranging clinical microbiology meetings in the U.K. and volunteered to help however he could. He went on to become a President of NACMID, Editor of the Journal of Clinical Microbiology, and a full Professor of Microbiology at UNH. To be in the midst of so many people rallying around such a positive common goal, remains one of the greatest privileges and experiences of my life.

Dr. Gary Doern, Director of the Microbiology Laboratory at U. Mass Medical Center, and a very prominent microbiologist in the community, was also involved early on and was helpful in providing speakers for meetings as well as facilities in Worcester for NACMID Board meetings.

It is clear that the new organization represented a perceived threat to the National ASM organization in Washington, D.C., and I received a phone call from one of my great heroes, Dr. Albert Balows at CDC, regarding the new organization and whether there might be any relationship with ASM. Dr. Balows had had his own struggles for decades with ASM in gaining increased recognition for clinical microbiologists. Later, in what was not ASM's finest hour, someone at ASM headquarters actually had an acquaintance of mine, Amy Chang, who I hadn't heard from since leaving Washington, call me, and, in a very awkward conversation, ask about the organization of NACMID. Subsequently, ASM organized a roundtable at the 1985 ASM Annual Meeting to discuss the role of the ASM Clinical Microbiology Division and the Regional Groups. With the addition of NACMID, regional clinical microbiology groups represented 23 States, which had access to low-cost continuing education programs in microbiology and hundreds of individuals were now able to tap into their local network of clinical microbiologists for ongoing communication.

The other Regional Clinical Microbiology Groups had actually organized before NACMID, and they continue their robust activity – some after 40 years of existence. There has to be a reason for the continuation and presence of such groups, since the effort of maintaining this regional activity is significant – involving the long-term commitment of so many individuals in their region.

So what have I learned after being involved in such groups for over 40 years?

- I have learned that it is absolutely critical for clinical microbiologists to have control over their own programs and not be under a controlling umbrella organization of other interests, which often has its own agenda. Although it should not be this way, in the current organizational climate, it is.
- I have learned that when meetings are held on a regular basis, important, exciting and unexpected things can happen with regard to socialization with colleagues, exchange of information, improved laboratory quality, and recognition of infectious disease trends in the community.
- I have learned it is essential to include the study of infectious disease along with laboratory clinical microbiology to provide the proper emphasis and perspective for hospital clinical microbiologists.
- I have learned that non-clinical microbiologists do not seem to have an urgent need to meet on a regular basis as do clinical microbiologists, and that representatives of other microbiology disciplines truly do not understand the urgency and importance of such communication.
- I have learned that a formal structure must exist in providing a forum for clinical microbiologists in order to sustain the group for the long term.
- I have learned that although many clinical microbiologists at the director and program director level are quite willing to help serve as occasional advisors and in program participation, it is unrealistic to expect such individuals to be able to provide more than a very limited amount of time to the day to day operation of a large clinical microbiology group. This may be due to the pressures of their own professional goals, getting funding for their projects, and in doing their research.
- I have learned that a clinical microbiology group can interface with other broader groups, within the medical community and beyond, for even greater communication and education.

It has been a great pleasure to me personally to follow the progress and activities of NACMID over the last 25 years, and I can only hope it continues to serve its goal of bringing so many people having a common purpose in clinical microbiology together in the future.

Submitted respectfully to all the people who continue to make NACMID possible.

Richard R. Clark (March 20, 2010)

2009



NEW FACES OF NACMID



Welcome to Our New President:

Karen Hobson has been elected President of NAMID for the 2010-2011 term. Karen has been active with NACMID for many years serving as State Director. She is Microbiology Section Leader at St Mary's Regional Medical Center in Lewiston, Maine. We look forward to a dynamic year with Karen at the helm.

President-elect:

Kim received her BA in Biology, MT (ASCP), and MPH from Boston University and has been a Clinical Microbiologist for more than 20 years. She is currently employed as Microbiology Supervisor at Maine General Medical Center in Waterville and Augusta, Maine and an adjunct faculty member and Clinical Microbiology instructor for the MLT program at the University of Maine at Augusta. Kim has been very active in NACMID as Secretary for the past 2 years and previously served as Publications Chair and Massachusetts State Director.



Secretary:

Claire Shepherd was elected our new Secretary this past June. Claire has been a laboratory technologist for the past 40 years. She started out as a generalist and has been working exclusively in microbiology for the past 12 years. She is currently the lead tech at Maine General and is involved with training of technologists that are new to the department. For the past four years Claire has had a major role in the teaching of clinical lab students while doing their clinical rotation in the micro lab. She has enjoyed this teaching aspect of her position. She is married and has two grown children and three grandchildren. She enjoys many types of crafts including stamping and scrapbooking. Other interests include traveling and photography.

IN OUR NEXT ISSUE:

Highlights from our 2010 meeting
Facts to take away and consider

Other New Faces: State Directors

Maine



Donna Dubois is employed by NorDx Labs in Scarborough, ME as a Sr. Medical Technologist in the Microbiology lab. She has worked in the field since 1981 at several Boston area hospitals, Beth Israel Hospital, Boston; Norwood Hospital, Norwood, MA; Deaconess-Glover Hospital, Needham, MA and most recently before moving to Maine, Carney Hospital in Dorchester, MA. Donna resides in Kennebunk, ME with her daughter Alyssa Dubois, 15, and her dogs Cocoa and Pebbles. She has two grown children Anthony DeMarco, 25 and Kayla DeMarco, 21. She enjoys her standard bred racehorse, Queen's Kool and of course harness racing at Scarborough Downs.

Massachusetts

Rebecca Zaffini became interested in medical laboratory science while attending the University of New Hampshire. She spent a few trying years studying Electrical Engineering and decided the medical lab was a much better fit for her career. She graduated from UNH in 2006 after spending her 6-month lab internship at the Dartmouth Hitchcock Medical Center in Lebanon, New Hampshire. She has her generalist certificate and chose Microbiology as the field she wanted to devote her career to. She began working in the Microbiology lab at Brigham and Women's Hospital in Boston soon after graduating and has been there since. Her specialties in the lab include bacteriology, parasitology, and molecular microbiology.



New Hampshire



Andrea Harper graduated from UNH in 1991 with a B.S. Medical Laboratory Science and relocated to CT, working as a generalist MT. She also had the opportunity to teach a phlebotomy course and medical assistance course, returning to NH in 1997. Recently, Andrea became an advocate speaker for the *Labs Are Vital* program and began speaking to area high school classes to promote the laboratory profession. She has also entered into the field of infection prevention as the new IP coordinator for Speare Hospital and continues to work closely with the Microbiology laboratory providing surveillance information in order to prevent hospital-acquired infections and track communicable diseases while remaining per diem at Concord Hospital laboratory as a generalist.

Andrea received her graduate degree in health care administration on May 15th. She is very excited to become a more active member of NACMID and serve on the board of directors for NH. She looks forward to working with you all in arranging educational opportunities for our NACMID community.

Vermont

Linda Kristiansen is a board certified MLT and MT through ASCP, receiving her A.S. in Medical Laboratory Science in May, 1983 & her B.S. in Animal Science (with a minor in Agriculture and Resource Economics) in May, 1982. She spent 5 years in Boston (1983-1988) working as a generalist in both a hospital laboratory and a reference laboratory and has worked at FAHC since 1988. From 1988 - 1995 (when FAHC was formed) she worked as a generalist at Fanny Allen Hospital and was the Chemistry Specialist. Since 1995 she has been a microbiologist at FAHC. She accepted the Senior Technologist position almost 2 years ago, which involves a great deal of teaching and training of new technologists.





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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.