

Reported by

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References

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Announcement

Laboratory Quality Improvement Tutorial Available from CDC

Application of Laboratory Medicine Best Practices (LMBP) Initiative A-6 Methods for Laboratory Practitioners, a free, online continuing education course, is now available from CDC. This 1-hour tutorial provides a model for the stepwise design and implementation of quality improvement studies, including how these studies can advance evidence-based laboratory medicine. The format presents access to published journal articles, project planning templates, and informative websites. The course is available at <https://www.futurelabmedicine.org/tutorials>.

Errata

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In the Recommendations and Reports, “Diagnosis and Management of Q Fever — United States, 2013: Recommendations from CDC and the Q Fever Working Group” on page 6, in Table 2, the following errors occurred.

In the third column, “Children,” the recommended treatment of acute Q fever for children aged <8 years with mild or uncomplicated illness, should read as follows: “Doxycycline 2.2 mg/kg per dose twice a day for 5 days (maximum 100 mg per dose). If patient remains febrile past 5 days of treatment: trimethoprim/sulfamethoxazole 4–20 mg/kg/**24 hours (dose based on trimethoprim component) in equally divided doses every 12 hours (maximum: 320 mg trimethoprim per 24 hours)**”

In the fourth column, “Pregnant women,” the recommended treatment of acute Q fever for pregnant women should read as follows: “Trimethoprim/sulfamethoxazole: 160 mg/800 mg twice a day throughout pregnancy **but not beyond 32 weeks’ gestation**”^{††}

In the ¶ footnote, the following sentence should be added at the end: “**Trimethoprim/sulfamethoxazole is contraindicated in children aged <2 months.**”

In the †† footnote, the following sentence should be added at the end: “**Trimethoprim/sulfamethoxazole should be discontinued for the final 8 weeks of pregnancy because of the risk for hyperbilirubinemia.**”