Infectious Disease Review

**Infectious Disease: Part 1 - John E. Greenlee and Russell Bartt, MD**

Appropriately initiate empiric therapy in patients with suspected bacterial meningitis; Evaluate the likelihood of bacterial or viral meningitis based on history, neurologic signs, blood culture, and CSF findings; Detail the differential diagnosis of patients presenting with encephalitis syndromes; Distinguish viral encephalitis from immune-mediated encephalitis and initiate appropriate management.

**Infectious Disease: Part 2 - Karen Roos, MD, Oscar H. Del Brutto, MD, and James C. Stevens, MD**

Recognize the major types of fungal meningitis seen in the United States, and treat each type according to recent guidelines; Diagnose less common types of meningitis, such as tuberculous meningitis, neurosyphilitic meningitis, and meningitis associated with Lyme disease; Identify carriers of Taenia solium and diagnose neurocysticercosis (NC) in patients with acquired epilepsy; Choose the appropriate regimen of cysticidal drugs with or without steroids to treat patients with NC; Determine whether the use of physical restraint is appropriate for a hospitalized patient with a neurologic disorder.

**Infectious Disease- Part 3 - Tracey A. Cho, MD and John J. Halperin, MD FAAN, FACP**

Distinguish par infectious from infectious myelitides; Detail the differential diagnosis of a patient presenting with acute flaccid paralysis; Diagnose and manage herpes virus-associated myelitides; Assess pretest probability of Lyme disease based on history and symptoms; Diagnose and manage Lyme disease.

**Update on Hepatitis B - Robert R. Schade, MD and Anna Lok, MD**

Elaborate on the significance of serologic markers of HBV infection; Recognize the risk factors for development of resistance to antiviral therapy; Screen individuals who are at risk for HBV infection; Identify the factors that affect disease activity and progression; Implement practice guidelines from American Association for the Study of Liver Diseases about when to start treatment.

**GI Infections - Robert G. Martindale, MD, PhD and Thomas G. Fraser, MD**

Manage patients with Clostridium difficile infection of any severity; Assess the various surgical procedures that are used for patients with infection; Differentiate between the types of peritonitis based on clinical features; Assess the merits of nonoperative procedures for acute appendicitis; Determine the causative pathogen in patients with acute diarrheal illness.

**The Battle Against Bugs: Vaccinations/ Antibiotics - Marc Jay Altshuler, MD, Michael L. Sands, MD, and Preeti N. Melani, MD**

Implement the latest updates in the vaccination schedule for adults in the United States; Consider high-dose influenza vaccine for patients >65 yr of age; identify patients who may require a second dose of measles/mumps/rubella (MMR) vaccine; Reduce the incidence of cancers through vaccination against human papillomavirus (HPV); Prescribe newer antibiotics such as ceftaroline, fidaxomicin, fosfomycin, telaprevir, and boceprevir for the treatment of infectious diseases.
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Skin and Soft-Tissue Infections/ Infections Associated with Devices - Richard H. Glew, MD and James E. Peacock Jr, MD
Prescribe effective antibiotic therapy for superficial focal, superficial spreading, and deep necrotizing SSTIs; Differentiate between cellulitis caused by streptococci and that caused by Staphylococcus aureus; Recognize systemic and local signs that suggest a necrotizing SSTI; Diagnose an infection associated with a cardiac implantable electrophysiologic device or prosthetic joint; Identify infections associated with a prosthetic joint that can be managed with retention of implant.

Updates on Sexually Transmitted Diseases - Richard L. Sweet, MD
Cite the current incidence and prevalence of STDs in United States; Counsel patients about synergies among STDs and the importance of avoiding risky behaviors; Appropriately screen, treat, or refer pregnant and nonpregnant women and their partners for STDs; Prescribe antibiotic regimens for STDs that minimize emergence of additional resistant strains; Determine the serologic type of herpes simplex virus in an infected patient and/or their partner.

Update on Infectious Disease - S. Michael Marcy, MD
Diagnose group A b-hemolytic streptococcal (GABHS) pharyngitis; Recommend appropriate antibiotic therapy to treat GABHS pharyngitis; Determine when an infectious disease emergency requires immediate surgery; Prescribe the antibiotics of choice for infectious disease emergencies; Identify the common causative organisms of infectious disease emergencies.

Infectious Disease Consultation - Yvonne A. Maldonado, MD
Implement the latest pediatric immunization guidelines in clinical practice; Counsel parents about risks for adverse reactions to vaccines; Advise travelers about pretravel protection against travel-related infectious diseases; Prescribe immunizations against infectious diseases endemic to planned areas of travel; Diagnose and treat common causes of fever in a child who has returned from travel.

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