

12/6/2013

MT DPHHS

Updates from the MT
Laboratory Services
Bureau
800-821-7284
www.lab.hhs.mt.gov



Antibiogram 2012

At long last, the 2012 Montana Antibiogram has been completed and is ready for viewing on the DPHHS [website](#). Statewide antibiograms have been provided by DPHHS since 2005. The resulting community level antibiograms are presented to provide Montana clinicians and public health practitioners with data to track antimicrobial susceptibility patterns, to raise awareness of antimicrobial resistance, and to identify opportunities to reduce inappropriate antimicrobial usage and evaluate the success of those efforts. These data are for surveillance purposes and represent the results of individual cultures, not patient infections. Therefore, these data should not be used in making decisions regarding antimicrobial therapy for individual patients.



2012 antimicrobial susceptibility testing (AST) data was submitted from 26 laboratories, and totaled over 40,000 isolates. The 2012 analyses included the reporting of resistant organisms of major public health significance. For example, 183 isolates from the Enterobacteriaceae family were reported as not susceptible to carbapenems. Carbapenem-resistant Enterobacteriaceae (CRE) were categorized as “urgent threats” in a recently published CDC [document](#).

In addition, 110 isolates from the Enterococcus species were reported as not susceptible to vancomycin. The aforementioned CDC report lists these organisms as “serious threats”, with vancomycin-resistant Enterococcus (VRE)-associated illness causing more than 1000 deaths per year in the U.S. Finally, over 2000 isolates were designated as methicillin-resistant *S. aureus* (MRSA) and over 4000 were reported as methicillin-sensitive *S. aureus* (MSSA). Two of the MSSA isolates were reported as not susceptible to vancomycin (i.e. VISA and VRSA). Recall that the updated rules for Laboratory Reporting of Communicable Diseases in Montana require that all suspected or confirmed isolates of CRE and VISA/VRSA be submitted to the state Public Health Laboratory for confirmation and further characterization.

With the close of 2013 quickly approaching, we are hoping to obtain AST data from a significantly greater number of laboratories. The 2013 AST Tool has already been distributed to laboratories throughout the state. We ask that laboratories submit their data in a timely fashion so that the 2013 Montana Antibiogram can be assembled as soon as possible in 2014. As an incentive, the first 19 laboratories that submit their 2013 AST data will receive a one-year subscription to the laboratory version of the electronic M100 website (CLSI M100-S24 “Performance Standards for Antimicrobial Susceptibility Testing”). See information [here](#). If you did not receive the 2013 AST Tool or have any other questions or concerns, please contact Eric Bruder in the MT Public Health Laboratory (Ph: 444-0695; E-mail: ebruder@mt.gov).

Education for Your Patients

The American Society for Clinical Laboratory Science (ASCLS) Patient Safety Committee (PSC) has recognized a need for patients to take a more active role in their healthcare. As such, the PSC has developed numerous products, in two languages, that can be used to help patients understand their laboratory procedures, and to record their routine results. These products include a tri-fold, about the size of a credit card, that can be used to record serial testing results (such as Prothrombin Times or HemoglobinA1c), and bookmark sized products that provide tips on fasting, venipuncture, and glucose tolerance tests, to name a few. These product templates can be personalized with your institution’s name, and are available at the ASCLS website at: <http://www.ascls.org/patient-safety>.

The committee would also be interested in working on quality outcome studies with facilities that implement one or more of these products, to assess their effectiveness. Feel free to contact Cathy Otto, Chair of the ASCLS Patient Safety Committee with questions at CNOTTO@salisbury.edu.



Montana Communicable Disease Weekly Update

Release date: 12/6/2013



DISEASE INFORMATION

Summary – MMWR Week 48 - Ending 11/30/2013 Preliminary disease reports received at DPHHS during the reporting period November 24–30, 2013 included the following:

- **Vaccine Preventable Diseases:** Influenza^{*} (1), Pertussis (11)
- **Invasive Diseases:** *Streptococcus pneumoniae*, invasive (1)
- **Enteric Diseases:** Campylobacteriosis (2), Giardiasis (1), Salmonellosis (1)
- **Hepatitis:** Hepatitis B, acute (1)
- **HIV Disease^{**}:** (1)
- **Vector-borne Diseases:** (0)
- **Animal Rabies:** (1, skunk)
- **Travel Related Conditions:** Dengue Fever (1)

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

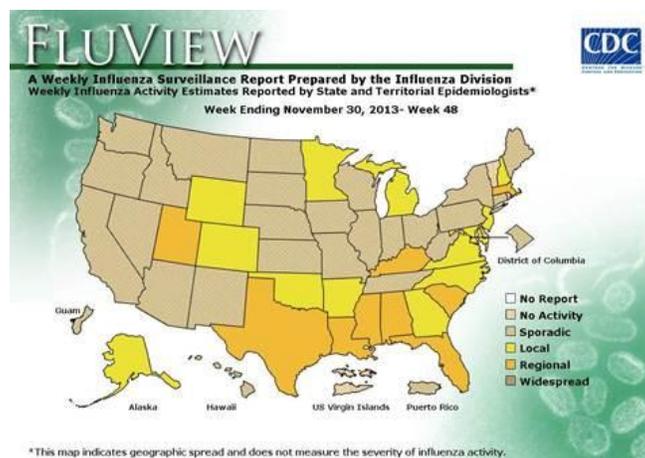
^{**} A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

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

HOT TOPICS

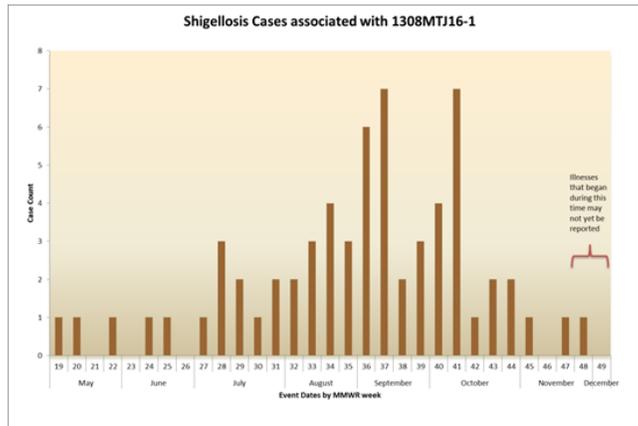
National Influenza Vaccination Next Week (NIVW): NIVW is December 8-14, 2013. This national observance serves as a reminder that a yearly flu vaccination is recommended for everyone age 6 months and older. We hope you received your posters and were able to distribute them. You may want to initiate contact with the media or they may contact you next week. Be ready! CDC has provided a media kit to help you respond. This kit can be found at the [NEW! 2013 NIVW Media Toolkit](#) This media toolkit was designed to provide information, recommended strategies, and resources to help engage media and encourage seasonal flu vaccination.

Influenza: Influenza activity increased slightly in the United States and Montana (Montana Flu Summary attached). Influenza like illness (ILI) visits to healthcare providers are increasing slightly (See Syndromic Surveillance Graph below) and multiple states have moved to a “regional” status in terms of their incidence. It is just the beginning.



The CDC FluView web page can be viewed at <http://www.cdc.gov/flu/weekly/>

Syndromic Surveillance Update and Influenza Like Illness in Montana: Look what we can see? Influenza like illnesses in hospital emergency rooms...on a daily basis.



A total of 65 cases of shigellosis have been reported in Montana this year (annual average = 11). Three fourth of all shigellosis cases are residents of Yellowstone, Big Horn and Rosebud Counties. However, the outbreak extends beyond that region affecting 10 counties in Montana. Sixty-three cases have been associated with the outbreak. Young school-aged children are affected the most during this outbreak, with more than half of all cases being under 10 years old. The majority of cases were reported in September and October. Elementary schools and preschools appear to be the most likely source of infection, probably due to close person to person contact between students and inadequate hand washing techniques.

Respiratory Syncytial Virus (RSV): [New Article Now Available](#)

**Prevention Opportunities Under The Big Sky
 “Improving Respiratory Syncytial Virus Surveillance in Montana”**

<http://www.dphhs.mt.gov/publichealth/preventionopportunities/2013/December.pdf>

This week is the 9th reporting week for laboratories performing in-house RSV testing. Weekly updates and additional RSV and RSV prophylaxis information can be found at:

- www.rsv.mt.gov
- <http://www.dphhs.mt.gov/publichealth/rsv/>

INFORMATION/ANNOUNCEMENTS

MIDIS Quicktip: Nationally Notifiable Diseases and Conditions DEFINITIONS: When entering reportable conditions in MIDIS please make sure that the case meets the current CDC/CSTE case definitions (attached). ***Save this to your desktop so you can get to it quickly when doing MIDIS entry.*** Most conditions have a very specific definition of what is or what isn’t a case based on the individual’s clinical presentation and supporting laboratory testing. If a case meets the criteria assign the MIDIS case status according to the definition for that respective disease (e.g. Confirmed, Suspect, Probable, or Not a Case). If in doubt don’t hesitate to call CDEpi at 406-444-0273.

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>