C. auris: ‘A nasty bug’ threatening US hospitals

This is a nasty bug that sets up shop and does not behave as a benign one.

This is a nasty bug that sets up shop and does not behave as a benign one. The question is: How big a player is it going to be in the grand scope of invasive candidiasis? I suspect eventually it will show up everywhere.

The scare that many people have is the Centers for Disease Control and Prevention’s last June clinical alert to the U.S. healthcare facilities about the threat of C. auris to the US hospitals. This type of fungus is an emerging and often drug-resistant threat to patients in health care settings, causing outbreaks. It can lead to severe infections and is difficult to treat.

In the late 1990s, the fungus was first isolated in Japan from patients with no identified source of infection. It began to spread globally, and it is now found in multiple countries, including the U.S.

Tom M. Chiller, MD, MPH, of the CDC’s Mycotic Disease Branch, emphasized the importance of dual regimens for treating C. auris. He noted that the fungus has been identified in multiple hospitals in the U.S., and it is important for clinicians to be aware of it and to monitor patients who are at high risk for infection.

C. auris is a type of yeast that can cause infections that range from mild to life-threatening. It is particularly dangerous because it is resistant to many antifungal drugs. This makes it difficult to treat, and it can lead to severe infections that may be fatal.

Cornelius (Neil) J. Clancy, MD, associate professor of medicine and chief of the infectious diseases section in the VA Pittsburgh Health Care System, emphasized the importance of dual regimens for treating C. auris. He noted that the fungus has been identified in multiple hospitals in the U.S., and it is important for clinicians to be aware of it and to monitor patients who are at high risk for infection.

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Among the most worrying aspects of the infection is whether it will cause an outbreak in the U.S. It has been identified in multiple hospitals in the U.S., and it is important for clinicians to be aware of it and to monitor patients who are at high risk for infection.

Cover Story

PS7977, an antiviral agent for the treatment of hepatitis C virus, was presented at the American Association for the Study of Liver Diseases annual meeting in 2011, defining and changing the field. Mitchell L. Shiffman, MD, told Infectious Disease News.

In all, Gane, who is deputy chief of the New Zealand Liver Institute of Virginia, said, “As soon as he presented the data on the last group of patients, 40 patients; all 40 were cured of HCV over 3 decades: From a disease with no name to a cure.


disease with no name to a cure.


ds-the-run-of-the-mill patient in a health care setting, causing outbreaks. The first time this bug was found here was at the University of Pittsburgh. An outbreak had happened in 2013. Five months after the hospital outbreak, C. auris was again found in a patient in the VA Pittsburgh Health Care System.

Last June, the CDC issued a clinical alert to U.S. soil. was not surprised that the fungus had reached the VA Pittsburgh Health Care System.

1. Earned rates are given to advertisers (parent companies and its subsidiaries) based on the total number of pages placed within a 12-month period. A spread counts as two pages regardless of its size (King-size or A-size).

2. Agency commission: Fifteen percent gross billings on space, color, cover, and preferred position charges.

3. Cash discount: Two percent if paid within ten days of invoice date.

4. Covers, Positions:
   a) Covers:
      - Second cover: Earned b/w rate plus 25%.
      - Color additional.
      - Third cover: Earned b/w rate plus 15%.
      - Color additional.
      - Fourth cover: Earned b/w rate plus 50%.
      - Color additional.
   b) Special positions: Contact your sales representative.

5. Online Advertising Rates: Please contact your sales representative.

6. Recruitment/Classified Rates: Please contact your regional sales representative at 800-257-8290.
Discounts

1. Combined Earned Frequency: All insertions of a parent company and its subsidiaries are combined to determine the earned frequency rate. Advertisers may combine advertisements run in all SLACK publications to achieve maximum frequency.

2. New Advertiser Discount: New advertisers with a minimum 3 ad commitment receive a 10% discount off all advertising placed in 2018. This discount may not be combined with the 2018 Continuity Discount.

   a) Less 15% Agency Discount
   b) Less New Advertiser/Product or Disease News in the past calendar year
   c) Less 15% Agency Discount

3. Continuity Discount: Advertisements for an individual product are eligible for a discount based upon the number of issues in which they advertise. Issue insertions do not need to be consecutive. This program may not be combined with the New Advertiser Discount.

   a) 6 issues = 10% off
   b) 12 issues = 15% off

4. Prescribing Information Discount: B&W prescribing information (PI) pages are eligible for the following discount. The third page of PI and after may take a 50% discount off the earned rate.

5. Clinical Trial Ad Buy One, Get One Free: Clinical trial advertisements may run a second insertion of the same ad unit in any issue for no charge. Ad creative must promote participation in a current clinical trial. Corporate and/or disease state advertisements are not eligible. May not be combined with other Continuity, Free Ad or New Advertiser Discounts.

6. Multichannel Program: Custom multichannel programs are available that meet your specific advertising needs. Contact your Sales Representative to discuss options.

7. Corporate Discount: Total net spend achieved in the year 2018 will set a Corporate Discount to be taken off 2019 advertising.

8. When taking advantage of more than one discount, discounts must be taken in the following order:

   a) Less New Advertiser/Product or Continuity Incentive
   b) Less SLACK Corporate Discount
   c) Less 15% Agency Discount

   Equals net cost

ISSUANCE AND CLOSING

1. Established: July 1988
2. Frequency: 12 times per year
3. Issue Dates: 1st of the month of issue
4. Mailing Dates & Class: Mails within the issue month; Periodical Class.
5. Extensions and Cancellations:
   a) Extensions: If an extension date for material is agreed upon and material is not received by the Publisher on the agreed date, the advertiser will be charged for the space reserved.
   b) Cancellations: If, for any reason, an advertisement is canceled after the closing date, the Publisher reserves the right to repeat a former ad at full rates. If the advertiser has not previously run an ad, the advertiser will be charged for the cost of space reserved. Neither the advertiser nor its agency may cancel advertising after the closing date.

EDITORIAL

1. General Editorial Direction:

   INFECTION DISEASE NEWS is a monthly newspaper designed to provide the latest information and news to the busy infectious disease specialist.

   Articles and features will focus on reports that are relevant to the daily practice of these specialists and will help in the recognition and treatment of infectious diseases. Areas of coverage include HIV/AIDS, hepatitis, infection control, immunizations, emerging diseases, antibacterial resistance and disease epidemics as well as general coverage of viruses, bacteria, fungi and parasites. Reports of presentations by opinion leaders will accompany columns and features and address topics such as pharmacology, immunization, and diagnostic issues.

2. Average Issue Projection:

   a) Average Number of Articles per Issue: 30
   b) Average Article Length: 21 inches

3. Editorial Sections:
   - News Articles
   - Pharmacology Consult
   - Antimicrobials
   - HIV/AIDS
   - Commentary
   - Perspective
   - Calendar of Events

4. Origin of Editorial:

   a) Articles or abstracts from meetings and interviews with experts in infectious diseases: N/A
   b) Staff written: 85%
   c) Solicited: 15%
   d) Peer review: No. Meetings to be covered selected by Editorial Board in advance. Content reviewed by Chief Medical Editor prior to publishing.

CIRCULATION

1. Description of Circulation Parameters:

   a) Office-based: Infectious Disease Specialists
   b) Hospital-based: Residents, Interns, Full-time staff
   c) Other professional activity: Medical Teaching, Research
   d) Osteopathic specialties: Infectious Disease Specialists
   e) Internal medicine: High prescribers of HIV/AIDS therapies

2. Demographic Selection Criteria:

   a) Prescribing: N/A
   b) Mailing distribution: Controlled: 99.5%
      Paid: 0.5%
   c) Paid information:
      Association members: N/A
      Is publication received as part of dues?: No
   d) Subscription rate: $368/year. Outside the U.S.:
      add $84

3. Circulation Verification:

   a) Audit: BPA Worldwide
   b) Mailing house: Publishers Press

4. Date and source of breakdown:

   BPA Worldwide, July 2017

5. Estimated total circulation for 2018: 10,813

GENERAL INFORMATION

1. Requirements for Advertising Acceptance:

   Advertisements for professional and non-professional products or services are accepted provided they are in harmony with the policy of service to the healthcare profession and subject to Publisher's approval. Non-professional product and service advertisers must submit ad copy 2 weeks prior to closing date.

2. New Product Releases: Yes
3. Editorial Research: Yes
4. Ad Format and Placement Policy:

   a) Format: Within articles
   b) Are ads rotated?: Yes

5. Ad/Edit Information: 50/50 Ad/Edit Ratio
6. Value-Added Services:

   a) Bonus convention distribution: See Editorial Calendar
   b) Other: Advertiser Index
7. Online Advertising Opportunities: Contact your sales representative or visit Healio.com/ID for more information.
8. Additional Advertising Opportunities:

   a) BRC inserts: See 5b under Insert Information for specifications.
   b) Split-run advertising: Contact sales representative for information.
9. Reprints: Yes, e-mail: reprints@healio.com
AD SPECIFICATIONS

1. Available Advertising Unit Sizes:

<table>
<thead>
<tr>
<th>Ad sizes:</th>
<th>Non-bleed (Live area) sizes:</th>
<th>Trim sizes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Width x Height</td>
<td>Width x Height</td>
</tr>
<tr>
<td>King Spread</td>
<td>20.5” x 13.5”</td>
<td>21” x 14”</td>
</tr>
<tr>
<td>King Page</td>
<td>10” x 13.5”</td>
<td>10.5” x 14”</td>
</tr>
<tr>
<td>¾ Page (Vertical)</td>
<td>7.05” x 13.5”</td>
<td>7.55” x 14”</td>
</tr>
<tr>
<td>¾ Page (Horizontal)</td>
<td>10” x 10”</td>
<td>10.5” x 10.5”</td>
</tr>
<tr>
<td>Island ½ Page</td>
<td>7.13” x 10”</td>
<td>7.63” x 10.5”</td>
</tr>
<tr>
<td>Island Spread</td>
<td>14.6” x 10”</td>
<td>15.1” x 10.5”</td>
</tr>
<tr>
<td>½ Page (Vertical)</td>
<td>4.68” x 13.5”</td>
<td>5.18” x 14”</td>
</tr>
<tr>
<td>½ Page (Horizontal)</td>
<td>10” x 6.5”</td>
<td>10.5” x 7.0”</td>
</tr>
<tr>
<td>¼ Page (Vertical Block)</td>
<td>4.68” x 6.25”</td>
<td>5.18” x 6.75”</td>
</tr>
<tr>
<td>¼ Page (Horizontal Block)</td>
<td>7.13” x 4.75”</td>
<td>7.63” x 5.25”</td>
</tr>
<tr>
<td>¼ Page (Vertical Strip)</td>
<td>2.23” x 13.5”</td>
<td>2.73” x 14”</td>
</tr>
<tr>
<td>¼ Page (Horizontal Strip)</td>
<td>10” x 3”</td>
<td>10.5” x 3.5”</td>
</tr>
<tr>
<td>½ Page (Vertical Block)</td>
<td>2.23” x 6.25”</td>
<td>2.73” x 6.75”</td>
</tr>
<tr>
<td>½ Page (Horizontal Block)</td>
<td>4.68” x 2.84”</td>
<td>5.18” x 3.34”</td>
</tr>
</tbody>
</table>

a) Trim size of journal: 10.5” x 14”

b) To view thumbnails of ads specs, visit healio.com/slackadspecs

For spread ads, keep content (images/text) ¼” in on each side of the gutter
For bleed ads, add ¼” on all sides of trim size.

INSERT INFORMATION

1. Availability and Acceptance:
   a) Availability: Two- to eight-page inserts are available full run. Demographic and/or geographic inserts are limited to three per issue.
   b) Acceptance: A paper and insert sample must be submitted to the Publisher for approval.

2. Insert Charges:
   a) Furnished Inserts: Billed at the earned black-and-white space rate. Commissionable.
   b) A-size inserts charged at Island half-page rate.
   c) Tabloid-size inserts charged at the King page rate.

3. Sizes and Specifications:

<table>
<thead>
<tr>
<th>No. of Pages</th>
<th>Max Paper Stock Min</th>
<th>Max Micrometer Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 page (one leaf)</td>
<td>80# coated text 70# coated text</td>
<td>.004”</td>
</tr>
<tr>
<td>4, 6, 8 page</td>
<td>70# coated text 60# coated text</td>
<td>.004”</td>
</tr>
</tbody>
</table>

a) Full size inserts: supplied untrimmed, printed, folded (except single leaf), and ready for binding.
   Varnished inserts are acceptable at the Publisher’s discretion.

b) A-size: Supply size: 8¾” x 11” pre-trimmed on head and face. ¾” foot and gutter grind.

4. Trimming: Trimming of oversized inserts will be charged at cost. Keep live matter ½” from trim edges and ⅜” from gutter trim.
   Inserts are jogged to the foot. Book trims ¼” at head face and foot.

5. BRCs:
   a) Pricing: Contact your Sales Representative for prices. Non-commissionable.
   b) BRC Specifications: 3½” x 5¾” minimum to 4½” x 6” maximum; perforated with ½” lip (from perforation) for binding.
      Add ¼” for foot trim. Cardstock minimum: 75# bulk or higher.

6. Quantity: Full run – 12,000 (estimated). Exact quantity will be given upon Publisher’s approval of insert or call Publisher prior to closing date.

7. Shipping: Carton packing must have publication name, issue date, and insert quantity clearly marked.
   Inserts shipped in e-containers cannot be verified and SLACK will not be responsible for shortages on press.
### 2018 Editorial Calendar

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>AD CLOSING</th>
<th>MATERIALS DUE</th>
<th>FEATURED TOPICS</th>
<th>MEETING COVERAGE</th>
<th>BONUS DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>12/5/2017</td>
<td>12/19/2017</td>
<td>Fungal pathogens: Testing and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>1/5/2018</td>
<td>1/19/2018</td>
<td>Emerging diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>2/5/2018</td>
<td>2/16/2018</td>
<td>Foodborne infection</td>
<td>Advisory Committee on Immunization Practices (ACIP)</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>3/6/2018</td>
<td>3/20/2018</td>
<td>Tackling HIV drug resistance</td>
<td>Conferences on Retroviruses and Opportunistic Infections (CROI)</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>4/5/2018</td>
<td>4/19/2018</td>
<td>Immunizing at-risk populations</td>
<td>International Liver Congress (EASL)</td>
<td>ASM Microbe</td>
</tr>
<tr>
<td>June</td>
<td>5/4/2018</td>
<td>5/18/2018</td>
<td>Preventing and treating nosocomial infections</td>
<td>Digestive Disease Week (DDW)</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>7/6/2018</td>
<td>7/20/2018</td>
<td>Improving HIV treatment</td>
<td>Association for Professionals in Infection Control and Hospital Epidemiology Annual Meeting (APIC)</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>9/6/2018</td>
<td>9/19/2018</td>
<td>Stamping out STDs</td>
<td>ACIP</td>
<td>IDWeek</td>
</tr>
<tr>
<td>November</td>
<td>10/5/2018</td>
<td>10/19/2018</td>
<td>Breakthroughs in clinical research</td>
<td>ACIP</td>
<td>IDWeek</td>
</tr>
<tr>
<td>December</td>
<td>11/5/2018</td>
<td>11/19/2018</td>
<td>Advances in Hepatitis C</td>
<td>American Society of Tropical Medicine and Hygiene annual meeting (ASTMH 2018)</td>
<td></td>
</tr>
</tbody>
</table>

*For more on this story, turn to page 66.*

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Healio.com/ID