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COVER IMAGE

Cover photograph: The origin and evolution of OXA-48-like carbapenemases. The nucleotide similarities and genetic structures flanking the OXA-48-like carbapenemase genes suggest that bla_{OXA-48}, $bla_{OXA-181}$, and $bla_{OXA-204}$ were derived from different *Shewanella xiamenensis* isolates through distinct transposition processes. OXA-162 and OXA-244 are derivatives of OXA-48 (left panel), while OXA-232 is a derivative of OXA-181 (middle panel). (*See related article at e00102-19.*)

ACKNOWLEDGMENT OF REVIEWERS

PRACTICAL GUIDANCE FOR CLINICAL MICROBIOLOGY

Summary: In this review, we present a comprehensive discussion of matters related to the problem of blood culture contamination. Issues addressed include the scope and magnitude of the problem, the bacteria most often recognized as contaminants, the impact of blood culture contamination on clinical microbiology laboratory function, the economic and clinical ramifications of contamination, and, perhaps most importantly, a systematic discussion of solutions to the problem. We conclude by providing a series of unanswered questions that pertain to this important issue.

REVIEWS

Summary: *Trypanosoma cruzi* is the etiological agent of Chagas disease, usually transmitted by triatomine vectors. An estimated 20 to 30% of infected individuals develop potentially lethal cardiac or gastrointestinal disease. Sylvatic transmission cycles exist in the southern United States, involving 11 triatomine vector species and infected mammals such as rodents, opossums, and dogs. Nevertheless, imported chronic *T. cruzi* infections in migrants from Latin America vastly outnumber locally acquired human cases. Benznidazole is now FDA approved, and clinical and public health efforts are under way by researchers and health departments in a number of states. Making progress will require efforts to improve awareness among providers and patients, data on diagnostic test performance and expanded availability of confirmatory testing, and evidence-based strategies to improve access to appropriate management of Chagas disease in the United States.

Summary: The clinical presentation of brucellosis in humans is variable and unspecific, and thus, laboratory corroboration of the diagnosis is essential for the patient's proper treatment. The diagnosis of brucellar infections can be made by culture, serological tests, and nucleic acid amplification assays. Modern automated blood culture systems

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