



Letter from the President

Gweneth B. Lazenby, MD MSCR

Dear IDSOG members,

As we welcome Spring, I hope this message finds you and your loved ones in good health. We are looking forward to the upcoming Annual Meeting in Minneapolis this July 17-19th. Please take the time to register for the annual meeting. Dr. Fortner and the planning committee have prepared an excellent agenda. I am looking forward to stimulating discussions and the presentations of new science and discovery.

Now more than ever, infectious diseases prevention and management expertise is needed within communities, in policy development, and in training the next generation of reproductive health care providers. I would like to encourage IDSOG members to get involved in leadership.

Our committees are active and welcome new members. This is an excellent opportunity for trainees and junior faculty to interact with senior members and network. For senior members, consider joining the executive committee.

Looking forward to our time together.



Gweneth B. Lazenby, MD MSCR
IDSOG President

Message from the Scientific Committee Chair

Kim Fortner, MD, FACOG

We are so excited for the upcoming Annual Meeting in Minneapolis, July 17-19! We have received incredible abstracts and have cutting edge science that will be presented. There will be 6 oral abstract and 2 Poster sessions.

This year's Stump the Professor cases broke a new record for submissions and are sure to keep us intrigued and will result in being smarter!

The oral presentations are evenly split between clinical ID, translational science, gyn and STIs, maternal health, and public health. We will have spectacular speakers ranging from updates on measles with Dr. Dana Meadey-Delman, menstrual products as a source of environmental chemical exposure and the importance of infectious disease in this research with Dr. Kristen Upson to involving partners in the treatment and prevention of bacterial vaginosis with Dr Catriona Bradshaw.

The scientific committees' goals have been to establish a welcoming environment and ensure everyone can get the most possible out of our time together at the meeting. One of our focuses has been on how to best support each other as ID colleagues given new challenges. We are still working on ways to best accommodate and support colleagues with travel limits and budget cuts. If there ever was a time for us to stay together to make a difference - this is it.



Kim Fortner, MD, FACOG
Scientific Committee Chair



Early Bird Registration

Ends May 23, 2025

Early bird registration for the 2025 IDSOG Annual Scientific Meeting, taking place July 17-19 in Minneapolis, MN, ends soon!

This is a can't-miss opportunity to connect with peers, share your research, and engage in meaningful discussions about infectious diseases in obstetrics and gynecology.

Don't wait! Save on registration today.

REGISTER NOW

Advocacy Spotlight

Coalition for Health Funding

We are proud to share that the Infectious Diseases Society for Obstetrics and Gynecology recently joined the Coalition for Health Funding in signing a letter to House and Senate appropriators, urging them to reject proposed cuts to the Department of Health and Human Services in the FY2026 budget. **The letter, sent to key congressional leaders, highlights the critical need to maintain robust funding for public health and research.** This is one of the many ways we continue to advocate on behalf of our field and the communities we serve.

READ MORE

HPV Vaccine Updates

Linda Eckert, MD

The ACIP is considering whether use of a single dose of HPV vaccine should be recommended for certain age groups, particularly 9-14 year olds. Data was presented at the ACIP meeting on April 15, 2025 which included a summary of trials to date that have evaluated both the longevity of the antibody response as well as the efficacy of a single dose of HPV vaccine for preventing persistent HPV. There is also a prospective trial in Kenya

including individuals up to 19 years of age showing excellent efficacy of a single dose to prevent persistent HPV up to 54 months. Results of these trials have led the World Health Organization to offer a single dose as an option in individuals through 19 years of age, and so far 65 countries (including Australia and the UK) have switched to a single dose schedule in younger individuals (age range can vary by country).

Then, on April 28, 2025, results of the largest single dose trial, the ESCUDDO trial in Costa Rica, were presented at the American Association for Cancer Research. ESCUDDO enrolled 20,000 12-16 year old girls randomized to one versus two doses of either bivalent or nonavalent HPV vaccine. Results presented at the AACR meeting demonstrate 97% efficacy for either one dose or two doses of HPV vaccine for preventing persistent HPV infection—showing the amazing power of this vaccine for cancer prevention. The ACIP is planning to rediscuss and vote on the HPV vaccine dosing schedule in their June, 2025 meeting.



Linda Eckert, MD

IDSOG NEW Member Highlight



Nicole Gilbert, PhD

Dr. Nicole Gilbert began her scientific career in St. Louis in 2005 after graduating from Concordia University, Nebraska. She earned her PhD at Saint Louis University, studying

fungal pathogenesis, and later transitioned to women's infectious disease research during her postdoctoral work at Washington University. There, she developed mouse models to study bacterial vaginosis (BV) and received a K01 Career Development Award to explore how *Gardnerella* affects the urinary tract. She joined the Department of Pediatrics in 2020 and launched her own lab in 2024, where she mentors trainees in the field.

Dr. Gilbert's research focuses on how interactions between microbes and the female urogenital tract influence health outcomes for women and their babies. Her lab investigates the link between the vaginal microbiome—particularly BV, a condition affecting about 30% of women—and a range of conditions including sexually transmitted infections (like HIV, HPV, and gonorrhea), urinary tract infections, infertility, and adverse pregnancy outcomes. Her team studies how host-microbe and microbe-microbe interactions contribute to these issues. The ultimate goal is to develop targeted, vaginally focused prevention and treatment strategies that improve women's health.

"I'm excited for the networking and collaboration opportunities IDSOG will bring to me and my lab."

Click the link below to learn more about Dr. Gilbert's Lab and projects.

[LEARN MORE](#)

IDSOG NEW Member Highlight



Jill Maples, PhD

Director of Women's Health Research and Associate Professor in the Obstetrics and Gynecology Department at the University of Tennessee, Dr. Jill Maples is dedicated to enhancing scholarly activity and research productivity while creating valuable training

opportunities for students and trainees. With broad expertise spanning basic, translational, and clinical sciences, Dr. Maples leads and supports research that advances women's health across a wide spectrum.

Her primary research interests lie in metabolism and physical activity, particularly as they relate to pregnancy and the postpartum period. She has contributed to collaborative research efforts in diverse areas including gestational diabetes, metabolic disease, postpartum depression, contraception, vaccination, obstetric and labor management, simulation-based training, maternal and neonatal health interventions, and chronic pelvic pain. Her most recent work explores the metabolic profiles of patients with gynecologic cancers, aiming to improve understanding and treatment strategies in this evolving field.

“I have loved attending IDSOG conferences the past few years and am excited to be more officially involved with this special group of professionals aimed at advancing the study of infectious diseases in women and individuals assigned female sex at birth!”

Click below to check out a recent article published by the American Journal of Infectious Diseases on HPV vaccination education, presented at IDSOG 2023 poster session.

[READ MORE](#)



IDSOG Working Group
DEI Committee

Join us Tuesday, **June 17, 2025** for a group session! We will discuss **strategies for reproductive healthcare** in ever-changing times. Prepare your own thoughts and comments for this riveting conversation!

Scan the **QR code** for more information!

Speaker Highlight



Professor Catriona Bradshaw

We're thrilled to welcome Professor Catriona Bradshaw, MMBS(Hons), PhD, FACHSHM, FAHMS to the 2025 IDSOG Annual Meeting!

Don't miss this highly anticipated presentation:

“Challenging the Paradigm to Achieve Cure: Involving Partners in the Treatment and Prevention of Bacterial Vaginosis.”

Read her work on this topic published in the new England Journal of Medicine!

READ NOW

Ask the Expert!

Click the thumbnail to view.



At the 2024 IDSOG Annual Meeting, IDSOG members gathered to discuss important topics in infectious diseases for obstetrics and gynecology.

This video features Noor Al-Shibli, MD in conversation with Kate Miele, MD, discussing Syphilis in pregnancy.

IDSOG Social Media Updates

We're pleased to announce that we've **officially transitioned from X (formerly Twitter) to Bluesky Social!** Follow us there for updates, insights, and conversations.

We've also launched our **LinkedIn page**, where we'll be sharing updates, and fostering opportunities to connect with other IDSOG professionals.

Make sure to **follow us on both** so you don't miss important information.

FOLLOW US ON BLUESKY

FOLLOW US IN LINKEDIN

Upcoming Meetings of Interest

2025 IDSOG Annual Scientific Meeting: July 17-19, 2025 | Minneapolis, Minnesota

2025 World HIV & STI Congress: July 26-30, 2025 | Montreal, Quebec, Canada

Measles Update

Kevin Ault, MD

As of May 1, there are 935 cases of measles in the USA for 2025. Cases have been reported in 30 states, and there are two children who have died of measles this year. These are the first pediatric measles deaths in the USA in twenty years. Both deaths were in unvaccinated children, and more than 90 % of cases are in unvaccinated individuals. Measles is associated with several pregnancy complications, including stillbirth, spontaneous abortion and preterm delivery. Measles during pregnancy is also associated with an increased risk of maternal hospitalization and death. **Members of IDSOG should take action to protect their patients and their communities.** Measles is one of the most contagious diseases. Strict infection controls protocols will prevent nosocomial spread of measles. These measures include isolation of suspected cases and personal protective equipment for health care workers. Providers should document vaccination status as part of routine preventive and initial prenatal visits.

The American College of Obstetricians and Gynecologists issued a “Practice Advisory” on “Management of Obstetric–Gynecologic Patients During a Measles Outbreak” in 2024. Additionally, IDSOG member Dean Denise Jamieson and her colleague Dr. Rasmussen reviewed the topic in 2019. Both are excellent resources for IDSOG members.



Kevin Ault, MD

READ PRACTICE ADVISORY

READ REVIEW

Manuscript Spotlight

Syphilis and Pregnancy

This week, CDC scientists published an article in Obstetrics & Gynecology entitled “Birth Outcomes among Women with Syphilis During Pregnancy – 6 U.S. States, 2018 – 2021.” As you know, **syphilis during pregnancy has dramatically increased in recent years**. These CDC findings highlight the significant, serious adverse outcomes if syphilis during pregnancy is left untreated:

- Untreated syphilis during pregnancy was associated with four times more stillbirths and babies who were 1.6 times more likely to need NICU admission and 1.5 times more likely to be born with low birth weight.
- About 40% of pregnant women with syphilis were inadequately treated (including incomplete treatment, not timely, or not a recommended treatment type) or not treated for syphilis during pregnancy.
- People with complicated life experiences—like reported substance use, limited access to health care, or being unhoused—are more frequent among those who received inadequate or no treatment.

This paper reinforces just how critical prompt identification and treatment of pregnant women with syphilis is for the health of women and their babies.

We need earlier testing during pregnancy and faster turnaround of testing and treatment. This can help ensure adequate treatment initiated more than 30 days before delivery, as recommended to prevent congenital syphilis. Any healthcare encounter during pregnancy is prenatal care and is an opportunity for syphilis screening and prompt treatment. In addition to improving access to prenatal care, approaches to improve syphilis care in settings outside of traditional prenatal care settings, including emergency rooms, substance use treatment facilities, jails/prisons, and shelters serving unhoused individuals, are needed.

[READ FULL TEXT](#)

Thank You from the IDSOG Communications Committee!

IDSOG Communications Committee:

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Let's connect!



Questions? We're here to help!

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