

Montana Laboratory Sentinel



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

04/20/2012

Wrapping up 2012 CAP LPX-A

Sentinel laboratories around the country are essential to the tracking of potential biothreats, whether they be natural or terrorism-induced. CDC and the American Society for Microbiology work together to ensure these laboratories have up-to-date instructions on the rule-out and potential referral of harmful organisms.

One way to ensure your laboratory is well versed in these procedures is to participate in the CAP LPX survey, offered twice per year. Through this survey, laboratorians are able to gain experience with organisms they may not encounter on a routine basis. "Suspect" organisms are then referred to the MT Public Health Laboratory, giving laboratories the added benefit of practicing notification and proper packaging and shipping. In turn, staff at the Public Health Laboratory is given a chance to evaluate practices and identify training needs. Your enrollment fees will be reimbursed by MT DPHHS, and the benefit is great.

We would like to thank the following laboratories for participating in the 2012 LPX exercise here in Montana: Billings Clinic, St. Vincent's Hospital, Sidney Health Center, Benefis East, St. Peter's Hospital, Bozeman Deaconess Hospital, St. Patrick's Hospital, Community Medical Center, Kalispell Regional Medical Center, and Clark Fork Valley Hospital.

Enjoy the following excerpt of an article you will find in [Advance Magazine](#)

Yersinia Pestis: New trends in the diagnosis of an old pathogen

Y. pestis is a Gram-negative rod and a member of the family *Enterobacteriaceae*. It is mostly a zoonotic microorganism transmitted from rodents to human through flea bites.

The organism can also be transmitted from person to person in the pneumonic form. It has been known to cause bubonic and pneumonic plague and is responsible for as many as 200 million human deaths spanning a total of three pandemic events.

Even in this day and age, it still lingers in almost all the major continents and according to the World Health Organization causes about 2,000 infections annually.

The pneumonic form in humans is easily transmissible to others through respiratory droplets and aerosols causing it to be classified by the CDC as a category A biothreat agent.

Of the 15 species within the genus *Yersinia*, only three are considered human pathogens. The rest reside in soil and water and are regarded as harmless or weakly pathogenic.

Bioterrorism Preparedness for Sentinel Laboratory Personnel

Stay tuned for more information on this informative wet workshop, to be held at Carroll College in Helena, summer 2012. P.A.C.E. credit will be offered!



Please Remember...

- All specimens submitted to the Montana Public Health Laboratory **MUST HAVE** two patient identifiers. Any specimen that does not have two identifiers will be rejected.
- We will no longer accept urine Aptima samples for CT/GC that are not properly filled. Urine volumes must be between the two fill lines. Urine levels above or below these lines will result in a rejection of the sample. In addition, swabs must be present in urethral/cervical/vaginal tubes. A lack of swab makes it impossible to determine if a sample was actually collected.

We appreciate you helping us to ensure the highest quality results for your patients!



Celebrate National Medical Laboratory Professionals Week
April 22-28, 2012

Montana Communicable Disease Weekly Update

Release date: 4/13/12



DISEASE INFORMATION

Summary – MMWR Week 14 - Ending 4/7/2012 – Preliminary disease reports received at DPHHS during the reporting period April 1-7, 2012 included the following:

- Vaccine Preventable Diseases: Pertussis (6), Varicella (3)
- Invasive Diseases: Viral Meningitis (1)
- Enteric Diseases: Campylobacteriosis (3), Cryptosporidiosis (1), Salmonellosis (2)
- HIV Disease*: (0)
- Other Diseases: (0)
- Animal Rabies: (0)
- Travel Related Conditions: (0)

* A preliminary case is included if a new confirmatory test or report was received by DPHHS and it has not been previously identified as a case in Montana or any other state per initial investigation efforts.

NOTE: The attached report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this past reporting week; (4) clusters and outbreaks; and (5) a quarterly HIV/STD summary.

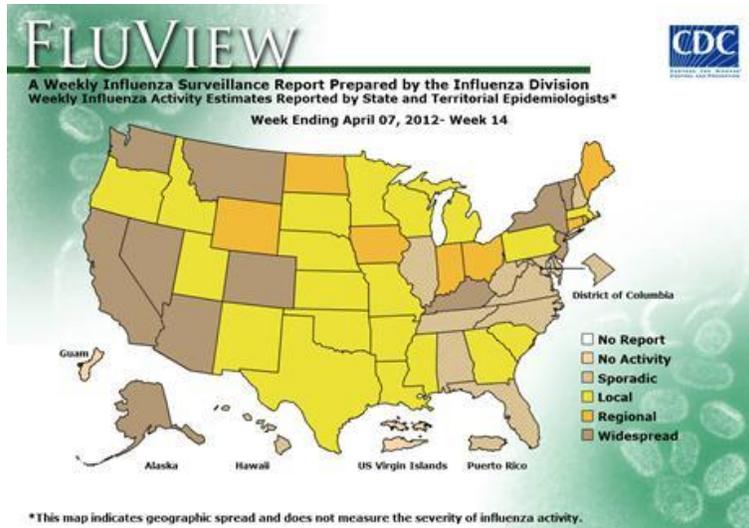
HOT TOPICS

Hantavirus: (2) confirmed cases of Hantavirus Pulmonary Syndrome (HPS) this week. See attached press releases from Cascade and Flathead Counties. In addition, we have put a new Surveillance Snapshot up on Hantavirus over time on the state website at [Hantavirus April 2012 CDEpi Surveillance Snapshot](#)

- Resources:
 - CDC information link: <http://www.cdc.gov/hantavirus/>
 - Direct link on clean up precautions: <http://www.cdc.gov/rodents/cleaning/index.html>

NOTE: This represents three cases this year with two in the last week for a historical total of 35 cases. Cleaning up outdoor unheated structures as the weather gets warm seems to be a common underlying issue. The attached press releases and the DPHHS one from March [DPHHS Mar 2012 Hantavirus Press Release](#) are good resources for your own local version. The snapshot above provides historical background also.

Pertussis Pertussis Pertussis: Since mid-February, several health jurisdictions have been conducting pertussis investigations for both reported sporadic cases and identified clusters. There have been 3 active clusters identified since mid-February, 2012 with other isolated cases also being reported. Washington State is at epidemic proportions with over 700 cases per a discussion with that state. Be thankful, be alert and knock on wood (We do all the time), well except for the Dawson, Lewis and Clark and Ravalli counties below. If there is anything you can offer them feel free. We are all in this together.



Please continue to update and/or fill out your **Weekly County Flu Reports**. This is important throughout the remainder of the influenza season (06/02/2012) even as case numbers decline. This is a requirement mandated by the Administrative Rules of Montana Chapter 114, 37.114.204(3). Even more counties have updated their information and we want to ***thank you to those jurisdictions that have continued to report and those newly reporting the last few weeks.***

INFORMATION / ANNOUNCEMENTS

Pertussis Powerpoint from iLinc (attached): We have attached the Pertussis IInc from the recent Gallatin County presentation and the actual webinar will be available next week on the TCC. In particular, note the slides that address the core disease intervention strategy as it relates to close contacts. Understanding this aspect of an outbreak is critical for success. In addition, do not forget the resources that are available in the event that your jurisdiction needs to respond to this problem.

Next Week: Tickborne Disease

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>