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IDWeek 2026 Highlights: Perspectives from the Chair and Vice-Chair

Dr. Leuchars:

This is *Clinician's Roundtable* on ReachMD. I'm Dr. Mary Leuchars. Today, I'm joined by two very special guests: Drs. Ruth Lynfield and Paul Pottinger, who are the Chair and Vice-Chair of the 2026 IDWeek conference. They'll be sharing their perspectives on some of the key developments and topics highlighted at this year's meeting.

In addition to serving as chair of IDWeek, Dr. Lynfield is the State Epidemiologist at the Minnesota Department of Health. Dr. Lynfield, thanks so much for being here today.

Dr. Lynfield:

Thank you. It's my pleasure.

Dr. Leuchars:

And IDWeek Vice-Chair Dr. Pottinger is a board-certified infectious disease physician and Professor of Medicine at the University of Washington School of Medicine. Dr. Pottinger, it's great to have you with us as well.

Dr. Pottinger:

Thank you so much. So happy to talk about IDWeek.

Dr. Leuchars:

Now, as Chair and Vice-Chair of IDWeek, you both have a unique view of the meeting, so I'd love to hear about the themes or developments that are standing out to each of you this year. Dr. Lynfield, care to start us off?

Dr. Lynfield:

Absolutely. It is really exciting to have the opportunity to talk about this year's IDWeek, which, by the way, is the 15th IDWeek. Many people have been working hard to put together an exceptional program. Our opening plenary is by Dr. Atul Gawande and is entitled, "Together We Rise: Courage, Collaboration, and the Future."

The plenary will be followed by a terrific panel moderated by Dr. Jeanne Marrazzo and will include Dr. Georges Benjamin from the APHA, Sandra Fryhofer from the AMA, Richard Hatchett of CEPI, the Coalition for Epidemic Preparedness Innovations, and Jessica Malaty Rivera from Infodemiology Initiative and the Public Good Projects. They will be discussing how we collaborate across disciplines to move the field forward. This theme of collaboration and working across disciplines will be brought up in multiple sessions.

Dr. Leuchars:

And how about you, Dr. Pottinger? What stands out to you the most?

Dr. Pottinger:

Oh, Mary, you know, it's autumn here in the Northern Hemisphere, and you know what that means for us ID doctors. It means we're getting into respiratory viral season, and it means IDWeek is coming. It's the happiest time of the year. This is always a time for us to share the developments in clinical ID medicine, epidemiology, pharmacy, and microbiology. As ID doctors, we love what we do, and we love being up to date in our practice, and that's what IDWeek is about. But it's also about connecting with each other, seeing old friends, and sharing our experiences.

ID is so fulfilling in part because it's challenging. I suppose if it was easy, everyone would choose ID. ID is hard. It's always been that way. But today, in 2026, there's so much misinformation and disinformation out there about our profession, and it's coming at us from every angle. This is unprecedented for ID professionals. Frankly, it can be bewildering and exhausting. But by coming together at

IDWeek, I really think we can support each other, sustain our energy, and sustain our commitment to this exciting field.

Dr. Leuchars:

So with that broader view of the conference in mind, let's zero in on the public health discussions featured at IDWeek. Dr. Lynfield, what infectious disease trends or emerging threats are getting a lot of attention this year?

Dr. Lynfield:

Lots of interesting trends and emerging threats. Some of the sessions will include responding to Bundibugyo virus by the Africa CDC and insights on Ebola from the US CDC. We will have sessions on measles, which is making a huge comeback in many parts of the world, including the US. We'll have sessions on Andes hantavirus, a One Health approach to infectious diseases, including avian influenza, New World screwworm, melioidosis, and antibiotic resistance in companion animals.

We'll also hear about lessons from Latin America on outbreaks due to arboviruses, global infections that are being encountered in the US, and how we do foodborne investigations in the US, including the very large cyclospora outbreak we had this summer. We'll also have sessions on hepatitis B, HIV, and sexually transmitted infections, including working with communities.

And of course, we'll have updates on vaccines and their impact, antimicrobial resistance, and healthcare-associated infections. I'd like to mention the named lectures. We have exceptional experts speaking this year on a variety of topics, and I really encourage people to view the Finland, Smadel, Kass, Enders, Hall, SHEA, and Plotkin lectures, and these will be available after IDWeek.

Dr. Leuchars:

Looking across those public health issues, Dr. Lynfield, are you seeing any common themes when it comes to surveillance, prevention, or response?

Dr. Lynfield:

I think the theme of collaboration is essential. We are recognizing the importance of collaboration between communities impacted by a particular public health issue, public health professionals, healthcare professionals, and researchers. Global collaboration is so important in public health.

Finally, there are innovative tools and advances in the way we can conduct surveillance as well as characterize and compare pathogens that enable us to investigate outbreaks more effectively. Advances in vaccinology are improving our ability to prevent infectious diseases.

Another common theme, and something that Paul mentioned earlier, is the importance of effective communication about infectious diseases to the public, to our patients, to our colleagues, and to policymakers.

Dr. Leuchars:

For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Mary Leuchars, and I'm speaking with Drs. Ruth Lynfield and Paul Pottinger, who are the Chair and Vice-Chair of IDWeek 2026, about some of the conference's key topics and themes.

Now that we've looked at some of the public health issues shaping this year's IDWeek, let's turn to the clinical side of the meeting. Dr. Pottinger, what issues or topics seem to be generating the most discussion?

Dr. Pottinger:

Yeah. Thank you. It's such a good question. I hear this from our members and participants every single year: "Loved IDWeek, but there was so much. I wish I could have gone to all these sessions." So friendly reminder that you do have access to our sessions and posters afterwards online. So please take advantage of that and digest the content at your own pace at home as you wish.

But having said that, there are several themes that I'm enthusiastic about at this year's IDWeek. First, of course, what new technology or medications might our members incorporate into their clinical practice? So I'm really eager to hear more about pritelivir. That's a recently FDA-approved antiviral. It's approved for the treatment of refractory HSV infection. We haven't had something like that in a long time. Likewise, we'll hear from leaders in the field of bacteriophage therapy about using viruses to kill tough-to-treat infections. People have been doing this willy-nilly. We're finally going to hear a real-world experience for how bacteriophage treatment has gone in the hands of experts, and this may, I hope, accelerate that process into more general practice. We'll see.

And of course, there are those core clinical questions that all ID specialists struggle with. What's the best way to care for patients with life-threatening infections, especially infections due to multidrug-resistant organisms? How do we treat the big ID problems that don't go away, such as Staph aureus bacteremia or gram-negative sepsis? We call these the big beasts of ID. It's a perennial challenge in ID, and we have sessions dedicated to this as well.

As I think you know, we're fortunate to have some new anti-infectives, but we do not have enough new antibiotics. In fact, unfortunately, we just recently lost access to an important antibiotic called imipenem-relebactam. This is very important in my practice as I treat patients with rapidly growing nontuberculous mycobacterial infections. So the pipeline is not as broad as it should be for new antibiotics. And so, Mary, we have to be choosy and wise with our use of antibiotics. There's a lot of discussion about this topic. Of course, this is the discipline within ID that's called antimicrobial stewardship—using what we need and not more. So at IDWeek, I think you'll hear from expert antimicrobial stewards on developing new ways to use antibiotics wisely.

And likewise, we'll hear about advances in the field of infection prevention. Patients catching an infection when they receive care in the hospital is a scourge. It's always been a curse of our profession, and we have people who are really working hard to find new ways to improve this, including evidence-based ways to look at AI. Artificial intelligence could potentially help improve our workflow and enhance patient safety, but only if we do it the right way. So a lot of ID doctors are interested in AI or just AI curious, but they're not sure how to incorporate this into their practice. So we do have sessions on this topic, including a pre-course that's designed to get people up to speed on ways to incorporate AI into their practice. We want to give people examples of how this can be done safely and smoothly while, of course, respecting patient privacy all the time.

Another theme I'm excited about is medical education. ID doctors are notoriously great teachers. That's always been true. But we don't rest on our laurels. We like to accelerate the process, enhance our game, and maybe incorporate new technology or new techniques by learning from expert educators on what we can do to be the best teachers that we can and inspire the next generation to join our really incredible profession. So we'll have sessions on ID education, including some hands-on demonstrations of fun innovations. One of the ones I'm most excited about is Out-BREAK. That's the IDWeek escape room, where you come with a group of friends to solve ID-related puzzles so you can play medical detective while learning some new medical education tricks.

Finally, as Ruth mentioned before, an important theme at IDWeek 2026, for me, is advocacy. As ID specialists, we really care about everyone's health, and we are eager to ensure that patients and people in the general public get unbiased, high-quality, reliable, and trustworthy information about our field. That includes the general public, and it includes those in positions of power. So the IDSA Public Policy and Advocacy Committee is sponsoring a pre-course boot camp where people can learn how to turn their anger and frustration into constructive advocacy. In ID, our superpower is our voice, and I think skillful advocacy training can elevate that voice for the good. Advocacy means empowerment, and let's face it, all doctors and healthcare professionals could use a little bit more empowerment nowadays.

Dr. Leuchars:

As a follow-up to that, Dr. Pottinger, how might some of those discussions influence the way infectious disease specialists approach patient care?

Dr. Pottinger:

It's such a good question, Mary, and I think there are two main ways that this could change patient care. First of all, there's the details of how we would approach a particular syndrome or organism in a particular body compartment through syndromic ID and the advances in the ways that we treat these. That's what I hope people will really look critically at—not just new infections, but also the old ones that we continue to work on.

But more than that, what I really hope we can do is keep people excited about this field. We've chosen ID for all good reasons, and honestly, I want to make sure that people feel that they have a sustainable pathway forward in their career and that people are excited about their career. This is something that isn't exactly practice-changing but practice-affirming, and part of that happens when we talk to each other and share our experiences and support one another.

Dr. Leuchars:

Before we wrap up, I'd like to get one final thought from each of you. Dr. Lynfield, what's one key takeaway from this year's IDWeek that you'd like colleagues to leave with?

Dr. Lynfield:

Inspiration. Paul talked a bit about how important it is for ID providers and researchers to connect. And IDWeek is such an amazing time for us to get up to speed on the latest innovations and findings. And there is so much innovative and important work being done in infectious diseases and progress being made. And so it's important for us to connect with each other. It is not always apparent that the field is moving forward, but coming to IDWeek, it is quite evident. And the themes of collaboration across disciplines and rising together really resonate.

Dr. Leuchars:

Dr. Pottinger, I'll turn to you for the final word. What message would you like colleagues to take home from IDWeek?

Dr. Pottinger:

I hope that our colleagues share my enthusiasm for IDWeek. I'm just so excited about this because it's a way to keep up to date as we hear about the latest advances from our colleagues, but it's also a way for me to make new friends at IDWeek. I look forward to that and to reconnecting with old friends, too. The theme of IDWeek 2026 is "Together We Rise." That's always been true in ID, and it's true now more than ever.

Dr. Leuchars:

Those final comments bring us to the end of our program. I want to thank my guests, Drs. Ruth Lynfield and Paul Pottinger, for joining me to share these key highlights from IDWeek 2026. Dr. Lynfield, Dr. Pottinger, it was an absolute pleasure speaking with you both today.

Dr. Lynfield:

Thank you so much, Mary. Really appreciated it.

Dr. Pottinger:

Yeah, thanks so much, and I look forward to seeing everybody at IDWeek.

Dr. Leuchars:

For ReachMD, I'm Dr. Mary Leuchars. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!