

Declaration of Jeremy D. Young, MD, MPH

I, Jeremy D. Young, declare as follows:

I. Background and Qualifications

1. I am a physician, and am board-certified in Internal Medicine and Infectious Diseases. I am an Associate Professor of Medicine at The Ohio State University College of Medicine in the Division of Infectious Diseases in the Department of Internal Medicine, and am the Associate Chief of Clinical Operations for that division at The Ohio State University Wexner Medical Center in Columbus, Ohio. I completed my residency in Internal Medicine at The Ohio State University Medical Center in Columbus, Ohio, in 2004. I completed a fellowship in Infectious Diseases at The Ohio State University Medical Center in 2006. I also hold a Master of Public Health, which I received from The Ohio State University in 2006.
2. Before returning to Ohio State as a professor in 2019, I was previously an Associate Professor (with tenure) at the University of Illinois at Chicago in the Division of Infectious Diseases, Immunology & International Medicine in Chicago, Illinois. While at the University of Illinois at Chicago, I also served as the Program Director for the Infectious Diseases Fellowship. While I was in Illinois, for approximately ten years, I worked on controlling the spread of infectious diseases such as HIV and hepatitis C in correctional institutions across the state. Specifically, I worked to develop improved virologic suppression methods with respect to HIV across the prison system in Illinois using telemedicine. Through this work over the past decade or more, I have become knowledgeable about infection control procedures and the spread of virus through prisons and other correctional facilities.
3. I have spoken about, written, and published extensively on the topics of infectious diseases among people involved in the criminal justice system, including through poster presentations, oral abstracts, book chapters, and articles in peer-reviewed journals and publications (including *Journal of Respiratory Diseases*, *New England Journal of Medicine*, *Clinical Infectious Diseases*, *JAMIA*, *American Journal of Infection Control*, *Journal of Clinical Medicine*, and others) on issues of prevention, diagnosis, and management of HIV, hepatitis C, and other infectious diseases among people in the criminal justice system. I am well-versed in infectious disease epidemiology, have taught lectures on the subject, and apply the principles of infection control on a daily basis as part of my job. I have taught graduate students, medical students, residents, and infectious disease fellows on the principles and practices of infection control and epidemiology.
4. I have attached, as Exhibit A, a copy of my curriculum vitae, which contains a full listing of my education, experience, publication, and honors.

II. Infectious Disease Transmission in Correctional Facilities

5. The risk posed by exposure to infectious diseases in prisons and other correctional facilities is significantly higher than in the general community, both in terms of risk of transmission and harm to individuals who become infected. This is partially because correctional facilities are often poorly equipped to diagnose, treat, and manage infectious disease outbreaks due to lack of resources and medical providers. Also, the congregative nature of correctional facilities presents unique challenges to infection control, particularly with highly contagious diseases with person-to-person spread. Regarding risk, offenders in correctional facilities often have underlying characteristics or conditions that may predispose them to an increased risk of morbidity and mortality from infectious diseases, including older age, diabetes mellitus, lung disease (e.g. COPD), coronary artery disease, immunocompromising conditions (e.g. HIV/AIDS), and high body mass index (BMI).
6. Globally, outbreaks of contagious diseases, including viral respiratory tract infections, are exceedingly common in closed detention settings, more so than in non-correctional communities. Not only are prisons and correctional facilities high-risk for internal outbreaks, due to close quarters and person-to-person transmission, these facilities are not isolated from their surrounding communities, allowing infectious diseases to enter the prison environment and spread quickly. Staff, visitors, contractors, and vendors, among others, pass between communities and correctional facilities and can (and do) bring community-based infections into facilities. In addition, turnover of prison and correctional facility populations means that people often cycle between units, facilities, and communities. People are often transported to and from facilities for other various purposes as well, including to attend court, move between facilities, and to attend doctor's appointments. The incarcerated are an at-risk population, and their contagious conditions also put communities at risk. Accordingly, prison health is a vital component of public health.
7. Communal settings in prisons and other correctional facilities provide an ideal environment for the rapid spread of infectious diseases that are transmitted person-to-person, particularly those passed by respiratory droplets, aerosols, direct contact, or fomites (objects or materials likely to harbor infectious pathogens, such as clothes, utensils, and furniture). Opportunities for transmission of such diseases increases when individuals share dining space, living quarters, bathrooms, showers, and other common areas. In these cases, the best initial strategies to help combat the spread of the infectious diseases are to perform frequent hand hygiene, clean and disinfect potential fomites, and practice social distancing. When imprisoned, people have a decreased ability to protect themselves through social distancing than they would have in the non-correctional community. Spaces within prisons and other correctional facilities also tend to be poorly ventilated, which promotes highly efficient spread of infectious diseases through droplets. Individuals in these settings have a diminished ability to protect themselves from exposure to infectious diseases.
8. During an infectious disease outbreak, many individuals protect themselves by performing hand hygiene, either with soap and water or alcohol-based hand sanitizers. However,

correctional facilities rarely provide adequate opportunities for inmates to exercise necessary hand hygiene measures. Prisons and correctional facilities are often ill-equipped with sufficient hand soap and alcohol-based sanitizers for detained persons living and working in these facilities. Furthermore, high-traffic fomites such as doorknobs, light switches, tables, and counters should also be cleaned and disinfected regularly with bleach-based solutions to prevent the spread of virus. This measure rarely taken in prisons and correctional facilities due to a lack of cleaning supplies and available personnel to perform the necessary cleaning and disinfecting procedures.

9. Often in an infectious disease pandemic, containment strategies require people who are symptomatic and may be infected to be isolated, and that caregivers and treating physicians and nurses have access to personal protective equipment (PPE), including gloves, masks, gowns, and eye protection (goggles or face shield). As stated, prisons and correctional facilities are often ill-equipped to provide sufficient resources, including PPE for people who are incarcerated and associated caregiving staff. This lack of resources increases the risk to the broader prison population (including inmates as well as those entering the prison for other reasons) of a widespread outbreak.
10. Prisons and correctional facilities often lack onsite medical facilities, 24-hour medical care, and/or access to other medical equipment necessary to diagnose, treat, and manage ill individuals and spread to others during infectious disease outbreaks. Medical facilities and prisons and correctional facilities are rarely sufficiently equipped to handle large outbreaks properly, applying evidence-based strategies for risk reduction, treatment, and containment. To prevent the transmission of droplet-borne diseases, people who are infected and symptomatic must be isolated in a single cell, without cellmates, in a room with a closed door. Any available resources are likely to become rapidly exhausted during an infectious disease outbreak, and any available rooms or beds in any infirmary or other medical facility will likely be at capacity within hours or days. This makes containing the illness and treating those who have become infected much more difficult. In addition, prisons often lack access to community health resources that can be crucial to identify and manage widespread outbreaks, including testing kits, venipuncture capabilities, laboratory equipment, radiology, and medication for those who are infected.
11. Because of their limited resources and access to adequate facilities, prisons and correctional institutions often need to rely on nearby outside facilities, including hospitals and emergency departments, to provide intensive medical care. During a pandemic, however, this may not be possible, as outside facilities will likely be at or over capacity already.
12. Prisons and correctional facilities often house populations who are more susceptible to acquiring and experiencing complications from infectious diseases as compared with the general population at large. Often, people in prisons and correctional facilities have chronic underlying health conditions, including diabetes, hypertension, heart disease, chronic lung disease, chronic liver disease, and immunocompromising conditions such as HIV/AIDS. Thus, prisons and correctional facilities house populations who have increased susceptibility.

III. COVID-19

13. The novel coronavirus, also known as SARS-CoV-2, causes a disease known as COVID-19. COVID-19 is a serious disease and has reached pandemic status. Over 759,320 people around the world have received confirmed diagnoses of COVID-19 as of March 30, 2020, including almost 152,000 people in the United States. At least 36,435 people have died globally as a result of COVID-19 as of March 30, 2020, including over 2,800 in the United States, and 41 in the State of Texas. These numbers will increase, perhaps exponentially.¹
14. The virus is believed to pass from person to person primarily through respiratory droplets (by coughing or sneezing), but may also survive on inanimate surfaces (i.e. fomites, such as doorknobs, countertops, and other objects and surfaces). People seem to be most able to transmit the virus to others when they are exhibiting the most severe symptoms, but it is possible that people can transmit the virus while still asymptomatic or for weeks after their symptoms resolve. In China, where COVID-19 originated, the average infected person passed the virus on to 2-3 other people, with transmission occurring at a distance of 3-6 feet. Every person is at risk of infection because our immune systems have never been exposed to, or developed protective responses against, this novel coronavirus.
15. The time course of the disease, from wellness to severe illness, can be very rapid. Individuals may show symptoms of infection in as little as two days after exposure, and their condition can seriously deteriorate in as little as five days after that. For others, symptoms may not manifest for up to two weeks after contraction of the virus. This presents its own issues as far as disease transmission, because individuals may not realize they have contracted the virus for several weeks, and may continue to interact with others for weeks, thereby spreading the disease to those with whom they come into contact.
16. Although a vaccine is currently in development, it will likely not be able for another year to the general public. Antiviral medications are currently in testing but not yet FDA-approved. This means those medications, such as remdesivir, are only available as part of a clinical trial through either the manufacturer or National Institutes of Health (NIH), or off-label use of unproven therapies such as chloroquine or hydroxychloroquine. People in prisons and correctional facilities will likely have less access to these novel health strategies than other individuals, even as they become available to the broader public.
17. The majority of individuals infected with COVID-19 develop mild disease. That is, they experience flu-like symptoms and develop mild upper respiratory infections. But emerging data from China suggests that serious illness may occur in up to 16% of cases, and can include the need for intubation and mechanical ventilation, or even death.² Serious illness and death is most common among elderly patients, and patients with underlying health

¹ All statistics from this paragraph are from <https://www.worldometers.info/coronavirus/#countries> (last accessed March 30, 2020).

² *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease Control and Prevention (March 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.

conditions, such as diabetes, heart disease, lung disease, and liver disease.³ Death from COVID-19 is typically due to pneumonia complicated by acute respiratory distress syndrome (ARDS) and/or sepsis. The risk of death or serious illness is heightened for people who have not received the influenza and/or pneumonia vaccine as these co-infections can occur, increasing the risk of poor outcomes.

18. Treatment of individuals infected with COVID-19 varies based on the severity of illness. Individuals with mild symptoms may be treated at home without the need for hospitalization. Those with moderate and severe symptoms, however, likely require hospitalization for supportive care (such as intravenous fluids and supplemental oxygen) or for more intensive care (such as ventilation and intravenous antimicrobials). Doctors, infectious disease specialists, and public health officials anticipate that hospitals are likely to be overwhelmed and beyond capacity to provide the required intensive care as COVID-19 becomes more widespread across the United States. Indeed, this type of overcrowding was experienced in hospitals across China and Italy in connection with treatment of individuals with COVID-19, and is currently occurring in New York City.

IV. The Risk of COVID-19 in The Wallace Pack Unit

19. COVID-19 is particularly dangerous for those who are elderly, immunocompromised, or who have underlying medical conditions such as diabetes, heart disease, or lung disease. These populations are at a higher risk of morbidity and mortality if infected.
20. Patients' immune systems can be compromised by chemotherapy for the treatment of malignancies, HIV/AIDS, hepatitis C, immunosuppressive medications, and other reasons. All of these conditions may make individuals more susceptible to poor outcomes associated with COVID-19.
21. Vulnerable people who are exposed to COVID-19 can experience severe respiratory illness and damage to major organs from ARDS, myocarditis, septic shock, and other serious complications. Supportive care for serious cases of COVID-19 requires significant resources, including clinicians, proper PPE, intensive care units, nursing support, and ventilators. An outbreak of COVID-19 could put significant pressure on, or exceed the capacity of, the local health infrastructure.
22. Based on my understanding of the Wallace Pack Unit, my review of relevant materials, my experience working on public health in prisons and other correctional facilities, and my review of the relevant literature, **it is my opinion that the Wallace Pack Unit has failed to implement infection control procedures sufficient to prevent and manage a COVID-19 outbreak.** The current infection control measures in place to reduce the spread of COVID-19 at the Wallace Pack Unit are grossly inadequate. This could result in severe harm to detained individuals, prison staff, and the broader community. The reasons for this conclusion are detailed below.

³ *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*, The Lancet (published online March 11, 2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

23. As stated, prisons and correctional facilities such as the Wallace Pack Unit are congregate environments where people live and sleep in close proximity. In such environments, infectious diseases that are transmitted via the droplet, direct contact, or fomites are more likely to spread. This therefore presents an increased danger for the spread of COVID-19 if, and when, it is introduced into the facility. To the extent that detainees or prisoners are housed in close quarters, unable to maintain a six-foot distance from others, and sharing or touching objects used by others, the risks of spread are greatly, if not exponentially, increased as already evidenced by spread of COVID-19 in another congregate environment: nursing homes and cruise ships.
24. The CDC has published a guidance for correctional and detention facilities to prepare and protect inmates and employees from the spread of COVID-19. Specifically, the CDC recommends the following measures:
- a. The availability of sufficient hand hygiene supplies, cleaning supplies, PPE, and medical supplies, including, but not limited to, liquid soap, alcohol-based hand sanitizers with at least 60% alcohol, facemasks, face shields, goggles, gloves, and testing supplies such as swabs and viral transport media.
 - b. Provide a no-cost supply of soap to incarcerated/detained persons and employees, sufficient to allow frequent handwashing.
 - c. Provide easy access to alcohol-based hand sanitizer containing at least 60% alcohol.
 - d. Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response, including cleaning and disinfecting frequently touched surfaces several times per day.
 - e. Post signage throughout the facility and communicating the information verbally on a regular basis.
 - f. Implement social distancing strategies to increase the physical space between incarcerated/detained persons, including in holding cells and waiting areas, and by staggering time in recreation spaces, staggering meals and rearranging seating in the dining hall to increase space between individuals, limiting the size of group activities, and rearranging housing spaces to increase space between individuals.
 - g. Provide inmates with information and consistent updates about COVID-19 and its symptoms.
25. I understand that the Pack Unit is a Type-I Geriatric prison within the Texas Department of Criminal Justice system. I understand that a large number of inmates at the Unit are over the age of 50, face significant underlying health issues, or both. As discussed, these inmates are at high risk of serious illness or death should they contract the COVID-19 virus. Accordingly, implementation all CDC recommended practices, including the

strategies outlined above, is an acutely important way to meaningfully mitigate the risk of contraction and spread of the virus within the Pack Unit. In addition, implementation of these practices for other, lower-risk prisoners housed in the Pack Unit is another important mitigation strategy as it reduces the total risk to all inmates in the Unit.

26. Combined, implementation of these procedures for all prisoners across the Unit has a number of valuable effects on public health and public safety within the prison and to the surrounding community. For example, increased social distancing will reduce the chance of spread of the virus if it is introduced; increased preventative measures such as handwashing, cleaning supplies for surfaces, etc. helps further restrict the spread of the virus and will help inmates protect themselves and others. These measures will, in turn, also reduce the burden on prison staff and local hospital and emergency room medical staff by reducing the number of people who will become sick and require hospitalization. This, in turn, helps to reduce the health and economic burden to the local community at large.

V. Conclusions and Recommendations

27. As an infectious disease expert with experience in the transmission of viruses and diseases within the correctional system, it is my opinion that the individuals in the Pack Unit are at a significantly higher risk of infection with COVID-19 as compared with the population at large and are at a significantly higher risk of harm if they do become infected. These harms include serious illness and even death.
28. As such, I recommend that TDCJ implement and strictly adhere to and enforce all of the CDC guidelines listed in paragraph 24, above. Moreover, the CDC recommends—as do I—that transportation and movement of incarcerated persons between Units be limited. If transfer or movement is necessary, I recommend that those individuals be tested for COVID-19 or placed in a 14-day quarantine before being released into the general population of the Pack Unit. It is my opinion that these steps are necessary to ensure that the virus is not introduced to the broader and highly at-risk population of the Pack Unit.
29. It is my professional opinion that these steps are both necessary and urgent. The horizon of risk for COVID-19 in the Pack Unit and other, similar facilities is a matter of days, not weeks. Once a case of COVID-19 is identified in the Pack Unit, it will likely be too late to prevent a widespread outbreak.
30. I have reviewed TDCJ’s policy regarding the coronavirus and COVID-19 disease, policy number B-14.52 (effective March 20, 2020). I find the policy to be egregiously deficient in comparison with the CDC standard in a number of respects, and posing substantial risk that the Pack inmates will face an outbreak of the novel coronavirus and resulting COVID-19 disease, further entailing grave risks to the health of inmates, including the risk of death. The deficiencies in TDCJ’s policy include the following items:
 - a. Forbidding inmates from using hand sanitizer, despite that fact that staff are required to carry and use it when needed. By contrast, the CDC recommends “relaxing restrictions on allowing alcohol-based sanitizer in the secure setting

where security concerns allow.” Hand sanitizer is an important component of an infection control strategy to prevent transmission of the coronavirus in a setting like that of the Pack Unit.

- b. With respect to the transfer of inmates, TDCJ’s policy only requires facilities to “[m]inimize transfer of offenders between units.” By contrast, the CDC Guidance recommends correctional facilities “[r]estrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.” Preventing the transfer to Pack of an inmate infected with the virus is one of the most important measures required to protect the Pack inmates from the virus and COVID-19 disease.
- c. To the extent TDCJ cannot avoid transfers of inmates to the Pack Unit, the newly-arrived inmates should either be tested for the virus, or quarantined for 14 days. TDCJ’s policy is also seriously deficient for failing to require these measures to prevent an infected inmate from being transferred into the Pack Unit.
- d. Social distancing is a crucial strategy to prevent spread of the coronavirus. With respect to social distancing, TDCJ’s policy states only that units should “[p]ractice social distancing and avoid gatherings and meetings.”⁴ The policy also recommends “teleconference or video conference,” suggesting that the policy is targeted toward the safety of staff. By contrast, the CDC policy recommends several specific social distancing steps, including a recommended distance of 6 feet, and the following: enforcing increased space between individuals in holding cells and waiting areas, staggering time in recreation spaces, staggering meals and rearranging seating in the dining hall to increase space between individuals, limiting the size of group activities, and rearranging housing spaces to increase space between individuals. TDCJ’s policy fails to include these important detailed recommendations.
- e. I also understand that, based on inmate reports, the Pack Unit is not even following the following provisions of TDCJ’s policy:
 - i. Posting the signs and warnings attached to TDCJ’s guidance, including attachments providing guidance and education on COVID-19 symptoms and best methods for preventing transmission
 - ii. Reducing social gatherings or taking other precautions to reduce inmate contact

⁴ ⁴ TDCJ Infection Control Manual, No. 5-14.52, Corona Virus Disease 2019 (COVID-19), available at https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhc_infection_control_policy_manual/B-14.52.pdf.

- iii. Educating inmates on how COVID-19 is transmitted, signs and symptoms, and prevention of transmission
- iv. Reducing and restricting inmate movement
- v. Reminding inmates of effective measures to prevent transmission, such as washing hands with soap for at least 20 seconds

31. In my opinion to a reasonable degree of medical certainty, TDCJ's policy and its practices at the Pack Unit regarding the novel coronavirus are egregiously inadequate, and pose significant risks to the Pack Unit inmates of transmissions of the virus and resulting serious health risks. Any competent physician in the field of infectious disease would recognize both 1) the serious deficiencies in TDCJ's policies and practices with respect to protecting inmates from the virus, and 2) the serious health risks posed by the virus, particularly to a geriatric population like that at the Pack Unit.

32. Health in prisons and correctional facilities impacts community health. Protecting the health of individuals who are detained and work in these facilities is vital.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 30th day of March, 2020.

A handwritten signature in black ink, appearing to read "Jeremy D. Young".

Jeremy D. Young, MD, MPH

EXHIBIT A

Jeremy D. Young, MD, MPH
Division of Infectious Diseases
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Last updated: February 21, 2020

CURRENT POSITIONS

Associate Professor
Associate Chief of Clinical Operations
Division of Infectious Diseases
Department of Internal Medicine
Medical Director, OSU Telehealth
The Ohio State University Wexner Medical Center
The Ohio State University College of Medicine
Columbus, Ohio

EDUCATION & TRAINING

Higher Education

Post-Graduate	Degree: Master of Public Health (MPH) The Ohio State University College of Public Health Columbus, OH	2004-2006
Medical	Degree: Doctor of Medicine (MD) Wayne State University School of Medicine Detroit, MI	1997-2001
Undergraduate	Degree: Bachelor of Science (BS), <i>Cum Laude</i> Central Michigan University Mt. Pleasant, MI Major: Psychology Minor: Biology	1991-1995

Clinical Training

Fellowship	The Ohio State University Medical Center Division of Infectious Diseases Columbus, OH	2004-2006
Residency	The Ohio State University Medical Center Department of Internal Medicine Columbus, OH	2002-2004
Internship	The Ohio State University Medical Center Department of Internal Medicine Columbus, OH	2001-2002

ACADEMIC APPOINTMENTS

Associate Professor Department of Internal Medicine Division of Infectious Diseases The Ohio State University Columbus, OH	2019 - Present
Associate Professor (with tenure) Department of Internal Medicine Division of Infectious Diseases, Immunology & International Medicine The University of Illinois at Chicago Chicago, IL	2016-2019
Assistant Professor Department of Internal Medicine Division of Infectious Diseases, Immunology & International Medicine The University of Illinois at Chicago Chicago, IL	2009-2016
Assistant Professor Department of Internal Medicine Division of Infectious Diseases The Ohio State University Columbus, OH	2007-2009
Clinical Instructor Department of Internal Medicine Division of Infectious Diseases The Ohio State University Columbus, OH	2006-2007

PROFESSIONAL POSITIONS & EXPERIENCE

Program Director, Infectious Diseases Fellowship The University of Illinois at Chicago Chicago, IL	2014-2019
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Medical Director, UIC Telehealth The University of Illinois at Chicago Chicago, IL	2009-2019
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Associate Program Director, Infectious Diseases Fellowship The University of Illinois at Chicago Chicago, IL	2012-2014
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Assistant Director of Outpatient Services Division of Infectious Diseases The Ohio State University Medical Center Columbus, OH	2007-2009
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Assistant Director of Hospital Epidemiology The Ohio State University Medical Center The Arthur G. James Cancer Hospital Columbus, OH	2007-2009
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Staff Physician Sexual Health Clinic Columbus Public Health Columbus, OH	2006-2007
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CERTIFICATION

Diplomate, ABIM, Infectious Diseases	2007
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Diplomate, ABIM, Internal Medicine	2004
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LICENSURE

Medical license, State of Ohio (35.084435, active)	2004-2009 2019-present
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Medical license, State of Illinois (036121631, active)	2008-present
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RECENT PROFESSIONAL DEVELOPMENT

Improving the Management of HIV Disease International Antiviral Society – USA Chicago, IL	May 2019
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ID Week	October 2017
Infectious Diseases Society of America Conference	
San Diego, CA	

ID Week	October 2016
Infectious Diseases Society of America Conference	
New Orleans, LA	

ID Week	October 2015
Infectious Diseases Society of America Conference	
San Diego, CA	

PROFESSIONAL MEMBERSHIPS

European Society of Clinical Microbiology and Infectious Diseases (ESCMID)	2020-present
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IDSA Telehealth & Emerging Technologies Work Group	2015-present
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American Public Health Association (APHA)	2015-present
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American Telemedicine Association	2012-present
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Chicago Developmental Center for AIDS Research (D-CFAR)	2009-present
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HIV Medicine Association (HIVMA)	2007-present
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Infectious Diseases Society of America (IDSA)	2004-present
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Illinois State Medical Society	2010-2019
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Chicago Medical Society	2010-2019
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Academy for Excellence in Teaching	2009-2019
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The OSU Public Health Preparedness for Infectious Diseases Program	2007-2009
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Infectious Diseases Society of Ohio	2004-2009
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EDITORIAL BOARD APPOINTMENTS

Editorial Board: <i>Contagion</i>	2016-present
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Study Sections: NIH/NIDA (RFA-DA-17-023 & RFA-DA-17-014)	March 24, 2017
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Program Reviewer: Medical Care Section, American Public Health Association Annual Conference	2016-2019
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Ad hoc reviewer for: *Annals of Internal Medicine, Clinical Infectious Diseases, PLoS One, American Journal of Infection Control, CHEST, Drugs, Journal of Correctional Health Care, Journal of Telemedicine and Telecare, Open Forum Infectious Diseases, BMC Medical Informatics and Decision Making*

COMMITTEE ASSIGNMENTS & ADMINISTRATIVE SERVICES

340B Oversight Committee The Ohio State University Wexner Medical Center Columbus, OH	2019-present
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Patient Care Innovations Awards Committee The Ohio State University Wexner Medical Center Columbus, OH	2019-present
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UIC Senate, Academic Services Committee The University of Illinois at Chicago Chicago, IL	2017-2019
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College Committee on Student Promotions The University of Illinois at Chicago College of Medicine Chicago, IL	2014-2019
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Clinical Competency Committee Infectious Diseases Fellowship Program The University of Illinois at Chicago Chicago, IL	2009-2019
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Clinical Competency Committee Internal Medicine Residency Program The University of Illinois at Chicago Chicago, IL	2009-2019
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Antibiotic Subcommittee The Ohio State University Medical Center Columbus, OH	2006-2009
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Infection Control Committee The Ohio State University Medical Center Columbus, OH	2006-2009
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EDUCATIONAL ACTIVITIES

"Endocarditis & Bacteremia" lecture, Host Defense Block The Ohio State University College of Medicine	Annually 2020-present
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DNA Viruses lecture to M1/M2 students [Block 1]	Annually 2017-2019
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The University of Illinois at Chicago College of Medicine

Neisseria & Haemophilus
Anaerobes
Gram-Positive Bacilli
M2 lectures, PRCL 627/MIM 426
Clinical Microbiology & Immunology (15409 20480)
The University of Illinois at Chicago College of Medicine

Annually 2013-2018

Probability & Power
The University of Illinois at Chicago
Internal Medicine Residency Program
Research Block

Monthly 2013-2019

Viral Infections in the Transplant Recipient
The University of Illinois at Chicago
Infectious Diseases Fellowship Program
Core Curriculum Lecture Series

Annually 2012-2019

Community-Acquired Pneumonia
The University of Illinois at Chicago
Infectious Diseases Fellowship Program
Core Curriculum Lecture Series

Annually 2012-2019

Fungal Infections in the Immunocompromised Host
The University of Illinois at Chicago
Infectious Diseases Fellowship Program
Core Curriculum Lecture Series

Annually 2012-2019

Faculty Facilitator, Morning Report
The University of Illinois at Chicago
Internal Medicine Residency Program

2009-2019

Infections in the Returning Traveler
The University of Illinois at Chicago
Internal Medicine Residency Lecture Series

April 2011

Images in Clinical Infectious Diseases
The University of Illinois at Chicago
Infectious Diseases Fellowship Program
Core Curriculum Lecture Series

Annually 2009-2019

Antimicrobial Resistance: Mechanisms and Clinical Applications
The University of Illinois at Chicago College of Medicine
Lecture Series for M3 Students

Monthly 2009-2019

Gram Negative Infections: Clinical Cases and Differential Diagnosis
Infection & Immunity Block [M2 curriculum]

Annually 2009-2018

The University of Illinois at College of Medicine at Chicago

ABIM Board Review, Infectious Diseases The University of Illinois at Chicago Infectious Diseases Fellowship Program	2009-2019
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Lecturer, Microbiology 524: Mechanisms of Microbial Diseases "Emerging Infections in Human Disease." The Ohio State University	May 2008
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Faculty Facilitator, Night Team Report The Ohio State University Medical Center Internal Medicine Residency Program	2007-2009
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Instructor, Host Defense Block The Ohio State University College of Medicine Leading small groups in analyses of journal articles and providing lectures on the topics of STIs and UTIs	2004-2008
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HONORS & AWARDS

"New Attending of the Year" Award, Internal Medicine Residency Program, University of Illinois at Chicago, 2010-2011.

"Chiefs' Choice" Award, Best Teaching Faculty, Internal Medicine Residency Program, University of Illinois at Chicago, 2010-2011.

"Caught in the Act" Excellence Award for Patient Satisfaction, The University of Illinois at Chicago Medical Center, September 9, 2010.

Certificate for Excellence in Teaching, Internal Medicine Residency Program, University of Illinois at Chicago, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2016-2017, 2017-2018, 2018-2019.

Top 30% of peer reviewers for *Annals of Internal Medicine*, 2007.

Second Place Award, Case Presentation, "A Rare Cause of Fever and Rash." Infectious Diseases Society of Ohio Annual Meeting, April 29, 2006.

First Place Award, Case Presentation, "An Unusual CNS Lesion." Infectious Diseases Society of Ohio Annual Meeting, April 9, 2005.

GRANTS & CONTRACT AWARDS

Grants

AIDS Clinical Trials Unit for NIAID Networks, **co-PI**. 10% salary support, submitted 11/1/2019.

Ryan White Program, Part A Sub-grantee, 5% salary support.

National Institutes of Health (NIH/NIDA). "Seek, Test, Treat and Retain: A New Model for HIV Care in Prisons." **co-PI**, R01-DA030796-01 (\$6,785,046 direct costs), 25% salary support, 2010-2016.

Centers for Disease Control and Prevention (CDC). The Ohio State Health Network Infection Control Collaborative; Epi-Centers for Prevention of Healthcare-Related Infections (\$1,972,886 direct costs). **co-I**. February 1, 2006 through January 31, 2011.

Contracts

UIC-IDOC Prison Telehealth Program, **Medical Director**. Illinois Department of Corrections. 100% salary support, 2010-2019.

PUBLICATIONS

Peer-Reviewed

Young JD, McGwire BS. Infliximab and reactivation cerebral toxoplasmosis. *N Engl J Med*, 2005; 353: 1530-1. PMID 16207863

Young JD, Mangino JE, Stevenson KB, Koletar SL. Nitazoxanide versus metronidazole for *Clostridium difficile* colitis. *Clin Infect Dis*, 2007; 44(1): 152. PMID 17143841.

Young JD, Balagopal A, Reddy NS, Schlesinger LS. Nontuberculous mycobacterial infections: diagnosis and treatment. *J Respir Dis*, 2007; 28(1): 7-18.

Norris DL, **Young JD**. Urinary tract infections: Diagnosis and management in the emergency department. *Emerg Med Clin North Am*, 2008; 26(2): 413-30. PMID 18406981.

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D, Spaulding A, Springer SA, Taxman F, Wohl D, **Young JD**, Young R, Crane H. Cohort profile: Seek, Test, Treat and Retain United States Criminal Justice Cohort. *Subst Abuse Treat Prev Policy* [Internet]. 2017 May 16;12(1):24. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5433052/>

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Borgetti SA, Clapham PJ, **Young JD**. Telehealth: Exploring the Ethical Issues. *DePaul J Health Care Law*, 2018; 19(3): Issue 2. Available at: <http://via.library.depaul.edu/jhcl/vol19/iss3/2>

Rotman L, Luo X, Thompson A, Mackesy-Amiti ME, Young LR, **Young JD**. Risk of neurosyphilis in HIV-infected persons with syphilis lacking signs or symptoms of CNS infection: A 10-year multicenter review. *HIV Med*, 2018 Nov 7. doi: 10.1111/hiv.12677. [Epub ahead of print]

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Nance RM, Trejo MEP, Whitney BM, Delaney JAC, Altice F, Beckwith CG, Chander G, Chandler R, Christopoulos K, Cunningham C, Cunningham WE, Del Rio C, Donovan D, Eron JJ, Fredricksen RJ, Kahana S, Kitahata MM, Kronmal R, Kuo I, Kurth A, Matthews WC, Mayer KH, Moore RD, Mugavero MJ, Ouellet LJ, Quan VM, Saag MS, Simoni JM, Springer S, Strand L, Taxman F, **Young JD**, Crane HM. Impact of abstinence and of reducing illicit drug use without abstinence on HIV viral load. *Clin Infect Dis*, 2019; Apr 17. pii: ciz299. doi: 10.1093/cid/ciz299.

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Biagi M, Schriever C, Chiampas T, Michienzi S, Patel M, **Young J**, Badowski M. Development of gynecomastia following initiation of bictegravir/emtricitabine/tenofovir alafenamide. Online prior to print, *Int J STD AIDS*. Doi: 10.1177/0956462419895665.

Majkowski C, Perez S, Mortiz M, Chiampas T, **Young J**, Patel M, Badowski M. Management of the M184 mutation in Human Immunodeficiency Virus infection: is abacavir part of the solution or problem? Submitted, under peer review.

Non-Peer-Reviewed

Young, JD. Preventing infections in cancer patients. *Coping with Cancer*, Nov/Dec, 2008.

Young JD. Reduce your risk of infection. *Coping with Cancer*, July/August, 2012.

Book Chapters

Young JD and Cook JL. Infections of the Central Nervous System. In: *Clinical Neurology*, 2nd Edition, Hankey GJ and Wardlaw JM, eds. Manson Publishing, 2014.

Young JD, Borgetti SA, Herrick JA. Infections of the Central Nervous System. In: *Clinical Neurology*, 3rd Edition, Hankey GJ and Wardlaw JM, eds. Manson Publishing, 2020 [in press].

Practice Guidelines

Young JD. Uncomplicated cystitis: diagnosis and management. Clinical Practice Guidelines, The Ohio State University Medical Center, 2009.

Young JD. Acute pyelonephritis in adult patients: diagnosis and management. Clinical Practice Guidelines, The Ohio State University Medical Center, 2009.

Young JD. The University of Illinois at Chicago (UIC) and Illinois Department of Corrections (IDOC) HIV Prison Telemedicine Program Practice Guideline, The University of Illinois at Chicago, 2010, updated 2013, updated 2015, updated 2020.

PRESENTATIONS, ORAL ABSTRACTS, & POSTERS

Presentations

“Critical Components of Telemedicine & Telehealth for Infectious Disease Physicians.” Invited symposium at the European Society of Clinical Microbiology and Infectious Diseases (ECCMID) annual conference, Paris, France, *April 21, 2020 (Invited – Conference Cancelled)*.

“Penicillin Allergies: Truth or Consequences.” Grand Rounds, Department of Medicine, The Ohio State University Wexner Medical Center, *August 22, 2019. (Invited)*

“Telehealth: Evidence, Applications, and Ethical Considerations.” Grand Rounds, Department of Medicine, Stroger Hospital of Cook County, *February 22, 2019. (Invited)*

“Penicillin Allergies: Truth or Consequences.” Grand Rounds, Department of Medicine, The University of Illinois at Chicago, *January 22, 2019. (Invited)*

“Telehealth 101: Evidence and Applications.” Invited speaker, UIC Innovation in Medicine (IMED) Program, University of Illinois College of Medicine at Chicago, Chicago, Illinois, *November 7, 2018. (Invited)*

“Important Drug-Drug Interactions in HIV Care.” Infectious Diseases Noon Conference Seminar, The Ohio State University, Division of Infectious Diseases. Columbus, Ohio. *February 21, 2018. (Invited)*

“Epidemics, Then & Now: The Constant Challenge of Emerging & Re-emerging Infectious Diseases.” Grand Rounds, MacNeal Hospital. Oak Brook, Illinois, *January 31, 2018. (Invited)*

“A Day in the Life: Step-by-Step Telehealth.” Invited symposium at the Infectious Diseases Society of America (IDSA) annual ID Week Conference. San Diego, California, *October 7, 2017. (Invited)*

“Telehealth: Evidence, Applications and Ethical Considerations.” Grand Rounds, Department of Medicine, The Ohio State University Wexner Medical Center, *August 10, 2017. (Invited)*

“Telehealth: Lessons Learned in Research and Practice.” Innovations in Medicine (IMED) invited lecture, University of Illinois at Chicago, Chicago, Illinois, *April 24, 2017. (Invited)*

“Telehealth: Exploring the Ethical Issues.” Annual Jaharis Symposium, DePaul University College of Law, Chicago, Illinois. *March 9, 2017. (Invited)*

“Telehealth: Exploring the Role of Technology in Patient Care and Research.” Scholarly Activities Day, University of Illinois at Chicago, Chicago, Illinois, *March 9, 2017.*

“This Day in History: Introduction of the Diphtheria Vaccine.” Grand Rounds, Department of Medicine, University of Illinois at Chicago, Chicago, Illinois, *November 1, 2016.*

“Telemedicine in the Healthcare Delivery System.” Chicago Healthcare Executives Forum. Elmhurst Memorial Hospital, Elmhurst, Illinois, *October 17, 2016. (Invited)*

“This Day in History: The Death of Dr. Richard Mead.” Grand Rounds, Department of Medicine, University of Illinois at Chicago, Chicago, Illinois, *February 16, 2016.*

“Telehealth 101: How to Adopt Telehealth Into Your Practice.” Invited “Meet the Professor” lecture at the Infectious Disease Society of America (IDSA) Annual ID Week Conference. San Diego, California, *October 8, 2015. (Invited)*

“An Update on HIV Care: New Drugs, New Guidelines.” Quarterly meeting, Illinois Department of Corrections Medical Division. Southern Illinois University continuing medical education (CME). Decatur, Illinois, *June 3, 2015. (Invited)*

“Utilizing Telemedicine for HIV Care: A 2015 Update.” The Chicago Developmental Center for AIDS Research (DCFAR). Rush University Medical Center. Chicago, Illinois, *April 13, 2015. (Invited)*

“Infectious Causes of Arthritis.” Department of Medicine, Division of Rheumatology. University of Illinois at Chicago, *March 18, 2015. (Invited)*

“What the Internist Needs to Know about HIV Infection.” Grand Rounds, Department of Internal Medicine. Western Michigan University School of Medicine. Kalamazoo, Michigan, *February 11, 2015. (Invited)*

“Practicing Telemedicine: Current Implications with State Medical Licensure, Legislation, and Billing.” Chicago Medical Society, Chicago, Illinois, *November 18, 2014. (Invited)*

“Strategies to Reduce Readmissions Through the Use of Telemedicine.” Institute for Health Technology Transformation Summit, Chicago, Illinois, *June 10, 2014*. **(Invited)**

“Multidisciplinary Care for HIV-Infected Prisoners Using Telemedicine.” National Conference on Correctional Health Care, Nashville, Tennessee, *October 30, 2013*. **(Invited)**

“An Update on Outpatient Infections.” Grand Rounds, Department of Internal Medicine. Western Michigan University School of Medicine. Kalamazoo, Michigan, *August 21, 2013*. **(Invited)**

“Sexually-Transmitted Infections.” Housestaff Lecture Series, Department of Medicine, The University of Illinois at Chicago, *Annually 2013-2019*.

“Febrile Neutropenia and Opportunistic Infections in the Oncology Patient.” Housestaff Lecture Series, Department of Medicine, The University of Illinois at Chicago, *Annually 2013-2019*.

“Telemedicine: Improving Access to Care.” Housestaff Lecture Series, Department of Medicine, The University of Illinois at Chicago, *November 13, 2012*.

“Central Nervous System Infections in the Immunocompromised Host.” Grand Rounds, Department of Medicine, The University of Illinois at Chicago, *July 31, 2012*. **(Invited)**

“Telemedicine: An Orientation to a New Way of Patient Care.” Clinical Performance Center (CPC), University of Illinois at Chicago, *April 17, 2012*. **(Invited)**

“Telemedicine: Improving Access to Care in Pediatrics.” Department of Pediatrics, University of Illinois at Chicago, *March 13, 2012*. **(Invited)**

“Infectious Causes of Arthritis.” Department of Medicine, Section of Rheumatology. University of Illinois at Chicago, *February 29, 2012*.

“Febrile Neutropenia and Opportunistic Infections in the Oncology Patient.” Grand Rounds, Department of Internal Medicine. Lutheran General Hospital, Park Ridge, Illinois, *December 14, 2011*. **(Invited)**

“Central Nervous System Infections in the Immunocompromised Host.” Grand Rounds, Department of Internal Medicine. Michigan State University, Bronson Hospital, Gilmore Center for Health Education. Kalamzoo, Michigan, *December 7, 2011*. **(Invited)**

“Meningitis: A Case-Based Approach.” Grand Rounds, The University of Illinois at Chicago, Department of Neurology, *October 20, 2011*. **(Invited)**

“HIV & Incarceration: Improving Access to Care with Telemedicine.” Plenary Speaker, 20th Annual HIV & STD Conference, sponsored by the Illinois Department of Public Health. *September 15, 2011*. **(Invited)**

“An Update on Common Outpatient Infections.” Grand Rounds, Department of Family Medicine, The University of Illinois at Chicago, *August 3, 2011*. **(Invited)**

“Continuity of HIV Care in Corrections: Telemedicine, Management of Co-Infection & Re-entry Planning.” Sponsored by the Midwest AIDS Training & Education Center (MATEC). Given *June 15, 2011* in Springfield, Illinois. **(Invited)**

“Telemedicine: Improving Access to Care.” Grand Rounds, Department of Medicine, The University of Illinois at Chicago, *April 12, 2011*. **(Invited)**

“HIV and Incarceration: Improving Access to Care with Telemedicine.” Invited speaker. Sponsored by the Illinois Department of Public Health, given at the Illinois Prevention Community Planning Group (PCPG) Annual Meeting, *April 8, 2011*. **(Invited)**

“HIV and Incarceration: From Prevention to Care.” Invited speaker. Sponsored by the Chicago Developmental Center for AIDS Research (D-CFAR), The University of Illinois at Chicago School of Public Health, *March 18, 2011*. **(Invited)**

“Central Nervous System Infections in the Immunocompromised Host.” Grand Rounds, Department of Neurology, The University of Illinois, *March 3, 2011*. **(Invited)**

“An Update on the HIV Treatment Guidelines.” Community Outreach Intervention Projects (COIP) Annual Meeting, The University of Illinois at Chicago School of Public Health, *January 3, 2011*. **(Invited)**

“Using Telemedicine to Improve HIV Care in Prisons.” The University of Illinois at Chicago Junior Faculty Career Advancement Peer Support Committee Meeting, *November 5, 2010*.

“Febrile Neutropenia and Opportunistic Infections in the Oncology Patient.” Grand Rounds, Department of Medicine, The University of Illinois at Chicago, *August 17, 2010*. **(Invited)**

“Management of Patients with HIV Infection: A Primer and Update on National Guidelines.” Quarterly meeting, Illinois Department of Corrections Medical Division. UIC continuing medical education (CME). Springfield, Illinois, *March 3, 2010*. **(Invited)**

“Management of Oncology Patients with Febrile Neutropenia and Unusual Infections.” The Ohio State University College of Pharmacy and Arthur G. James Cancer Hospital ACPE Continuing Pharmacy Education Program, *September 15, 2008*. **(Invited)**

“Endocarditis: Updates on Treatment and Prevention.” MedNet Ohio Webcast, The Ohio State University Medical Center, *June 13, 2008*.

“Clinical Applications of Molecular Diagnostics in Invasive Aspergillosis.” The Ohio State University Medical Center Comprehensive Transplant Conference, *May 28, 2008*.

“Fever in the Neutropenic Patient.” The Ohio State University Medical Center, Infectious Diseases Fellowship Introductory Lecture Series, *July 24, 2007 & August 6, 2008*.

“Sexually Transmitted Infections: Clinical Presentations, Diagnosis, and Guidelines for Treatment.” The Ohio State University Medical Center, Department of Internal Medicine, *March 13, 2007 and January 8, 2008*.

“Essentials of Internal Medicine: Gram Stain Review.” Intern Lecture Series, The Ohio State University Medical Center, Department of Internal Medicine, *August 8, 2005, July 25, 2006 & September 2, 2008.*

“Infective Endocarditis.” The Ohio State University College of Medicine, Senior Course in Medical Therapeutics, *April 25, 2007.*

“Use of the Galactomannan Assay in the Diagnosis of Invasive Aspergillosis.” Internal Medicine Grand Rounds, The Ohio State University Medical Center, *May 27, 2004.*

Oral Abstracts

Young JD, Mackesy-Amiti ME, Zynda K, Vaughn P, Ouellet LJ. Adherence and retention in care among recently released prisoners, following a period of virologic suppression in an HIV telemedicine program. Presented as an oral abstract at the 2015 National HIV Prevention Conference, sponsored by the Centers for Disease Control and Prevention (CDC). *Atlanta, Georgia, USA, December 9, 2015.*

Mackesy-Amiti ME, **Young JD**, Bailey-Webb J, Murphy D, Zawitz C, Ouellet LJ. Effects of marijuana and other illicit substance use on antiretroviral adherence and viral load among HIV positive jail detainees. Presented as an oral abstract at 2015 National HIV Prevention Conference, sponsored by the Centers for Disease Control and Prevention (CDC). *Atlanta, Georgia, USA, December 6-9, 2015.*

Young JD, Vaughn P, Patel M, Badowski M, Shicker L, Puisis M, Mackesy-Amiti M, Ouellet LJ. Improved virologic suppression with HIV subspecialty care in a large prison system using telemedicine (Abstract 5069), presented as oral abstract. 4th International HIV Treatment as Prevention Workshop. *Vancouver, BC, Canada, April 1-4, 2014.*

Poster Presentations

Badowski ME, Stafford RK, Drummond B, Chiampas TD, Michienzi SM, Patel MC, **Young JD**. Complementary effects of medical follow-up and virologic suppression for reincarcerated inmates living with HIV. Peer-Reviewed Poster Presented at ID Week 2019, *Washington, DC, USA, October 2-6, 2019.*

Nance RM, Trejo E, Whitney BM, Delaney JAC, Chander D, Chandler R, Christopoulos K, Cunningham C, Cunningham W, Frederickson R, Kahana S, Kitahata MM, Strand J, **Young J**, Crane HM. Impact of abstinence and of reducing illicit drug use without abstinence on HIV viral load. 23rd International Workshop on HIV and Hepatitis Observational Databases (IWHOD). *Athens, Greece, March 28-30, 2019.*

Hotton AL, Zawitz C, Boodram B, Mackesy-Amiti ME, **Young JD**, Tucker C, Webb J, Murphy D, Ouellet LJ. HIV viral suppression among persons released from a large urban jail. National HIV Prevention Conference (NHPC). *Atlanta, Georgia, USA, March 18-21, 2019.*

Zawitz C, **Young JD**, Mackesy-Amiti ME, Ouellet L. Linkage and retention in care among people living with HIV released from a large county jail. National HIV Prevention Conference (NHPC). *Atlanta, Georgia, USA, March 18-21, 2019.*

Rotman L, Luo X, Thompson A, **Young JD**. Risk of neurosyphilis in HIV-infected persons with syphilis lacking signs or symptoms of CNS infection: A 10-year multicenter review. Scholarly Activities Day, Department of Medicine, University of Illinois at Chicago. *Chicago, Illinois, USA, March 7, 2018.*

Carrizales P, Leszczynski J, Burgos R, Chiampas T, Michienzi S, Smith R, Patel M, **Young J**, Badowski M. Real-world safety and efficacy of switching from tenofovir disoproxil fumarate (TDF) to tenofovir alafenamide (TAF). American College of Clinical Pharmacy (ACCP) Conference. *Phoenix, Arizona, USA, October 7-10, 2017.*

Loeliger KB, Biggs ML, Young R, Kahana S, Seal D, Beckwith C, Kuo I, Gordon M, Ouellet L, Cunningham WE, **Young JD**, Springer S. Gender differences in HIV risk behaviors among persons involved in the US Criminal Justice System and living with HIV or at risk for HIV: A "Seek, Test, Treat, and Retain" harmonization consortium (Abstract 2086). Presented at the 10th Academic & Health Policy Conference on Correctional Health. *Atlanta, Georgia, USA, March 16-17, 2017.*

Badowski ME, Bunnell, K, Perkins C, Aldossari A, Patel M, **Young J**. Immunologic and virologic outcomes of obese and non-obese HIV-infected incarcerated adults (Poster 149E). American College of Clinical Pharmacy (ACCP) Conference. *Hollywood, Florida, USA, October 25, 2016.*

Majkowski C, Badowski ME, Perez S, Chiampas T, Patel M, **Young J**. Management of M184I or V Mutation in Human Immunodeficiency Virus Infection (Poster 429). American College of Clinical Pharmacy (ACCP) Conference. *Hollywood, Florida, USA, October 23, 2016.*

Belfi LT, Chan J, **Young JD**. Sustained virologic response with peg-interferon plus ribavirin in the Illinois prison population infected with hepatitis C virus through telemedicine: a retrospective chart review (Abstract 40766). Poster presentation at the American College of Clinical Pharmacy (ACCP) Conference. *Hollywood, Florida, USA, October 23, 2016.*

Mackesy-Amiti ME, Zawitz C, **Young JD**, Bailey-Webb J, Murphy D, Ouellet LJ. Does marijuana use have a positive effect on antiretroviral adherence in persons living with HIV entering jail? Abstract, 11th International Conference on HIV Treatment and Prevention Adherence. *Fort Lauderdale, Florida, USA, May 9-11, 2016.*

Badowski M, Patel M, **Young J**, Vaughn P, Chiampas T, Shicker L. Immunologic and virologic outcomes in HIV-positive transgender inmates in a telemedicine clinic. European Society of Clinical Microbiology and Infectious Diseases (ECCMID) Annual Meeting. *Amsterdam, The Netherlands, April 9, 2016.*

Ouellet LJ, Mackesy-Amiti ME, **Young JD**, Bailey-Webb J, Murphy D, Zawitz C. Health insurance coverage among HIV-positive detainees entering Cook County Jail. Presented at 2015 National HIV Prevention Conference, sponsored by the Centers for Disease Control and Prevention (CDC). *Atlanta, Georgia, USA, December 6-9, 2015.*

Loeliger KB, Biggs ML, Seal DW, Gordon MS, Curt G. Beckwith CG, Kuo I, **Young JD**, Golin CE, Chandler R, Wechsberg WM, Altice FL, Cunningham W, Springer SA. Gender differences in sexual risk behaviors among HIV-infected and uninfected persons involved in the U.S. criminal justice system: The STTR Harmonization Project. Presented at 2015 National HIV Prevention Conference, sponsored by the Centers for Disease Control and Prevention (CDC). *Atlanta, Georgia, USA, December 6-9, 2015.*

Ouellet LJ, **Young JD**, Tucker C, Murphy D, Zawitz C. Seek, test, treat and retain: A university/community partnership to address HIV among persons who are incarcerated or leaving jail

and prison (Abstract 336798). Oral abstract presented at 143rd Annual American Public Health Association Conference. *Chicago, Illinois, USA, October 31-November 4, 2015.*

Patel M, Badowski M, Shicker L, Vaughn P, **Young J**. Efficacy and safety of an efavirenz-containing regimen in the management of human immunodeficiency virus (HIV) in a psychiatric prison population (Abstract P0570). Poster presentation at European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). *Copenhagen, Denmark, April 26, 2015.*

Merker A, Badowski M, Perez S, Vu B, Vaughn P, **Young J**, Shicker L, Patel M. Evaluation of safety and efficacy of first-line antiretroviral single tablet regimens (STR) in the correctional setting: is one tablet once daily the best option (Abstract P0535). Poster presentation at European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). *Copenhagen, Denmark, April 26, 2015.*

Vaughn P, Badowski M, **Young J**, Patel M, Chiampas T, Shicker L. HIV care via telemedicine in the Illinois Department of Corrections. Poster at the 2015 Illinois Minority Health Conference, Illinois Public Health Association. *Lisle, Illinois, USA, March 24, 2015.*

Badowski M, **Young JD**, Vaughn P. Using telemedicine in the management of HIV and hepatitis C co-infection (Abstract 518). Poster presentation at the National Conference on Correctional Health Care (NCCHC) Annual Meeting. *Las Vegas, Nevada, USA, October 18-22, 2014.*

Badowski M, Werner R, **Young JD**, Vaughn P, Shicker L, Patel M. Analysis of baseline HIV-1 genotypes in naïve subjects with HIV in a correctional setting (Abstract 262E). Encore poster presentation at the American College of Clinical Pharmacy (ACCP) Annual Meeting. *Austin, Texas, USA, October 12-15, 2014.*

Neal J, Patel M, **Young JD**, Vaughn P, Badowski M. Evaluation of viral suppression in re-incarcerated HIV-infected prisoners followed in a telemedicine clinic (Abstract 368). Poster presentation at the American College of Clinical Pharmacy (ACCP) Annual Meeting. *Austin, Texas, USA, October 12-15, 2014.*

Badowski M, Werner R, **Young JD**, Vaughn P, Shicker L, Patel M. Analysis of baseline HIV-1 genotypes in naïve subjects with HIV in a correctional setting (Poster 1910). Poster presentation at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) Annual Meeting. *Barcelona, Spain, May 10-13, 2014.*

Igboko A, Waters P, **Young JD**, Young LR. Evaluation of empiric MRSA treatment for healthcare-associated pneumonia in patients with negative MRSA nasal swabs. Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), 53rd Annual Conference. *Denver, Colorado, USA, September 10-13, 2013.*

Gordon D, Bergman C, Kaplan B, Reddy S, **Young JD**, Young LR. Incidence of *Clostridium difficile* infection in patients receiving high-risk antibiotics with or without a proton pump inhibitor in a veteran population. Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), 53rd Annual Conference. *Denver, Colorado, USA, September 10-13, 2013.*

Borlawsky T, Hota B, Lin MY, Khan Y, **Young JD**, Santangelo J, Stevenson KB. Development of a reference information model and knowledgebase for electronic bloodstream infection detection. American Medical Informatics Association (AMIA) Annual Symposium. *Washington, DC, USA, November 8-12, 2008.*

Dickman J, York S, Pancholi P, **Young JD**, Mangino JE. Increase in *Bacillus non-anthraxis* blood cultures associated with implementation of a new central venous catheter access device in a cancer hospital. Presented at the 17th annual meeting of the Society for Healthcare Epidemiology of America (SHEA). *Baltimore, Maryland, USA, April 16, 2007.*

OTHER CREATIVE PRODUCTS

Co-author (creative script & content) with Dr. Mahesh Patel (UIC Infectious Diseases), Dr. Ananya Gangopadhyaya (UIC Internal Medicine), Dr. Rachel Yudkowsky (UIC Clinical Performance Center), and Gerald Stapleton (UIC Director of Distance Education): UIC Telehealth online instructional series, consisting of four video modules with a pre- and post-test for each, incorporated into the Internal Medicine Residency curriculum. Supported by a grant from the Council on Excellence in Teaching and Learning (CETL). Our web-based instructional series is innovative and can be used by other clinical and research programs with an interest in using telehealth technologies to interact with patients or subjects. The modules are at the following link, and guest passwords are available upon request:
<https://moodlemoodle.org/moodle30/>

OTHER SCHOLARLY ACTIVITIES

Poster Judge – University of Illinois at Chicago (UIC) College of Medicine Mentors Program Symposium, *March 4, 2016 and March 16, 2018.*

Medical Student Mentorship – Introduction to Patient Care, The University of Illinois at Chicago College of Medicine, *2014-2019.*

“Exploring Telehealth, Wearables, and the Health Impact of IoT.” Panel Moderator, Illinois Technology Association Internet of Things Annual Conference, Chicago, Illinois, *November 20, 2014.*

Poster Judge – Research Day, University of Illinois at Chicago College of Medicine. Chicago, Illinois, *November 11, 2011.*

Poster Judge – Northern Illinois ACP Associates Day. Chicago, Illinois, *November 6, 2009.*

Medical Student Mentorship – Two medical students annually beginning *July, 2010*, University of Illinois at Chicago (UIC) College of Medicine.