Dear PASCV Members,

I am delighted to report that PASCV is doing well. With the transfer of the operations of the Clinical Virology Symposium to the American Society for Microbiology (ASM), we continue to define our identity as an organization. That process is gradual but steady. We are working closely with ASM in planning for the upcoming 2016 CVS, which will be in Daytona Beach. The specific terms of PASCV's interaction with ASM are currently being negotiated and hopefully we will come to agreement on terms that will be favorable for both organizations.

The upcoming CVS will take place Thursday May 19 through Sunday May 22, preceded by our Molecular Virology Workshop on Wednesday May 18. The rearrangement of days from the customary Saturday-Wednesday was required by hotel and convention center availability. We are hoping that Workshop attendance will not be adversely affected.

Building membership in PASCV is a priority to ensure our strength as an organization. We made concentrated efforts to recruit members at CVS and were successful with approximately 40 new members.

The most exciting development within CVS is our plan to begin educational webinars devoted to important topics in clinical virology. This is in response to what we learned from last year's membership survey. Our membership is uniquely qualified to provide education in clinical virology, and we hope that this will be a service to our membership and to the larger diagnostic virology community. These efforts are being spearheaded by Education Committee Co-Chairs Alex Valsamakis and Diane Leland.

The other exciting development is that we have just made arrangements to implement a new electronic resource that will greatly enhance the capabilities of our web page, improve our membership database, and allow us to host educational activities such as webinars. Work on this project is being carried out by our administrative assistants, Jess Warner and Karen Wolowski.

Several members of PASCV are providing input to FDA as it moves forward with plans to revise regulation of laboratory developed tests. If you are interested, please contact me or one of the Co-Chairs of our Public Policy Committee, Matt Binnicker, Mike Loeffelholz, and Melissa Miller.

Our Fund-Raising Committee is planning efforts to increase industry support for PASCV. If you are interested in helping, contact one of the Co-Chairs, Susan Novak-Weekley and Alex Valsamakis.

I enjoyed seeing many of our members at the Workshop and CVS. I wish all of my fellow virus hunters continued success in tracking down our tiny targets that can have so much impact on human and animal health.

- GREG STORCH, PASCV PRESIDENT

MEMBERSHIP NEWS

PASVC is GROWING – a total of 74 new members were added to the membership between Jan and Jul 2015. That gives us a total membership of 354, with 155 lifetime members, 156 MD or PhD, 36 technologists, and 7 students. Within our group there are 69 international members.

Why be a member? The Pan American Society for Clinical Virology is much more than a group of professionals dedicated to the field of virology. The PASCV gives you the invaluable opportunity to network with hundreds of other professionals whose life’s work is the same as yours. Through this network, you'll find the clinical, scientific, and technical resources and support you need to achieve outstanding patient care and research. The 2016 membership period will begin on October 1, 2015 and extend through September 30, 2016. Renew or join at www.pascv.net beginning October 1st. Membership rates are: MD, PhD, DVM, Industry - $75 Technical Staff - $50 Students - $25 Members get discounted registration for the Molecular Virology Workshop and a discounted subscription rate for the Journal of Clinical Virology. In addition, PASCV is planning to initiate instructional webinars and registration will be free or discounted for members.

EDUCATION COMMITTEE ACTIVITIES
Infrastructure that will allow us to offer webinars as educational content is being established. After some research, Go-To-Meeting has been selected as the platform on which webinars will be held due to its effectiveness and user-friendliness. PASCV will proceed with offering P.A.C.E. accreditation for its webinars and other educational programs. ASCLS will accept Jess Warner as a continuing education program administrator - one giant step forward toward accomplishing PASCV's goal of providing certified educational content for its members and the general clinical virology community. We are aiming to offer P.A.C.E. credit for the first webinar in early fall 2015. This first webinar will be on rapid influenza NAT test platforms, and will be given by Rick Hodinka (that you RLH!). The costs of establishing infrastructure that will allow us to initiate and expand PASCV's educational programs have been estimated and the Fundraising Committee is gearing up to set out on its mission to raise these monies. As a PASCV member, if you are interested in joining the FunComm to assist in these efforts (or you have any loose change) - please contact the FunComm Chairs Susan Novak-Weekley (susan.m.novak@kp.org) or Alex Valsamakis (avalsam1@jhmi.edu). You will be welcomed with open arms.

Over the last year the website has undergone a lot of changes in order to eliminate clutter and dead end links and to add relevant information pertaining to virology. Some of the new features include quick links to the CDC’s most up to date information on Ebola, enterovirus D68 and MERS. In addition we have tried to incorporate, into the announcement section, current year PASCV and Travel award winners, including a picture of them receiving the award. It is our goal to update the announcement section every year and create an archive of the past award recipients. This year also includes the addition of a banner that is a direct link to the IV International Clinical Virology Symposium and Advances in Vaccines meeting that will be held in Buenos Aires, Argentina from October 24-26, 2016.

Any ideas or additional information people would like added to www.pascv.org, please do not hesitate to contact Daryl M. Lamson at webmaster@pascv.org, and we will make every attempt to incorporate to the website.

Journal of Clinical Virology Update

In 2014 JCV received 710 submissions with a rejection rate of 58%. As of March 2015 JCV has received 229 submissions and the rejection rate currently stands at 65%. The majority of submissions were from Western Europe, followed by Asia and North America. Asia had the highest rejection rate (approximately 75%). For 2014, the average time from submission of an article to it appearing online in a citable format and downloadable was 15.1 weeks which indicates that JCV is benefitting from the impact of the Author Accepted Manuscripts initiative.

The impact factor for JCV is 3.466. Based on the Thomson Scientific category ‘Virology’ ranked by impact factor, JCV had a small increase and sits within the top fifteen of this category and is currently ranked 10/32. The number of downloads for 2014 were 364,895 (average of 30.408 per month). In 2013 JCV had 350,761 (monthly average 29,230). For the first two months of 2015 there were 73,659 downloads so it looks like a trend even higher than 2014! The top 2 countries in terms of downloads from JCV were the US and China, followed by several European countries.

The Net Promoter Score (NPS) program monitors the corresponding authors who have recently published in JCV. Authors answer a number of questions concerning their publishing experience, evaluating aspects such as reputation, publishing speed, publishing services, the editorial board and Impact Factor. Authors are also invited to rate another title in which they have recently published (in many cases this will be a competitor title) and it is from a comparative analysis of both sets of answers that the results are obtained. The NPS results from the last report (June 2013 to June 2014) is 63, which is excellent.

A highlight of 2014 was a special section of review articles on Tropical Viruses, Guest Editor Jan ter Meulen. Other JCV features include an Open Access Hybrid option, Your Paper Your Way, the option to include Highlights, Graphical Abstracts, Google Maps, Audio Slides and the Virtual Microscope. Authors now receive article usage alerts. JCV participates in CrossRef, a multi-publisher initiative from the CrossRef organization to
provide a standard way for readers to locate the authoritative version of a document. 
http://www.fda.gov/default.htm

JCV is the official journal of both the PASCV and the European Society of Clinical Virology (ESCV). I highly encourage members of PASCV to submit to the journal.

The workshop this year featured 2 highly anticipated presentations about the FDA plans for regulation of in-house developed assays. An update to the information presented has been supplied for the newsletter by two of the presenters, Angela Caliendo and Greg Frank.

July 2015 - FDA Proposed Guidance

In early October, the Food and Drug Administration (FDA) released its draft guidance proposing to regulate laboratory developed tests (LDTs), which the FDA defines as an “in vitro diagnostic device that is intended for clinical use and is designed, manufactured, and used within a single laboratory.” The proposed framework proposes a risk based approach, where first high risk and then moderate risk LDTs would incur phased in regulations over a nine year period. The FDA would first require LDTs to register, after which advisory panels would then begin the process of establishing risk. The highest risk tests would require a PMA submission, moderate risk tests, at 510(k), and low risk LDTs would only need to be registered. The high risk tests would be regulated first, followed by the moderate risk tests. There are a limited number of high risk pathogens including HIV, HCV, HBV, HPV, and CMV. At this point it is not clear whether other transplant viruses (EBV, BKV, adenovirus) will be considered high risk.

Some LDTs will be subject to oversight discretion, most notably for clinical virologists: LDTs for rare diseases (defined as less than 4000 tests (not cases) per year nationwide) and LDTs for unmet needs, defined as those tests for which there is no alternative FDA cleared or approved test.

The FDA held a public meeting in January 8-9, 2015, to discuss the LDT regulations, which Dr. Greg Storch attended, representing PASCV, ASM, and IDSA. At the meeting, the majority of professional organizations opposed the current form of the framework, while many cancer societies and industry stakeholders supported the guidance. ACLA led the opposition, stating that the FDA does not have legal authority to regulate LDTs by guidance. They threatened legal action should the FDA proceed with implementing its guidance. In general opposing stakeholders highlighted concerns that clinical laboratories do not have the resources to navigate the 510(k) submission process for moderate risk tests, let alone the PMA submission that would be required for high risk LDTs. This would in turn result in a massive loss of patient access to innovative testing. Others did not feel that test that uses different analytes than what a commercial test is intended (i.e. modifications) should require FDA oversight, but remain under CLIA to verify analytical validity.

Diagnostic Test Working Group (DTWG) Proposal

Following the Food and Drug Administration’s (FDA) draft guidance to regulate laboratory developed tests (LDT), a group called the diagnostic test working group (DTWG) was formed to develop an alternative proposal. A coalition of large commercial labs and diagnostic manufacturers, including Roche, Lab Corp, and the Mayo Clinic, the DTWG unveiled its proposal to the diagnostic community in spring 2015.

All diagnostic tests (both commercial and LDTs) would fall under a new regulatory category separate from devices, “In vitro clinical tests.” Unlike existing regulations, the DTWG proposes to regulate all activities related to test development, validation, and use equally regardless of whether the entity is a commercial manufacturer or an academic clinical laboratory. To address regulatory overlap concerns in the FDA guidance, the proposal would form a new FDA center devoted to regulating diagnostic development, using a new risk-based regulatory approach. Laboratory operations, defined by activities such as running tests, or preparing samples and reagents would be regulated solely by a modernized Clinical Laboratory Improvement
Amendments (CLIA). The draft does include some provisions that improve upon the draft FDA regulatory framework, namely grandfathering approval for many existing LDTs and allowing most test modifications to stay under CLIA regulation. The draft also seeks to provide special considerations for tests that address an unmet need, detect rare diseases, or need to be used during emergency situations.

Many academic laboratory stakeholders expressed concerns that the proposal focuses on regulatory simplifications that benefit manufacturers and large commercial labs. While the proposed risk-based regulations lower burdens for all diagnostic developers, they would be too high for academic labs that currently are not required to interface with the FDA at all. This will likely push labs to move away from developing LDTs, potentially limiting patient access to tests. Many stakeholders also strongly opposed regulating all types of testing equally, citing major differences in diagnostics used within a hospital lab compared to a commercially developed test intended for wide-spread distribution.

Both the House and the Senate members have voiced concern with the FDA’s LDT guidance, and expressed strong interest in legislative approaches to overhaul diagnostic regulation. In June, the House Energy and Commerce Committee (House E&C) solicited comments for a draft legislative proposal that was based largely on the DTWG proposal. Many other medical societies have concerns with the draft legislation, and the Committee is unlikely to advance legislation on this issue until greater consensus can be reached. The Committee is considering holding a hearing in the late summer to further discuss diagnostics regulation.

Modernization of CLIA

The Senate Health Education Labor & Pensions (HELP) committee is currently soliciting stakeholder feedback for a diagnostic reform proposal of its own, including proposals that focus on modernizing CLIA regulations to improve oversight of LDTs. The AMA has been working with several laboratory stakeholders on a CLIA-modernization proposal, with the goal of engaging HELP staff. It is likely a formal proposal will be submitted for HELP consideration by the end of the summer.

There continues to be a lot of activity around the regulation of LDTs, at this time it is unclear which of these proposals will be moved forward. Hopefully the community will end up with a proposal that does not limit access to testing or create a regulatory framework that is cost prohibitive or too complex for clinical laboratories. Further updates will be provided at CVS.

CVS #31 2015 Meeting Highlights

Clinical Virology Symposium

The 31st Annual Clinical Virology Symposium (CVS) was held April 26-29, 2015 in Daytona Beach, FL. For the first time, the logistics of the meeting was organized and executed by the American Society for Microbiology (ASM) and was jointly sponsored by The France Foundation and the Pan American Society for Clinical Virology (PASCV). The meeting was viewed as being highly successful from both a scientific and participation perspective, attracting 996 participants which included 120 international attendees from 30 countries. There were also 56 companies who participated in the commercial exhibit at the conference. Twelve travel awards were presented at the PASCV Business Meeting to bring young scientists (e.g., students, post-doctoral fellows, and technologists) to the meeting to present their research and three outstanding scientists were recognized at the symposium’s annual banquet for their contributions to the field of clinical virology. During the four-day meeting, there was ample opportunity for participants to interact and network with colleagues to exchange ideas and to establish new research or clinical collaborations and to speak with the many vendors in attendance.

The scientific meeting was developed and arranged by a program planning committee of 10 members from both ASM and PASCV and consisted of 4 plenary sessions, 2 interactive sessions including a Virology Jeopardy and 6 clinical case presentations, and 220 accepted abstracts presented as posters over 3 separate daily sessions. Members of the Program Committee were Steven Specter, Chair, Richard Hodinka, Vice Chair, Angela Caliendo, Christine Ginocchio, Randall Hayden, Colleen Kraft, Marie Landry, Benjamin Pinsky, Gregory Storch, and Stephen Young. The selected topics and speakers for the plenary sessions were diverse and represented practical issues in diagnostic virology, clinical aspects of viral diseases, the laboratory diagnosis of viral
infections, and prevention of and therapy for viral infections. The scientific program provided a number of highlights, a few of which will be discussed here.

The 1st presented as a point/counterpoint in the Sunday plenary session on practical issues in diagnostic virology, was a very provocative discussion of Laboratory Developed Tests (LDTs) from the perspective of the laboratory and industry with respect to how clinical laboratories will be impacted by the U.S. Food and Drug Administration’s (FDA) decision to move forward with the regulation of such tests. Dr. Angela Caliendo, Brown University Alpert School of Medicine, Providence, RI outlined the principles that will guide the proposed regulations and the timeline for implementation (still several years away). Alan Metz, President of the American Clinical Laboratory Association, Washington, DC presented the laboratory view of the guidelines, which was primarily that these regulations are unnecessary and would be inhibitory to the current and future development of important diagnostic testing. In counterpoint, Andy Fish, AdvaMedDx, Washington, DC presented an industry perspective on regulation, indicating that regulation is necessary and important. A lively discussion involving the audience lasted 45 minutes and challenged the points made in the presentations. Probably one of the most important points raised in discussion was the need for the FDA to conduct a cost-benefit analysis of the proposed regulations.

The Sunday session was topped off by a wonderful round of Virology Jeopardy hosted by Dr. Alex Valsamakis, Johns Hopkins Hospital, Baltimore, MD and two excellent presentations from Dr. Eric Rosenberg, Massachusetts General Hospital, Boston, MA and Beverly Rogers, M.D., Children’s Healthcare of Atlanta, Atlanta, GA on practical issues in transplant virology and health economics and outcomes in clinical virology, respectively.

There were 2 outstanding and moving Ebola related presentations that covered what is currently known about the biology, pathogenesis, epidemiology, clinical signs and symptoms, diagnosis, and prevention and therapy of this deadly virus. The 1st talk, presented in the Monday plenary session on clinical aspects of viral diseases, focused on the recent Ebola outbreak in West Africa and was the Sheikh Hamar Khan Memorial Lecture presented by Dr. Heinz Feldmann, Laboratory of Virology, NIH, Hamilton, MT. Dr. Khan had spoken at the 30th CVS in April 2014 and subsequently died of Ebola, which he contracted in July 2014 while caring for Ebola patients in Sierra Leone. He was posthumously awarded the 2015 PASCV Clinical Virology Award, which was accepted on behalf of Dr. Khan’s family by his brother, Sahid Khan. Mr. Khan gave a poigniant remembrance of his brother and his desire to be a physician. The 2nd talk was given in the Wednesday plenary session on prevention of and therapy for viral infections and described the most recent developments in prevention and therapy for Ebola. While there appear to be good vaccine and drug candidates for Ebola treatment and prevention, it was clearly articulated by Dr. John Schieffelin, Tulane University, New Orleans, LA that clinical trials need to be completed before there is an accurate picture of which candidates will be most effective and cost efficient. Both talks provided important insights on why this Ebola outbreak was far worse than any previously reported outbreak.

As part of the Monday session, Dr. Mary Anne Jackson, Children’s Mercy Hospital, Kansas City, MO also masterfully recounted her clinical experience with human enterovirus (HEV) D68 over the past year and described some of the serious complications observed, most notably refractory bronchospasm and respiratory failure with or without asthma, resulting from these infections. She provided a solid background on HEV and its pathogenesis. She then described the extent of the EV D68 outbreak in 2014 using seroepidemiology to show this was not a new strain of virus. Severe respiratory disease was seen more commonly, but not exclusively, in children who had a history of asthma. In addition to severe respiratory disease, there were strong indications that the virus was associated with CNS complications of a polio-like illness in a limited number of patients; although, the etiology was unproven. One impressive factor in recognizing this outbreak nationally was the use of social media as some medical specialty listservers were used to determine the national extent of the symptoms seen, thus helping us recognize the value of these tools in future outbreaks. Participants of the Monday plenary session also enjoyed two exceptional talks—one on the viral etiology in unexpected deaths given by Dr. Sherif Zaki, CDC, Atlanta, GA and the other on chikungunya and dengue viruses presented by Dr. Pablo Martinez de Salazar of the Caribbean Public Health Agency, Port of Spain, Trinidad and Tobago.
Dr. Charles Chiu, University of California, San Francisco presented an outstanding talk on next generation sequencing and its application in the clinical virology laboratory in the Tuesday plenary session on laboratory diagnosis of viral infections. The work presented suggests that this approach may revolutionize our ability to diagnose viral diseases in the laboratory. Dr. Chui demonstrated the stages in development of metagenomic next generation sequencing that is likely to allow for a turnaround time from specimen acquisition to actionable information for the physician in under 6 hours and a sequencing step that takes <6 hours to complete. As sequencing moves to real-time it will become more clear if this approach is feasible. It may be noted that ASM will sponsor a Conference in Washington, DC from September 24-27, 2015 entitled, “Rapid Next Generation Sequencing and Bioinformatics for Enhanced Molecular Epidemiologic Investigation of Pathogens,” exploring in depth the field that Dr. Chiu presented.

Tuesday’s session also included several other timely topics on laboratory diagnostics, including a talk on one world implications for diagnostic virology given by Dr. Benjamin Pinsky, Stanford University, Stanford, CA, a discussion of diagnostic strategies for viral CNS infections presented by Dr. Kenneth Tyler, University of Colorado, Aurora, CO, and the utility of multiplex testing for GI infections posed by Dr. Marek Smieja of St. Joseph’s Healthcare/McMaster University, Hamilton, Canada.

The final day of the symposium was not only marked by Dr. Schieffelin’s discussion on Ebola prevention and therapy described above, but was also highlighted by presentations on drugs in use and under development for herpesviruses and metapnuemovirus by Dr. Mark Prichard from the University of Alabama Birmingham, Birmingham, AL and Dr. John Williams, Vanderbilt University, Nashville, TN, and an examination of novel approaches to influenza vaccine by Dr. Richard Webby, St. Jude Children’s Research Hospital, Memphis, TN. These were just some of the many outstanding presentations at the meeting. Of note, all of the program presentations are available for purchase with audio and slides on the ASM website at https://www.pathlms.com/asm.

In addition to the award mentioned above for Dr. Khan, there were two additional awards presented by the PASCV at the Monday evening CVS banquet. Dr. Keith Jerome, University of Washington, Seattle, WA received the 2015 Diagnostic Virology Award for his body of work that spans transplant virus diagnostics, host-pathogen interactions and immune evasion by herpesviruses and his laboratory's design and implementation of molecular diagnostics for a broad array of viruses. Dr. Colleen Kraft, Emory University School of Medicine, Atlanta, GA was recognized as this year’s recipient of the Young Investigator Award for her contributions to applied genomics for clinical use as well as studies of HIV superinfection and rhinovirus genotyping and correlation to clinical outcomes.

**The Molecular Virology Workshop**

The Clinical Virology Symposium was preceded by a one-day Molecular Virology Workshop organized by Randall Hayden, Melissa Miller and Matt Binnicker for the PASCV. The workshop was attended by 294 participants and their feedback indicates it was also well received and thought to be an excellent scientific session. The workshop was designed to give participants an in-depth look at practical issues facing molecular virologists in a variety of practice settings. The morning session of the workshop consisted of an outstanding series of four talks, providing a comprehensive overview on the verification and validation of molecular tests. The initial two talks, by Dr. Michael Loeffelholz, University of Texas Medical Branch, Galveston, TX and Dr. Esther Babady, Memorial Sloan-kettering Cancer Center, New York, NY focused first on evaluation of qualitative tests in general, and then on multi-organism (broad-panel) PCR-based assays. Dr. Maurice Exner from Abbott Point of Care, Nepean, Ontario, Canada followed with a discussion of the often challenging process of verifying quantitative methods. Lastly, Dr. Thomas Grysz, Mayo Clinic, Phoenix, AZ finished with a presentation that outlined the ongoing validation of quantitative tests.

The afternoon session of the workshop was used as a forum to explore the use and application of new technologies in the molecular virology laboratory. The advent of FDA-cleared, random access, sample-to-answer systems offers an opportunity to change the paradigm of molecular testing. Dr. Richard L. Hodinka, University of South Carolina School of Medicine Greenville, Greenville, SC provided an excellent overview of new technologies in this area, while Dr. Christopher Woods, Duke Global Health Institute, Durham, NC and Dr.
Donna Wolk, Geisinger Health Systems, Danville, PA finished with a "point/counterpoint" session on the merits and pitfalls of near patient molecular testing.

Throughout the workshop, the audience was very engaged, with many opportunities for questions and answers interspersed. Discussion included issues that are being faced by molecular laboratories around the country and across the globe. By design, the workshop is intended not only to inform, but to serve as a forum for such interaction and a springboard for future discussion. By all accounts, the workshop was successful in these goals, hopefully bringing actionable information to those in attendance and setting the stage for the Clinical Virology Symposium that followed.

Steven Specter, Symposium Chairman; Richard L. Hodinka, Symposium Vice Chairman
Randall Hayden, Molecular Virology Workshop Chairman

Presentations from the meeting are available to all attendees on-line; access them by -
LINK:  https://www.dropbox.com/sh/mung5dk6ptqfesm/AABQkosJeueq9NkHtRfK-wtea?dl=0

INSTRUCTIONS:
Ø You will have to either log into your Dropbox account or create an account.
Ø If you are creating an account, be sure to select DROPBOX BASIC and click to CONTINUE
Ø From the pop up, click SAVE FILE to allow Dropbox to install on your computer.
Ø From the Download tab, Click RUN to actually download and then install the Dropbox software.
Ø After you are logged in, click to Download the videos to your computer rather than view them from Dropbox.

ASM Awards –
Mario Escobar Award – Gabriel Parra, PhD, NIAID, NIH, Bethesda, MD
Herman Friedman Award – Candy Rutherford, MLT, ART, St Josephs Healthcare, Hamilton, ONT
Edith Hsiung Award – Kelsie Decker-Pulice, BS; Univ of West Georgia, Carrollton, GA
Edwin Lennette Award – Mitchell Szymczak, Univ of Wyoming, Laramie, WY

PASCV Travel Awards –
Laura Dize, BS; Johns Hopkins Univ, Baltimore, MD. Daniel Hale, MD; Baylor Univ Med Ctr, Dallas, TX. Katherine Little, BS; Scott and White Hospital, Temple, TX. Braulio Machado, MS; Adolfo Lutz inst, Sau Paulo, Brazil.
Jennifer McKenna, MS; Univ of Wyoming, Laramie, WY. Frances Valencia-Shelton, PhD; Univ of Rochester Med Ctr, Rochester, NY. Linden Watson, BS; Baylor Scott and White Central Texas, Temple, TX. Jucelia Santos, MSc; Federal Univ of Parana, Curtiba, Brazil.

The CVS meeting (CVS #32) will be held in Daytona Beach on May 19-22, 2016. The PASCV associated Molecular Workshop will be held on May 18th! Make your plans to be there!

Tentative TOPICS FOR CVS 32 MEETING –

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<thead>
<tr>
<th>Topic</th>
<th>Details</th>
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<tr>
<td>Individual quality control plan (IQCP) panel discussion</td>
<td>Staged approaches of encephalitis</td>
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<td>Virology Jeopardy</td>
<td>Oral presentation of some outstanding posters</td>
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<td>Practical Issues – Into to Next Gen Sequencing made simple</td>
<td>Philip Hanff Memorial Clinical Case Presentations and discussions</td>
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<td>High quality superior sample collection</td>
<td>Clinical Trials for Congenital CMV</td>
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<td>Hot topics in Virology</td>
<td>Therapy of Hepatitis B</td>
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<td>Herpes Vaccines</td>
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<td>Group C Enterovirus detection</td>
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The deadline for submission of nominations for next years award winners will be sometime in Nov-Dec of 2015. Check the PASCV and/or ASM website for further information when it becomes available.