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Sentinel Laboratories in Public Health Preparedness

Sentinel laboratories have been an essential part of the Laboratory Response Network since this new age of terrorism began. Recently the role has been redefined to demonstrate their importance in the health of all citizens. The new definition, published in October 2012, outlines the importance of the sentinel laboratories within the public health system. Not only are they the first facilities to come in contact with patients, they also work with local and state public health officials to ensure nationally notifiable diseases and threats are communicated. As a result of this change, all clinical laboratories would be considered sentinel laboratories.

One very important role of these laboratories is to recognize potential microbiological agents of bioterrorism. If these organisms cannot be ruled out at the local level, they should be referred to the Laboratory Response Network (LRN) reference laboratory (in the state of Montana, this would be the MT Public Health Laboratory.) This rule out and/or referral process can be evaluated by the CAP Laboratory Preparedness Survey (CAP-LPX).

In 2012, of the 12 sentinel laboratories in Montana who were qualified to participate in the CAP-LPX exercise, 11 participated in set A, and ten participated in LPX-B.

Submitting laboratories are evaluated by Montana Public Health Laboratory (MT PHL) on the following criteria. Please note that this assessment is provided merely as a tool to assess the sentinel laboratories' readiness for an event. CAP is not notified of these results.

1. Notification to MT PHL: Do we have documentation that a phone call was made to MT PHL concerning referral of specimens?

Note: To test communications between Laboratory Response Network (LRN) Sentinel Laboratories and LRN Reference Laboratories, exercise participants are required to contact their LRN Reference Laboratory if, after performing the established Sentinel Level Clinical Microbiology Laboratory Guidelines For Suspected Agents of Bioterrorism and Emerging Infectious Diseases on an isolate, they are unable to rule out an agent of bioterrorism (BT). These guidelines are available at:

<http://www.asm.org/index.php/public-policy/issues/sentinel-laboratory-guidelines>.

2. Were documents (i.e. MT PHL Standard Testing

Laboratory Requisition form) filled out properly? All isolates should be submitted along with their own accompanying paperwork identifying that isolate. Document collection date and any pertinent patient history and rule-out information, including safety warning / recommendations such as BSC use. Please see instructions for clinical laboratory requisition forms in the [Montana Laboratory Services Manual](#).

3. Packaging/Shipping: Isolates should be submitted one per biohazard bag, with requisition in the outer pocket of the biohazard bag (or otherwise attached to the outside of the bag.) Isolates should be parafilm and triple-packaged. This means petri dish or slant (primary container) should be placed inside a biohazard bag (secondary container) along with enough absorbent material to contain a spill should one occur. The primary and secondary container should be placed into a rigid outer container bearing the markings for UN 3373 and "Biological Substance, Category B". This packaging is **required, even if isolates are submitted via courier**. If using pre-labeled boxes, make sure correct markings are displayed and others are covered prior to shipment. Keep in mind that the markings are used to communicate to others what is inside the box. Please see packaging and shipping guidelines in [Montana Laboratory Services Manual](#).

The revised definition of sentinel laboratories, as well as information and guidance on the role they play within the public health system, can be found [here](#).

MT PHL wants to work with sentinel laboratories as members of the public health laboratory system. In an effort to bring awareness and increase partnerships, we will be offering:

- A copy of the January 6, 2012 MMWR "Guidelines for Safe Work Practice in Human and Animal Medical Diagnostic Laboratories".
- An APHL webinar that will highlight the roles of sentinel laboratories. Qualified laboratories who contact us in advance can view this webinar in their facility at our expense.
- An MTPHL one-hour follow-up webinar offering information for sentinel laboratories that will be specific to Montana.
- An expanded sentinel laboratory certification program.

If you have questions concerning this outreach, please contact Crystal Poppler, cpoppler@mt.gov, or Susie Zanto, szanto@mt.gov.

Updates from the
MT Laboratory
Services Bureau
800-821-7284

www.lab.hhs.mt.gov



Montana Communicable Disease Weekly Update

Release date: 1/4/2013

DISEASE INFORMATION

Summary – MMWR Week 52 - Ending 12/29/2012 Preliminary disease reports received at DPHHS during the reporting period December 23–29, 2012 included the following:

- **Vaccine Preventable Diseases:** Influenza* (16) Pertussis (2), Varicella (1)
- **Invasive Diseases:** Group A *Streptococcus*, invasive(1), *Strep pneumoniae*, invasive (2)
- **Enteric Diseases:** Cryptosporidiosis (1), Salmonellosis (2)
- **HIV Disease** :** (0)
- **Other Diseases:** (0)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

*Cases confirmed by MTPHL. Weekly updated Montana Flu information will now be included as an attachment to the weekly update.

** A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

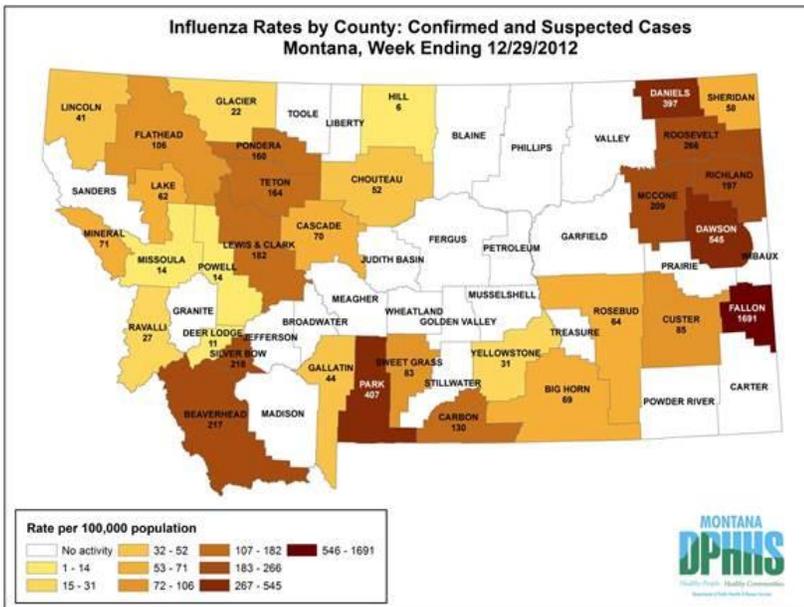
NOTE: The attached reports have multiple pages reflecting the following information: (1) communicable diseases YTD; (2) cases just this past reporting week; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Seasonal Influenza (CHANGES): In addition to the Montana Public Health Laboratory, five laboratories in the state currently perform PCR testing. We are working with these partner laboratories to provide some additional testing data in the coming weeks. These laboratories include Benefis Hospital (Great Falls), Bozeman Deaconess Hospital, Kalispell Regional Hospital, St. Patrick’s Hospital (Missoula) and Community Medical Center (Missoula).

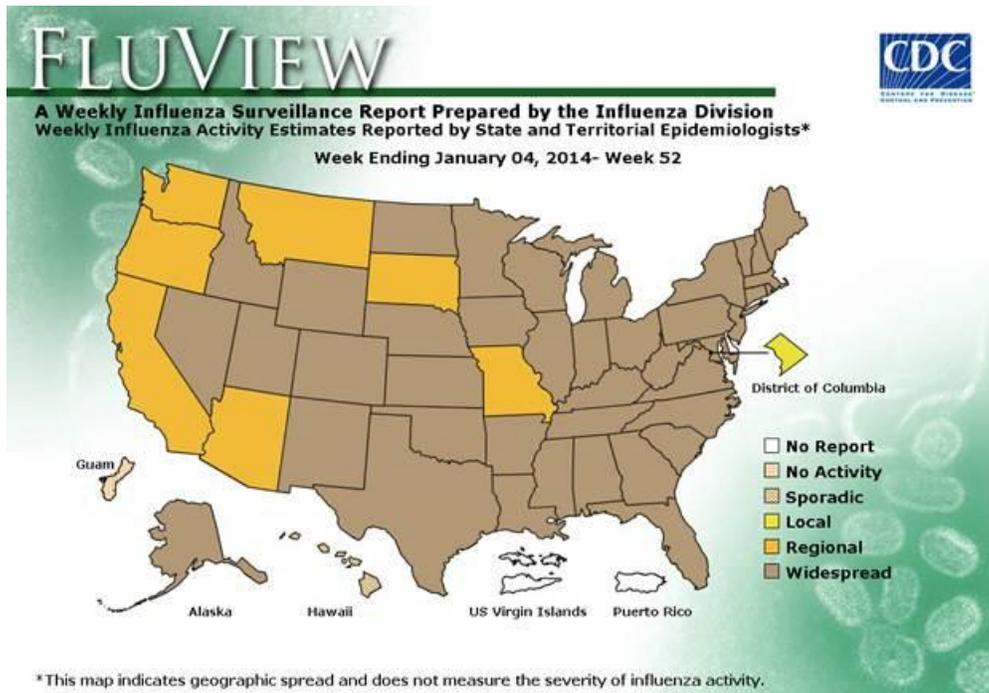
MTPHL reports that data from our partners indicate that for the week ending December 29 (week 52), 50 total positive Influenza A results were reported. Of those subtyped by the state lab, all were H3. In addition, 7 Influenza B positive tests reported. We will improve how we provide these data in the coming weeks.

We are also revising our influenza maps and charts (beta version attached) and will be including a rate map (below) to better illustrate the impact of influenza on local health jurisdictions vs. raw numbers of confirmed and suspected cases. This and new data presentations over the next couple of weeks will better illustrate the impact of seasonal influenza in Montana.



In addition, next week a copy of our core reporting spreadsheet will be sent to local health jurisdictions and would like for you to review your numbers that populate the new maps. We still have jurisdictions that have NOT reported any information to us. Please call Elton Mosher at 406-444-0273 for more information on how to report weekly aggregate data. Individual influenza case reports are NOT required.

Influenza continues to increase across the country including sharp increases in visits for influenza-like illnesses (ILI). In the chart below, eight states changed to widespread last week and California jumped from sporadic to regional in one week. Montana and a few states and the west coast are the last areas to NOT be designated as “widespread.”



Montana Public Health Laboratory also has information on influenza testing from within the state. Montana is aligned with the national data on our region to a great degree. Testing information can be viewed at [MT Influenza Testing Volumes 2012-2013](#)

Pertussis: Pertussis has declined and we only have two cases this week. CDEpi is planning our 2012 Pertussis After Action Review process and should have a final dataset for the state in the coming weeks. Those of you that have had to deal with outbreaks during 2012 should consider doing the same. It will also meet your contract deliverables for an After Action Report. For more information, please contact Adam Powers, Training and Exercise Coordinator MT Department of Public Health and Human Services Public Health Emergency Preparedness Section 406-444-3045 or email apowers@mt.gov

INFORMATION / ANNOUNCEMENTS

Rabies HRIG/vaccine availability: The Communicable Disease Section has been hearing that county health departments and local medical facilities are having difficulty ordering rabies vaccine and immune globulin. The CDC website states that products are available as of December 12, 2012 (<http://www.cdc.gov/rabies/resources/news/2012-12-12.html>). We are not certain of why there is a difference between what we are hearing and what we are told but our Immunization program has researched and found where and how we can obtain these products.

Sanofi Pasture:

Both vaccine (Imovax®) and HRIG (Imogam Rabies-HT®) are available for post exposure prophylaxis ONLY at this time. Customers must complete the Rabies Post-exposure Form and fax it to the Customer Service Team at 1-877-287-9391. The form must be filled out in its entirety, including the physician's signature. The form is available at www.vaccineshoppe.com

when following the ordering procedure or you can call 1-800-VACCINE (1-800-822-2463).

FFF Enterprises (distributor):

- You will need to have an account or set-up an account (your local hospital may already have an account if vaccine or HRIG is needed ASAP)
- To Order Call 1-800-843-7477
- Both vaccine (RabAvert®) and HRIG (HyperRAB®) are available at this time

PHEP Deliverables Reporting (Is the TCC going away???): DPHHS is exploring new options for PHEP deliverable reporting and document storage. The recent upgrades to the Training and Communication Center (TCC) have not enhanced the system as much as expected. SharePoint is a Microsoft product that has the same look and feel as software such as Outlook, Word, and Excel. The PHEP section is currently piloting the system internally. If the system is a viable option for replacing the TCC, DPHHS will ask a handful of local jurisdictions to test the system when reporting for PHEP in the third and fourth quarters.

2012 Reconciliation: The fourth quarter of 2012 ended on 12/31/12. We will be working with you in the coming months to reconcile communicable disease cases for 2012 ahead of our own reconciliation with CDC. Please take a few minutes to fax in any outstanding case reports from the 4th quarter of 2012 (October 1 through December 31) to our confidential fax line (1-800-616-7460). The Quarter 4 reconciliation reports will be sent out at the end of January.

Vaccines.gov: This is a great resource for influenza and other vaccine related questions. <http://www.vaccines.gov/>

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year but is primarily directed toward you as local health jurisdictions with us as a last resort. If you need us to assist, please call 406.444.0273 if you need immediate communicable disease epidemiology assistance, the answering service will take a message and we will return the call as quickly as possible or be linked directly. Please ensure that your required 24/7 information is up to date and reported to us or the Public Health Emergency Preparedness program if changes occur. Please ensure that you communicate YOUR local 24/7/365 number to your local providers.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>