

# EXHIBIT A

# AFFIDAVIT OF GENEVE ALLISON, MD

I, hereby swear and/or affirm and state as follows:

1. I am a licensed physician specializing in infectious diseases. My education, training, and experience are outlined in my *curriculum vitae*, a copy of which is attached. It is my belief that my education, training, and experience qualify me to render expert opinions regarding the care rendered to Mark Waller in this case.
2. I have been providing medical care in the area of infectious diseases for 13 years, the majority of which I have spent working with inpatients and outpatients at Tufts Medical Center, Boston, MA. As part of my work as an inpatient infectious diseases consultant, I confer with the laboratory technologists in the microbiology laboratory on a daily basis to review new cultures and results. For 11 years I directed our Outpatient Parenteral Antibiotic Therapy program, where we oversee the care of patients with complex infections requiring intravenous antibiotics. I am an Associate Professor of Medicine at Tufts University School of Medicine. I teach medical students, residents, fellows in the field of infectious diseases. I have managed many patients with epidural abscesses in multidisciplinary care with neurosurgeons.
3. I have also served as an expert witness in cases similar to the case of Mark Waller, throughout the United States over the past four years.
4. My experience working with infectious disease has familiarized me with the applicable standard of testing and treating *Staphylococcus aureus* susceptibilities, as well as possible breaches of standard of care which can occur and result in harm to a patient, similar to the case at hand.
5. My experience working with infectious disease has familiarized me with the applicable standard of testing and treating epidural abscesses and spinal osteomyelitis, as well as possible breaches of standard of care which can occur and result in harm to a patient, similar to the case at hand.
6. This affidavit is made pursuant to S.C. Code Ann. § 15-36-100 of the South Carolina Code of Laws, which, per my understanding, requires that this affidavit must specify at least one negligent act or omission claimed to exist and the factual basis for each claim based on the available evidence at the time of the filing of the affidavit.
7. I have reviewed the medical records of Mark Waller, including records from the following: Roper Hospital, Roper St. Francis Healthcare, Roper St. Francis Physician Partners, Bon Secours, Carolina Physical Therapy, Huntsville Hospital, Island Wide Medical, LabCorp., Lowcountry Infectious Diseases, NYU Winthrop, Quest Diagnostics, Roper Radiologists, Winthrop Infectious Diseases, Zwanger-Pesiri Radiology. The records I have reviewed are the type of documents which I would consider in rendering an expert opinion in this case.


8. The records indicate that on February 5, 2018, Mr. Waller sustained an injury to his back while on the job.
9. The morning following his injury, Mr. Waller was unable to move without severe back pain and sought preliminary treatment at American Family Care in Alabama.
10. The records show that the urgent care facility gave Mr. Waller 60mg of ketorolac via injection intramuscularly to the right gluteus medius.
11. On February 6, 2018, following his treatment at urgent care, Mr. Waller was seen at Huntsville Hospital Medical Mall for severe back pain.
12. The records show that while at Huntsville Hospital, Mr. Waller was diagnosed with a strain of the lower back muscle, fascia, and tendon.
13. The records indicate that Mr. Waller received dilaudid via intramuscular injection into the right buttock after receiving this diagnosis.
14. On February 8, 2018, Mr. Waller was seen by Dr. Wilkes at Roper St. Francis PP for continued lower back pain.
15. Following a referral from Dr. Wilkes, Mr. Waller was seen on February 8, 2018 by Dr. Erin Davis at Carolina Physical Therapy.
16. While at Carolina Physical Therapy, Mr. Waller received treatment via manual therapy, electrical simulation and dry needling.
17. On February 9, 2018, Mr. Waller returned to the Roper St. Francis Mt. Pleasant Hospital's emergency room with complaints of persistent back pain, constipation and nausea. Mr. Waller was admitted to the ER and seen by Dr. Curry.
18. According to the record, Dr. Curry performed a full workup on Mr. Waller, which included taking blood cultures.
19. The Roper Hospital Lab returned preliminary report for the blood culture isolate indicating Methicillin-resistant *Staphylococcus aureus* (hereinafter "MRSA"). Mr. Waller was treated with the antibiotic vancomycin following this diagnosis.
20. Mr. Waller continued to receive treatment for MRSA via intravenous vancomycin while inpatient at Roper until February 13, 2018.
21. On February 13, 2018 a corrected report of the blood culture isolate was submitted, which indicated a presence Methicillin-sensitive *Staphylococcus aureus* (hereinafter "MSSA").

22. The records indicate that on February 12, 2018, Dr. Kent Stock consulted with Mr. Waller and was aware of his MRSA bacteremia diagnosis and treatment.
23. Progress notes recorded by Dr. Dennis Conway indicated steroid injections and dry needling as possible sources for MRSA infection.
24. Mr. Waller continued inpatient treatment at Roper until he was discharged on February 13, 2018.
25. Upon discharge, Mr. Waller's infection diagnosis was changed to MSSA bacteremia, at which point his treatment with vancomycin was discontinued and he began treatment with cefazolin (cefazolin is an antibiotic which is appropriate for MSSA but inactive against MRSA).
26. Mr. Waller continued outpatient treatment with Dr. Stock at Lowcountry Infectious Disease, until he was admitted to Roper Hospital on February 27, 2018.
27. After being admitted to Roper Hospital on February 27, 2018, Mr. Waller received an MRI of his lumbar spine. The MRI indicated acute discitis-osteomyelitis at T12-L1 of the lumbar spine. A subsequent blood culture was also performed and came back negative for MRSA and MSSA.
28. The progress notes indicated that Mr. Waller was followed by Dr. Wilkes and Dr. Stock and it was decided that he should stay on his current antibiotic therapy.
29. Mr. Waller was discharged from Roper Hospital on February 28<sup>th</sup>, 2018.
30. On March 21, 2018, Mr. Waller was admitted to Bon Secours St. Francis Hospital by Dr. Kent Stock for increasing back pain.
31. While at Bon Secours St. Francis Hospital, Mr. Waller underwent a disc space biopsy and the culture returned with a positive indication for MRSA.
32. Prior to discharge from Bon Secours St. Francis Hospital on March 26, 2018, Drs James Gregory Thomas and Brian Cuddy determined that Mr. Waller should not undergo surgical intervention and decided to continue his treatment via intravenous antibiotic therapy.
33. After being discharged from Bon Secours St. Francis on March 26, 2018, Mr. Waller flew to New York and was admitted to NYU Winthrop the same day. While at NYU Winthrop he was diagnosed with severe diskitis/osteomyelitis with extensive bone destruction and kyphotic collapse from pathological fractures at T12-L1.
34. Following this diagnosis Mr. Waller underwent a reconstructive fusion to repair the kyphotic collapse.

35. The records indicate that Mr. Waller was discharged from NYU Winthrop on April 17, 2018.
36. After reviewing these records, it is my opinion to a reasonable degree of medical certainty that Dr. Kent Stock, Low Country Infectious Disease, its agents, employees and/or assistants, committed negligent acts or omissions in their care and treatment of Mark Waller. Without intending to limit the scope of my opinions, some of the specific breaches of the standard of care I have identified as being committed by the Defendants are:
  - a. That when Mr. Waller was admitted to the hospital due to severe back pain on February 27, 2018, he presented with worsening symptoms and an MRI was ordered.
  - b. That the MRI showed acute discitis-osteomyelitis at T12-L1 which was not seen on previous imaging.
  - c. That based on Mr. Waller's worsening symptoms and the results of his MRI, Dr. Stock should have recommended neurosurgery or orthopedic consultation for spinal biopsy.
  - d. That worsening symptoms and changes in MRI results from February 10 to February 27<sup>th</sup> demonstrated that the cefazolin treatment plan was ineffective.
37. It is my opinion to a reasonable degree of medical certainty that the actions or inactions of Dr. Kent Stock, Low Country Infectious Disease Experts, and the healthcare provider's employees, agents, and/or assistants contributed to the injuries and damages suffered by Mark Waller by committing negligent acts or omissions, including, but not limited to:
  - a. Failing to recognize cefazolin treatment plan was ineffective while Mr. Waller was in the hospital from February 27 to February 28, 2018;
  - b. Failing to recommend orthopedics consult or neurosurgery consult to obtain biopsy of spine tissue while Mr. Waller was admitted to the hospital on February 27<sup>th</sup> 2018;
  - c. Failing to consider a differential infection diagnosis due to lack of response to the cefazolin treatment plan as evidenced by ongoing pain, persistently elevated inflammatory markers, and progression of disease on MRI.
38. If Mark Waller had been properly treated, his spinal infection would have been diagnosed correctly as MRSA, and an appropriate treatment plan would have been prescribed accordingly.
39. If Mark Waller had been properly treated, the MRSA treatment more likely than not would have prevented the extensive bone destruction and kyphotic collapse at T12-L1 that occurred.

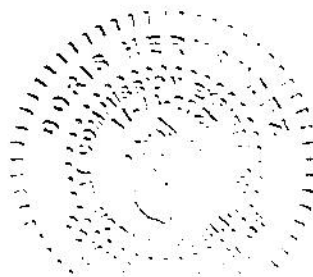
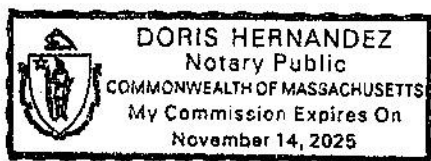
- 40. If Mark Waller had been properly treated, a consultation with a neurosurgeon or orthopedic surgeon while admitted to the hospital from February 27<sup>th</sup> to 28<sup>th</sup>, 2018 would have given Mr. Waller various surgical options that would have prevented the extensive bone destruction and kyphotic collapse at T12-L1.
- 41. If Mark Waller been properly treated, he more likely than not would not have needed the reconstructive fusion performed at NYC Winthrop, the treatment that followed, and any future treatment he will need as the result of the extensive bone destruction and kyphotic collapse at T12-L1.
- 42. My opinions in this matter are based on the information contained in the records I reviewed, as well as my education, training, and experience. This affidavit is given with the intent to comply with South Carolina Code of Laws §§ 15-36-100 and 15-79-125, which, as I understand, do not require me to state all negligent acts or omissions by a person/defendant. There may be additional bases for the opinions expressed herein that may be discovered or discussed at a later time, and I may testify to the information contained in this affidavit and additionally testify about opinions or other matters that may not be addressed in this affidavit. In the event that additional records are provided, or if other information is made available through depositions or other sources, I specifically reserve the right to amend or otherwise alter the opinions contained within this affidavit and to supplement or amend my opinions in this matter, either in writing or through verbal testimony.

FURTHER AFFIANT SAYETH NOT.

  
 \_\_\_\_\_  
 Geneve Allison M.D.

Subscribed and sworn to before me *DA*  
 this 5<sup>th</sup> day of January 2020 21

Doris Hernandez  
 Notary Public for the State of Massachusetts  
 My commission expires: November 14, 2025



**Genève Marie Allison, MD, MSc****Current Appointments**

Associate Professor of Medicine, Tufts University School of Medicine, Boston, MA  
 Attending Physician, Tufts Medical Center, Boston, MA

**Contact Details**

Mailing:  
 Geneve Allison  
 23 Essex Street, # 761096  
 Melrose, MA 02176

Mobile phone: (617) 413-1517  
 Fax: (661) 215-5083  
 Email: drgeneveallison@outlook.com

**EDUCATION**

09/88-06/93 B.A., Harvard College, Cambridge, MA  
 09/96-06/00 M.D., University of Massachusetts Medical School, Worcester MA  
 07/11-06/13 M.Sc., Sackler School of Biomedical Sciences, Clinical and Translational  
 Science Program, Tufts University, Boston, MA

**POSTDOCTORAL TRAINING**

07/00 – 06/03 Resident, Internal medicine, Alameda County Medical Center, Oakland, CA  
 07/03 – 06/04 Chief Resident, Internal medicine, Alameda County Medical Center  
 07/04 – 06/06 Clinical Fellow, Infectious Diseases, Tufts Medical Center, Boston, MA  
 07/06 – 06/07 Research Fellow, Infectious Diseases Tufts Medical Center, Boston, MA

**LICENSURE AND CERTIFICATION**

2003 - 2004 Medical license, California  
 2004 - present Medical license, Massachusetts  
 2004 - 2014 Internal Medicine, American Board of Internal Medicine\*  
*\*Allowed to lapse per hospital policy*  
 2007 - present Infectious Diseases, American Board of Internal Medicine  
 2014 - present Hyperbaric Medicine Certification, Undersea and Hyperbaric Medical Society

**ACADEMIC APPOINTMENTS**

06/17 – present Associate Professor of Medicine, Tufts University School of Medicine  
 07/07 – 06/17 Assistant Professor of Medicine, Tufts University School of Medicine  
 07/16 - present Adjunct faculty, Program in Immunology, Sackler School of Graduate  
 Biomedical Sciences, Tufts University

**HOSPITAL APPOINTMENTS**

2003 - 2004 Hospitalist, Department of Medicine, Alameda Hospital, Alameda CA  
 2007 - 2013 Attending, Department of Medicine, New England Sinai Rehabilitation  
 Center, Boston, MA

August 2020

- 2007 - present Attending, Department of Medicine, Tufts Medical Center, Boston MA  
 2014 - 2019 Attending, Center for Wound Healing and Hyperbaric Medicine,  
 Melrose-Wakefield Hospital, Melrose, MA  
 2014 - 2019 Attending, Department of Medicine, Melrose-Wakefield Hospital, Melrose, MA

#### AWARDS AND HONORS

- 1989 John Harvard Scholarship for Academic Achievement  
 2002 Aventis Internal Medicine Residents Scholarship Award  
 2003 Resident of the Year, Alameda County Medical Center, Oakland, CA  
 2006 Sherwood Gorbach Prize for Clinical/Translational Research,  
 Tufts-New England Medical Center  
 2011 Fellow, American College of Physicians  
 2012 "Best Research Abstract" – Translational Science Meeting, Washington DC  
 2011 – 20 Annual "Top Doctor – Infectious Diseases" Castle Connolly, ten years  
 2016 First author paper selected by the journal's editorial team as the Outstanding  
 Paper in the 2016 Emerald Literati Network Awards for Excellence.  
 2017 Junior Faculty Fellow, Boston Medical Center Addiction Medicine Intensive  
 Training Course  
 2018 Faculty Teaching Award, Alpha Omega Alpha Medical Student Honor  
 Society  
 2018 - present MERGE/ID Director of Clinical Translational Education Tufts University  
 2018 Instructor, Wound Care Simulation, Tufts University School of Medicine  
 2019 Faculty Teaching Award, Tufts University Medical Students - Third Year  
 Clerkship

#### HOSPITAL, MEDICAL SCHOOL, OR UNIVERSITY COMMITTEE ASSIGNMENTS

- 2000 - 2013 Member, Department of Medicine Women in Medicine Committee  
 2009 - present Director, Outpatient Intravenous Antibiotic Therapy (OPAT) program,  
 Department of Medicine  
 2007 - 2009 Director, HIV-Hepatitis C Coinfection clinic, Department of Medicine  
 2012 - 2015 Member, TUSM Admission Committee  
 2014 - 2017 Member, Hospital-wide IT Committee  
 2014 - 2017 Member, Tufts Medical Center Readmissions Committee  
 2014 - 2018 Lead Navigator, Tufts CTSI (Clinical Translational Science Institute), Tufts  
 University  
 2014 - 2018 Chair, Medication Safety Committee Tufts Medical Center  
 2014 - 2015 Co-Chair, Department of Medicine Women in Medicine Committee  
 2015 - 2018 Lead Navigator, Tufts CTSI One Health Committee  
 2020 Lead Physician, PPE Innovation Team  
 2020 Co-Director, COVID-19 Outpatient Infectious Diseases Clinic

#### TRAINING OF GRADUATE STUDENTS AND POST DOCTORAL FELLOWS

##### **Medical Students/Tufts University School of Medicine**

- 2012 Brent Hanson, Supervisor for his role as OPAT coordinator  
 2012 Xibei Jia, Research mentor

2014 Bernard Weigel, Research mentor  
 2016 - 8 Caitlin Dane, Research mentor for MPH Capstone project

### **Medicine Resident/Tufts Medical Center**

2017 Angela Hu, Research mentor

### **Masters in Biological Sciences/Tufts University**

2019 – 2020 Schuyler Gaillard, Thesis research mentor

### **Post-Doctoral: Infectious Diseases Fellows**

2012 - 4 Eavan Muldoon, Research mentor for MPH Capstone project  
 2014 - 5 Boeun Lee, Research mentor  
 2015 - 6 Edgar Sanchez, Research mentor  
 2017 - 9 Anthony Karabanow, Research mentor for CTSI/Sackler Certificate

### **Post-Doctoral: Nephrology Fellow**

2019 – 20 Erin Flanagan, Research mentor

## TEACHING RESPONSIBILITIES

### **Graduate Education**

#### Tufts University Medical Students

2007 - present Lecturer, Small group; TUSM 4<sup>th</sup> year ID selective; large lecture

#### Tufts University Dental Students

2009 - 2012 Lecturer, Developed ID lecture content for ID overview

#### Tufts University Pharmacology PhD Students

2009 - 2010 Lecturer, Antimicrobials

#### Tufts University Sackler Graduate School (pre-doctoral and post-doctoral students)

MERGE-ID track (MEdically-oriented Research in Graduate Education – Infectious Disease)

2015 - 2017 Lecturer, Wound healing; clinical ID

2018 - present Course director – orientation, screening, curriculum, lecture series

## POST-DOCTORAL EDUCATION

### Medicine Residents – Tufts Medical Center

2007 - present Lecturer, Noon conference didactic; morning report

2018 Course director – HBO/Wound Healing Elective

### Infectious Diseases Fellows – Tufts Medical Center

2007 - present Lecturer, OPAT; hepatitis

2018 Course director – HBO/Wound Healing Elective

### Surgery Residents – Tufts Medical Center

2009 - 2019 Lecturer, Otolaryngology didactic

## PROFESSIONAL SOCIETIES

American College of Physicians

Infectious Diseases Society of America

## Massachusetts Medical Society

## OFFICE AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES

- 2011 - 2013 Member, American College of Physicians, Massachusetts Governor's Council
- 2014 - present Member, OPAT Guidelines Committee, Infectious Diseases Society of America
- 2014 - present Member, Value of ID/OPAT Committee, Infectious Diseases Society of America
- 2016 - 2019 Co-chair, International Working Group on OPAT, International Society of Chemotherapy Infection and Cancer

## RESEARCH SUPPORT (PRESENT AND BRIEF SUMMARY OF PAST)

Grant Title: Outpatient Intravenous Antibiotic Therapy Outcomes

Funding Agency: Merck Investigator Initiated Grant 2013

Amount: \$48,000, included 10% salary plus fringe for PI

Period: 2009-2011

Role: PI

Grant Title: Outpatient Intravenous Antibiotic Therapy: analysis of predictors of clinical outcomes within an integrated care coordination program

Funding Agency: NIH-funded K grant - career development award

Amount: 75% Salary plus fringe plus \$50,000 annual research and educational funding

Period: 2011-2013

Role: PI

Grant Title: Serum antibody responses of children with diarrhea in Bangladesh to immunodominant *Cryptosporidium* antigens

Funding Agency: T32 NIH-funded Research Fellowship in Infectious Diseases

Amount: Salary plus fringe

Period: 2005-2007

Role: Infectious diseases research fellow

Grant Title: Novel CME Educational content development and intervention in addressing key practice and knowledge gaps in HBV screening, counseling, linkage to care and adherence to clinical guidelines both locally and nationally

Funding Agency: The SCALE HBV Initiative (Screening- Counseling-Linkage- Education) 2001 and Tufts University School of Medicine/ DKBmed/ Gilead

Amount: \$490,385

Period: 2011

Role: Co-director/faculty

Grant Title: Study of best practices in HBV screening: Improving screening rates in the greater Boston Asian community

Funding Agency: NYU B FREE CEED Legacy Project: National Center of Excellence in the Elimination of Hepatitis B Disparities 2010-2012 and Gilead

Amount: \$68,800

Period: 2010-2012

Role: Co-Investigator

Grant Title: Serum antibody responses of children with diarrhea in Bangladesh to immunodominant *Cryptosporidium* antigens

Funding Agency: Natalie V. Zucker Award (Intramural funding)

Amount: \$5000

Period: 2006

Role: PI

Grant Title: Free Hepatitis C Testing at AIDS Action Walk, Boston, MA

Funding Agency: Roche Pharmaceuticals

Amount: \$15,000

Period: June 2009

Role: PI

#### EDITORIAL BOARDS AND ACTIVITY

Annals of Clinical Case Reports – invited reviewer

Antimicrobial Agents and Chemotherapy – invited reviewer

British Medical Journal – invited reviewer

Clinical Infectious Diseases – invited reviewer

Diagnostic Microbiology and Infectious Disease – invited reviewer

Future Microbiology – invited reviewer

International Journal of Health Care Quality Assurance – invited reviewer

Journal of Antimicrobial Chemotherapy – invited reviewer

Journal for Healthcare Quality – invited reviewer

Joint Commission Journal on Quality and Patient Safety – invited reviewer

Medicine – invited reviewer

Open Forum Infectious Diseases – invited reviewer

Pharmacology – invited reviewer

#### INTERNATIONAL GRANT REVIEW REQUESTS

Tyrg Foundation, Denmark

PSI Foundation, Canada

#### BIBLIOGRAPHY (*Refereed papers – Mentees are bold*)

1. Developing a Real-Time Prediction Model for Medicine Service 30-Day Readmissions. Trautwein M, MD, Schwartz S, MD, Price LL, MAS, MLA, Pavoll A, MPH, Sistla P, MD, Allison GM, MD, MSc, Leary JC, MD, MS, Weingart SN, MD, MPP, PhD, and Freund KM, MD, MPH. J Clinical Outcome Management. Vol. 27, No. 1 January/February 2020
2. Allison GM, **Flanagin E**. How ESKD complicates the management of diabetic foot ulcers: The vital role of the dialysis team in prevention, early detection, and support of multidisciplinary treatment to reduce lower extremity amputations. Seminars in Dialysis. 2020;00:1–9.

3. O'Donnell TF, Allison GM, Iafrati M, A Systematic Review of Guidelines for Lymphedema and The Need for Contemporary Intersocietal Guidelines for the Management of Lymphedema. *Journal of Vascular Surgery: Venous and Lymphatic Disorders*. Accepted March 2020.
4. Norris AH, Shrestha NK, Allison GM, Keller SC, Bhavan KP, Zurlo JJ, Hersh AL, Gorski LA, Bosso JA, Rathore MH, Arrieta A, Petrak RM, Shah A, Brown RB, Knight SL, Umscheid CA. 2018 Infectious Diseases Society of America Clinical Practice Guideline for the Management of Outpatient Parenteral Antimicrobial Therapy. *Clin Infect Dis*. 2019 Jan 1;68(1):1-4.
5. Shah A, Petrak R, Fliegelman R, Shrestha N, Allison G, Zurlo J, Parker S, Poretz D, McKinsey D, Dougherty M, Martinelli L, Mathur A, Rodriguez A, Smith MW. Infectious Diseases Specialty Intervention Is Associated With Better Outcomes Among Privately Insured Individuals Receiving Outpatient Parenteral Antimicrobial Therapy. *Clin Infect Dis*. 2019 Mar 19;68(7):1160-1165.
6. Paulus JK, Switkowski KM, Allison GM, Connors M, Buchsbaum RJ, Freund KM, Blazey-Martin D. Where is the leak in the pipeline? Investigating gender differences in academic promotion at an academic medical centre. *Perspect Med Educ*. 2016 Apr;5(2):125-8.
7. **Sanchez EH**, Mendes RE, Sader HS, Allison GM. In vivo emergence of ceftaroline resistance during therapy for MRSA vertebral osteomyelitis. *J Antimicrob Chemother*. 2016 Jun;71(6):1736-8.
8. Allison GM, **Weigel B**, Holcroft C. Does electronic medication reconciliation at hospital discharge decrease prescription medication errors? *Int J Health Care Qual Assur*. 2015;28(6):564-73.
9. **Lee B**, Tam I, **Weigel B 4th**, Breeze JL, Paulus JK, Nelson J, Allison GM. Comparative outcomes of  $\beta$ -lactam antibiotics in outpatient parenteral antibiotic therapy: treatment success, readmissions and antibiotic switches. *J Antimicrob Chemother*. 2015 Aug;70(8):2389-96.
10. **Muldoon EG**, Switkowski K, Tice A, Snyderman DR, Allison GM. A national survey of infectious disease practitioners on their use of outpatient parenteral antimicrobial therapy (OPAT). *Infect Dis (Lond)*. 2015 Jan;47(1):39-45.
11. Allison GM, **Muldoon EG**, Kent DM, Paulus JK, Ruthazer R, Ren A, Snyderman DR. Prediction model for 30-day hospital readmissions among patients discharged receiving outpatient parenteral antibiotic therapy. *Clin Infect Dis*. 2014 Mar;58(6):812-9.
12. **Muldoon EG**, Snyderman DR, Penland EC, Allison GM. Are we ready for an outpatient parenteral antimicrobial therapy bundle? A critical appraisal of the evidence. *Clin Infect Dis*. 2013 Aug;57(3):419-24. doi: 10.1093/cid/cit211. Epub 2013 Apr 9. Erratum in: *Clin Infect Dis*. 2014 Mar;58(5):754.
13. Borad AJ, Allison GM, Wang D, Ahmed S, Karim MM, Kane AV, Moy J, Hibberd PL, Ajjampur SS, Kang G, Calderwood SB, Ryan ET, Naumova E, Khan WA, Ward HD. Systemic antibody responses to the immunodominant p23 antigen and p23 polymorphisms in children with cryptosporidiosis in Bangladesh. *Am J Trop Med Hyg*. 2012 Feb;86(2):214-22.

14. Allison GM, Rogers KA, Borad A, Ahmed S, Karim MM, Kane AV, Hibberd PL, Naumova EN, Calderwood SB, Ryan ET, Khan WA, Ward HD. Antibody responses to the immunodominant *Cryptosporidium* gp15 antigen and gp15 polymorphisms in a case-control study of cryptosporidiosis in children in Bangladesh. *Am J Trop Med Hyg.* 2011 Jul;85(1):97-104.
15. Ajjampur SS, Sarkar R, Allison G, Banda K, Kane A, Muliyl J, Naumova E, Ward H, Kang G. Serum IgG response to *Cryptosporidium* immunodominant antigen gp15 and polymorphic antigen gp40 in children with cryptosporidiosis in South India. *Clin Vaccine Immunol.* 2011 Apr;18(4):633-9.
16. Wanyiri JW, O'Connor R, Allison G, Kim K, Kane A, Qiu J, Plaut AG, Ward HD. Proteolytic processing of the *Cryptosporidium* glycoprotein gp40/15 by human furin and by a parasite-derived furin-like protease activity. *Infect Immun.* 2007 Jan;75(1):184-92. Epub 2006 Oct 16.
17. Swift MB, Altman D, Allison G, Iton A, Kears D, Rose T, Harken AH. Osler's advice to "shun politics" is outdated. *Surgery.* 2006 Apr;139(4):466-8.
18. Allison G, Feeney C. Successful use of a polymerized hemoglobin blood substitute in a critically anemic Jehovah's Witness. *South Med J.* 2004 Dec;97(12):1257-8.

2013 *Masters Thesis, Sackler Graduate School for Biomedical Research, Boston, MA*  
 Allison GM, Muldoon EG, Kent DM, Paulus JK, Ruthazer R, Ren A, Snyderman DR.  
 Prediction model for 30-day hospital readmissions among patients discharged receiving outpatient parenteral antibiotic therapy. *Clin Infect Dis.* 2014 Mar;58(6):812-9

*Invited Lectures - selection*

“Changing the Way We Train ID Clinicians”

Invited Symposium – Preventing admissions by timely use of OPAT.

Infectious Diseases Society of America, Annual Meeting, Philadelphia, PA, October 2014

“Overview of MRSA Abscess Management, Dressing Types, and Indications, and Management of Diabetic Foot Infections”

Boston Healthcare for the Homeless Program, Medical Grand Rounds, February 2015

“Diabetic Foot Ulcers”

Tufts Medical Center, Primary Care Boston – Noon Lecture Series, November 2015

“Update on OPAT e-Handbook and OPAT Guidelines”

Symposium – “Meet the professor” rounds

Infectious Diseases Society of America, Annual Meeting, New Orleans, LA, October 2016

“Venous Leg Ulcers”

Tufts Medical Center, Primary Care Boston – Noon Lecture Series, November 2016

“Diabetic foot ulcers.”

Grand Rounds, Hallmark Health System - Melrose-Wakefield Hospital/Lawrence Memorial Hospital, February 2017

Grand Rounds, Metrowest Medical Center, Framingham, MA, June 2018

“Structured Opioid Prescribing after Orthopedic Surgery”

Tufts CTSI Translational Science Symposium, April 2017