

Montana Laboratory Sentinel



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

07/13/2012

MTPHL Introduces New HIV Antigen/Antibody Combo Test

The Montana Public Health laboratory is pleased to announce the introduction of a new HIV screening assay. All HIV serology samples will now be screened using the 4th generation Combo HIV Antibody/Antigen test. The cost of this new and improved method (HIV Ab/Ag Combo) is \$27.50 and the CPT code is 87389.

This new test will screen for the presence of HIV p24 antigen as well as antibodies to HIV -1 and HIV-2. The ability to detect HIV antigen decreases the time from infection to detection by 6 to 7 days compared with the previous 3rd generation HIV antibody assay, effectively reducing the window period to just over 2 weeks. Because the test includes the detection of HIV antigen, acute infections, when antigen is present but antibody has not yet been produced at detectable levels, can be identified. During the acute infection phase, patients have high viral loads and are most infectious, so early detection is a good tool in decreasing the spread of HIV.

With the introduction of this new HIV assay, changes must be made in the way serum samples for HIV testing are submitted. Serum samples need to be sent **refrigerated** in order to preserve the integrity of the HIV p24 antigen. The samples are stable for 7 days when refrigerated; this includes transit and testing times. Please ensure all specimens reach the MTPHL within this time period, and in a cold condition. All specimens that are not received in a cold state, or are received greater than 7 days after collection, will have a disclaimer attached, stating that the integrity of the HIV p24 antigen may be questionable. Please make this correction in your procedures. An updated on-line edition of the MTPHL Laboratory Services Manual will be released in the near future, and will have this change.

The MTPHL is also changing the HIV testing algorithm with the introduction on this 4th generation Combo assay. All repeat reactive HIV serums will be confirmed with supplemental testing using the Multispot HIV 1 /2 differentiation assay. HIV-1 Western Blots will no longer be routinely used. If a Combo screen is Repeat Reactive, but Negative with the Multispot test, HIV RNA NAAT will be performed to determine if an acute infection is present. The new algorithm can be found [here](#).

Please feel free to contact Vicky Tiberi, Newborn Screening and Serology Laboratory Manager, at 800-821-7284 if you have any questions.

Changes in Courier Service

Due to significant budget cuts, the Montana Public Health Laboratory has had to reduce courier costs for transporting routine specimens for testing. In an effort to minimize the impact of these cuts as much as possible, only one city has been eliminated. However, we have reduced the number of stops in Great Falls and Missoula.

The following changes took place effective **July 1, 2012**. Routine courier service will not be provided to:

- Great Falls Clinic in Great Falls
- Barrett Healthcare in Dillon
- Planned Parenthood in Missoula

The courier map and schedule for pick-ups can be viewed [here](#).

As always, when samples must be transported on an emergent basis to assess possible threats to public health, courier service will still be available even if the stop is not on the routine schedule.

We realize the value of the courier service to you and your patients, and hope that these changes will have minimal impact. Please feel free to contact us with your questions at 800-821-7284.

MTPHL Laboratory Services Manual 2012

The newest edition of the [Laboratory Services Manual \(version 2.0\)](#) can be found on our [website](#). At this time, fees have not been increased. Pricing for the TB NAAT has been reduced to \$95.00. A summary of changes to the manual can be found on page nine (9).

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Montana Communicable Disease Weekly Update

Release date: 7/13/12

DISEASE INFORMATION

Summary – MMWR Week 27 - Ending 7/7/2012 – Preliminary disease reports received at DPHHS during the reporting period July 1-7, 2012 included the following:

- **Vaccine Preventable Diseases:** Hepatitis B, Chronic (1), Pertussis (7), Varicella (3)
- **Invasive Diseases:** (0)
- **Enteric Diseases:** Campylobacteriosis (6), Giardiasis (1), Salmonellosis (1)
- **HIV Disease*:** (0)
- **Other Diseases:** (0)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** Dengue Fever (1)

* 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 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

PERTUSSIS (Update attached):

DON'T LET YOUR GUARD DOWN!!! 7 POSITIVE TESTS TODAY!!! HAN'S ON THE WAY!

- Since January 1, 2012, **343** cases of pertussis have been reported statewide, compared to 66 cases for the same period last year.
- 23 jurisdictions in Montana have reported pertussis activity to date in 2012. Among these jurisdictions, the number of pertussis cases reported ranges from 1 to 70.
- To date, 21 cases of pertussis are in infants <1 year of age. Of these, two have been hospitalized.
- The overall incidence rate year to date is 34.7 pertussis cases per 100,000 Montana residents.

Updated Pertussis Activity in Montana for 7/13/12 is attached and is available on the DPHHS website at [DPHHS Pertussis Resources](#).

Please submit your completed case reports by the fourth week after the initial report.

Colorado Oral Surgeon May Have Exposed Patients to HIV, hepatitis B and/or hepatitis C between 1999 through mid-June 2011. Montana Contacts.

We were contacted today by the Colorado Department of Public Health and Environment with fewer than five contacts with locating information in Montana. This is just a heads up in case you were to receive any inquiries. They wanted us to know that their information only goes back to 2005 and that there could be people calling who read or hear the press on this. They expect it to go national due to inquiries they are receiving. So, this is a heads up. They are NOT asking other state public health to do anything in particular at this point unless we can support testing for indigents. All information needed to respond to inquiries is in their press release including a 1-800 number that has national coverage. <http://www.cdphe.state.co.us/release/2012/071212.pdf>

There is also an FAQ on the situation you can refer people to IF you received calls. <http://www.cdphe.state.co.us/dc/Epidemiology/dentistFAQs.pdf>

WEST NILE VIRUS (WNV):

Attached is the most recent Arbonet map for West Nile Virus in the United States as of June 19th. The USGS has very up to date maps of provisional data of human, mosquito, bird Sentinel surveillance and Vet based surveillance down to county level for some data at [USGS West Nile Virus Maps](#) As of July 10th, six counties in the U.S. have reported human cases. There have been 1,494 counties reporting positive mosquito surveillance results.

INFORMATION / ANNOUNCEMENTS

TRANSPORTATION OF BODIES OUTSIDE OF THE STATE/COUNTRY:

Frequently we get asked about the requirements to transport a body outside of the state/country. There is a form used by our Vital Statistics Bureau that is available at the funeral home where the remains are located or at the County's Clerk and Recorder or your Registrar's Office. Public health has no direct involvement with this function. The form is called Authorization for Removal, Transportation and Final Disposition of a Dead Body Form (ART Form) and you should refer inquiries to your local agencies above.

RECONCILIATION REMINDER: The 2nd quarter of MMWR Year 2012 has drawn to a close. This means that your next CDEpi Reconciliation Report will be arriving within a month. The 2nd quarter includes any cases from April 1 – June 30, 2012. If you have any outstanding case reports for this time period, this is a good time to complete and fax them to DPHHS (1-800-616-7460). You will receive an email when your Reconciliation Report is ready for download in late July. Please check your ePass account to be sure that you are still able to log in. If you need help with ePass, contact Stacey Anderson at 444-3012 or sanderson2@mt.gov. Thank you for your continued assistance with keeping our state numbers accurate!

NEW REPORTING FORM: As promised after the first six months of piloting, we are providing a draft of the final reporting form. This is essentially the same form we have been using since January, but we had feedback and noted ourselves that it wasn't intuitive and needed restructuring so one thing flowed to another better. We want to thank you for how well the new approach has been received and used by

you at the local levels. It has been an important part of the sharp improvements in our completeness measures for demographics in particular. This should be the final improvement for awhile. The NEW DPHHS LOGO should help you identify the new from the OLD.

NCIRD Course: Surveillance of Vaccine Preventable-Diseases

Use the link below to access a VPD surveillance course presented by NCIRD in December 2011. <http://www.cdc.gov/vaccines/ed/surv/>

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>