

05/03/2013

FMZ-4ZM0 <70-4A700A7 A7A-703

Updates from the MT
Laboratory Services

Bureau

800-821-7284

www.lab.hhs.mt.gov



CAP Laboratory Preparedness Exercise

The 2013 College of American Pathologists Laboratory Preparedness Exercise (CAP-LPX) Set A was shipped out on April 8th, and participants in Montana have completed testing and submitted specimens for rule-out to the Public Health Laboratory for evaluation of packaging and shipping. As always, it is wonderful to see how many labs do participate in the exercise. It is great practice for us all! For this first set, there were 11 labs—Benefis, Billings Clinic, Bozeman Deaconess, Community Medical, Clark Fork Valley, Frances Mahon Deaconess, Kalispell Regional, St. Patrick's Hospital, St. Vincent's Healthcare, and Sidney Health Care. Thanks to everyone, and I hope others will begin taking advantage of this opportunity!

Feedback will be provided soon, but there were a few things that warranted attention for the good of the group.

- Please remember that a crucial component of this exercise is to communicate with the MT PHL so we know specimens are being submitted. We do require that you submit all samples that you cannot rule-out in house.
- Please remember to mark LPX on the outer container. These packages are not opened during routine accessioning since they are being evaluated. If specimens are unwrapped and packaging materials discarded, there is no way for the packaging to be fairly graded.
- DO NOT package patient specimens with LPX specimens. Although this is a great way to save money, it may also result in delay of patient testing, or non-viability of submitted specimens.
- Specimens that are ready to be shipped at the same time may be submitted in the same box. This includes boxes shipped as category A.
- Shipment of cultures requires that culture plates or tubes are sealed and triple packaged. This means placed into a biohazard bag with absorbent and placed into a rigid outer container with the UN 3373 marking (note: MTPHL does provide containers for mailing petri dishes.) Rigid packaging is REQUIRED whether shipment is by mail or by courier. You do not need to put the outer container into another biohazard bag, and biohazard labels should not be placed on the outer container.
- When using pre-labeled outer packaging, make sure to cover labels that do not apply (i.e. dry ice, etc.) Also, make sure labels do not overlap, and that technical names are not on the outer packaging. Technical names are required on the shipper's declaration when shipping category A materials, but not on the box. If technical names are present, they should only include what is in the shipment, and should not be all-inclusive.

Thanks again to the labs that participated in the exercise, and please be on the lookout for feedback within the next couple of weeks!

Attention Clinical Laboratories!!

In the last edition of the Montana Laboratory Sentinel newsletter, we asked all laboratories to fill out the [Sentinel Clinical Laboratories Criteria for Certification](#) found on the Diagnostic Testing page of our website and return to [Crystal Poppler](#) by April 30. In October 2012, a [new sentinel laboratory definition](#) was published that focuses not only on agents of bioterrorism, but also those of public health significance. We are required, for grant purposes, to collect demographics on laboratories performing microbiology laboratories in our state. If you have not already submitted the spreadsheet, please take a moment to do so and return as soon as possible (email or fax to 444-1802). If you have questions, please email cpoppler@mt.gov or call Crystal at 406-444-0930.

Save the Date!!

This year's workshop, "Bioterrorism Preparedness for the Sentinel Laboratory", will be held at Carroll College in Helena on Friday, July 26th. Please make plans to attend!

At the end of the workshop, participants will be able to:

- Discuss the role of the clinical laboratorian in the presumptive identification of suspect agents of bioterrorism.
- Explain the safety implications of handling suspect bioterrorism organisms in clinical specimens and isolates.
- Describe the clinical presentation and biochemical characteristics of *Bacillus anthracis*, *Brucella* spp., *Burkholderia* spp., *Francisella tularensis*, and *Yersinia pestis*.
- Outline the process for referring suspect organisms to the Montana Public Health Laboratory.

Montana Communicable Disease Weekly Update

Release date: 5/3/2013



DISEASE INFORMATION

Summary – MMWR Week 17 - Ending 4/27/2013 Preliminary disease reports received at DPHHS during the reporting period April 21–27, 2013 included the following:

- **Vaccine Preventable Diseases:** Influenza* (0) Pertussis (17), Varicella (1)
- **Invasive Diseases:** (0)
- **Enteric Diseases:** Campylobacteriosis (9), Cryptosporidiosis (1), Giardiasis (1), Salmonellosis (2), Shiga toxin-producing *E. coli* [STEC] (1)
- **HIV Disease** :** (0)
- **Other Diseases:** (0)
- **Animal Rabies:** (1, skunk)
- **Travel Related Conditions:** Legionellosis (1)

*Cases confirmed by MTPHL only. Weekly updated Montana Flu information is 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

H7N9 Avian Influenza A: The Centers for Disease Control and Prevention provide ongoing situation summaries of the H7N9 situation. That summary (attached) comments that human cases continue to be detected in China. Investigation indicates that there is no sustained transmission from person to person but there have been a few clusters of human infection where the possibility of limited human to human transmission cannot be excluded. The summary states, “The evolving situation in China is of international public health concern because of the potential for this virus to change to trigger a pandemic, which could be severe based on the epidemiological information currently available. “

Campylobacteriosis-Suspect? Probable? Confirmed?: After much consideration CDEpi decided to adopt CDC’s CSTE case definition [see attached] for the disease. In doing this, it was recognized that this and the increasing use of new tests (see comments in attached) could and has caused more work out there for little return and so we made an adjustment. To ease the time investment of interviews and follow-up, we agreed that “suspect” cases (rapid test positive, lab confirmatory test negative) would require the initial disease reporting form only.

Please add any additional information regarding case circumstance under notes, as this might identify potential links to other cases. In case the situation develops into a cluster or outbreak, we will then investigate further and follow up with the disease specific questionnaire. “Probable” cases (epi-linked to a confirmed case) and confirmed cases (laboratory culture confirmed positive) will require the Campylobacteriosis questionnaire as usual. If you have any questions about case definitions for Campylobacteriosis, please call Dana at 444-3049.

Gastroenteritis Outbreaks and Reporting Timeliness: One of the key components of epidemiologic surveillance is timeliness. Deliverables are now tied to it. Early detection allows for the timely implementation of control measures, reduces the likelihood of additional cases and increases the chance of specimen submission from an ill individual to confirm an agent. Gastroenteritis outbreaks need to be reported to DPHHS within 24 hours [ARM 37.114.204]. Out of 23 enteric outbreaks reported this year, only 70% (16/23) of them were reported to DPHHS within the required 24 hour timeframe. Please remember to inform CDEpi when you identify an outbreak as quickly as possible.

Seasonal Influenza: Declining activity continues across Montana and the state is currently at ‘Sporadic’ flu activity for the week ending 4/20/13. The Montana Influenza Summary is attached. Weekly summaries will be discontinued unless there is an increase in influenza activity. A summary of the 2012-13 influenza season will be released in early June.

INFORMATION/ANNOUNCEMENTS

Norovirus: Our website now features a new section on Norovirus. You can access it through <http://www.dphhs.mt.gov/publichealth/norovirus/> as well as our CDEpi site under hot topics, and then click on Norovirus. On that website we provide technical guidance, links to CDC and information about Norovirus in our State. While norovirus activity is ongoing we will update the special information section weekly. It's a great place to learn more about Norovirus, so check it out!

MIDIS and HIV laboratory reports: As a MIDIS user, you will soon be able to view HIV-related electronic laboratory reports (ELR) in MIDIS (e.g. HIV Ab/Ag, HIV RNA, CD4+); however, you will not be able to modify them. In most instances, the tests will be for persons previously diagnosed with HIV whose treatment is being monitored. No follow-up, case investigation or case report is needed for these individuals. However, there may be laboratory reports for persons whose HIV status is unknown to DPHHS. In these instances, DPHHS will contact the appropriate local health jurisdiction to determine the person's HIV status and complete a case report if necessary. HIV-related ELR in MIDIS are for viewing only; CDEpi staff will remove them from queue each Wednesday for the previous reporting week. Any questions regarding HIV-related lab reports may be directed to Peter Choi 406-444-4735.

Summer Institute "When Good Food Goes Bad": The 2013 [Summer Institute](#) will be on July 15-19 at the University of Montana in Missoula. The CDEpi/FCSS sponsored course is called, "When Good Food Goes Bad: A team approach to Foodborne Outbreak response."

This course is limited to 20 two person teams and will be taught by five nationally based instructors including a course designer and Montana local county health official, Joe Russell (Flathead Co.) The course in Montana is targeted to public health communicable disease staff and sanitarian staff at the local health jurisdiction level. The course provides responders with training on all-hazards food emergency response procedures with an emphasis on enhancing communication to facilitate the response effort. Let either Melissa Tuemmler at mtuemmler@mt.gov or Karl Milhon at kmilhon@mt.gov know of your interest. It has reviews of being a great interactive course.

Communicable Disease Control ARM Changes Presentation: Final comments are in and the final Notice is being drafted. As soon as that is posted within a few weeks, the new rules will be in effect. We will be getting the resources out to you that you can use for local key surveillance partner contacts and for your own use. New News – We have found out that a new control of communicable disease manual that acts as the core reference is supposed to be out by October of 2013.

Two changes in the new rules revolve around laboratory RSV reporting and Rabies Post Exposure Prophylaxis (rPEP) reporting. Be sure to read our two new Surveillance Snapshots on these issues for background on the importance of these issues. You can link to these articles below.

[Hospitalizations for RSV Infection Among Children Aged <5 Years, Montana, 2000 to 2011](#)

[Human Exposures to Dogs and Cats Tested for Rabies, 2008 to 2011](#)

CDEpi Staff Listing: Attached is the new staff listing by specialty areas for our staff.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, primarily to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

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>