

## Celebrating 50 Years of Newborn Screening



Robert Sampsel, Clinical Laboratory Scientist at MT PHL, prepares a newborn screening card for testing.

Since the 1960's, newborn screening has proven to be an inexpensive process in which laboratorians can detect rare and life-threatening disorders in otherwise healthy-looking newborns. These disorders can cost millions of dollars if not caught early in an infant's life. Even worse, they can result in the death if the condition is not properly treated in a timely manner, often with measures as simple as a change in a newborn's diet. Every day laboratories play a vital role in affording families the priceless opportunity of a happy, normal life together.

Montana started its own newborn screening program in 1985, screening for only three disorders—phenylketonuria (PKU), congenital hypothyroidism, and galactosemia (galt). Today the screen has expanded to include almost 30 disorders, including acylcarnitine disorders, amino acid disorders, cystic fibrosis, and hemoglobinopathies. Read more about our newborn screening program [here](#), or contact Linda Beischel, Newborn Screening Coordinator, 406-444-0984 or [lbeischel@mt.gov](mailto:lbeischel@mt.gov).

See APHL's recently published [Newborn Screening: Four Facts Policymakers Need to Know](#) to read more stories of the impact of this important program.

## Call for Antibiograms

As we move into a new year, the Public Health Laboratory (PHL) is once again beginning the rather lengthy process of compiling antimicrobial susceptibility data from across Montana into a state-wide antibiogram. In order for the antibiogram to be representative of patterns of resistance in Montana, it is essential that data from all facilities be included. The PHL is requesting the submission of data from your facility. Susceptibility data is acceptable and appreciated in any format chosen by you laboratory.

Data from individual antibiograms are aggregated and used to monitor antimicrobial resistance and to identify emerging resistance trends throughout Montana. Antibiograms provide Montana clinicians and public health practitioners with data that can be used to identify opportunities to maximize appropriate antimicrobial usage and to safeguard the efficacy of antimicrobial agents.

Previous years' antibiograms may be accessed on the [Laboratory Services website](#). You may also access Data Collection Guidelines and Collection Tools on this site.

For more information or assistance in submitting data from your facility, contact [Jan Stetzer](#), 444-0695.

Thanks to all who participate in the development of the Montana State Antibiogram!

## Upcoming APHL Webinars

[February 12, 2013: Guidelines for Work-up of Wound Specimen](#)

[February 14, 2013: VD\(Valentine's Day\) and Syphilis: An Old Disease Still With Us](#)  
(presented by our own Susie Zanto)

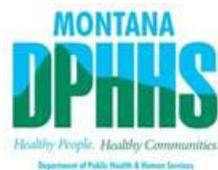
[February 19, 2013: Molecular Technology Made Smaller and Simpler for All to Use](#) (MTPHL will air in the Cogswell Building, Conference Room C205, 1400 East Broadway in Helena.)

[February 21, 2013: The Microbiome in Health and Disease](#)

[February 26, 2013: What Every Parasitology Lab Should Be Doing](#) (MTPHL will air in the Cogswell Building, Conference Room C205, 1400 East Broadway in Helena.)

[February 27, 2013: A Quality Management Toolkit for Molecular Genetic Testing](#)

Access the entire 2013 directory of webinars, along with their descriptions [here](#).



## Montana Communicable Disease Weekly Update

Release date: 2/8/2013

### DISEASE INFORMATION

**Summary – MMWR Week 5 - Ending 2/2/2013** Preliminary disease reports received at DPHHS during the reporting period January 31–February 2, 2013 included the following:

- **Vaccine Preventable Diseases:** Influenza\* (21) Pertussis (29), Varicella (2)
- **Invasive Diseases:** Viral meningitis (1)
- **Enteric Diseases:** Campylobacteriosis (2), Cryptosporidiosis (2), Salmonellosis (2)
- **HIV Disease\*\*:** (2)
- **Other Diseases:** (0)
- **Animal Rabies:** (1, skunk )
- **Travel Related Conditions:** Lyme Disease (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) communicable diseases YTD; (2) cases just this past reporting week; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

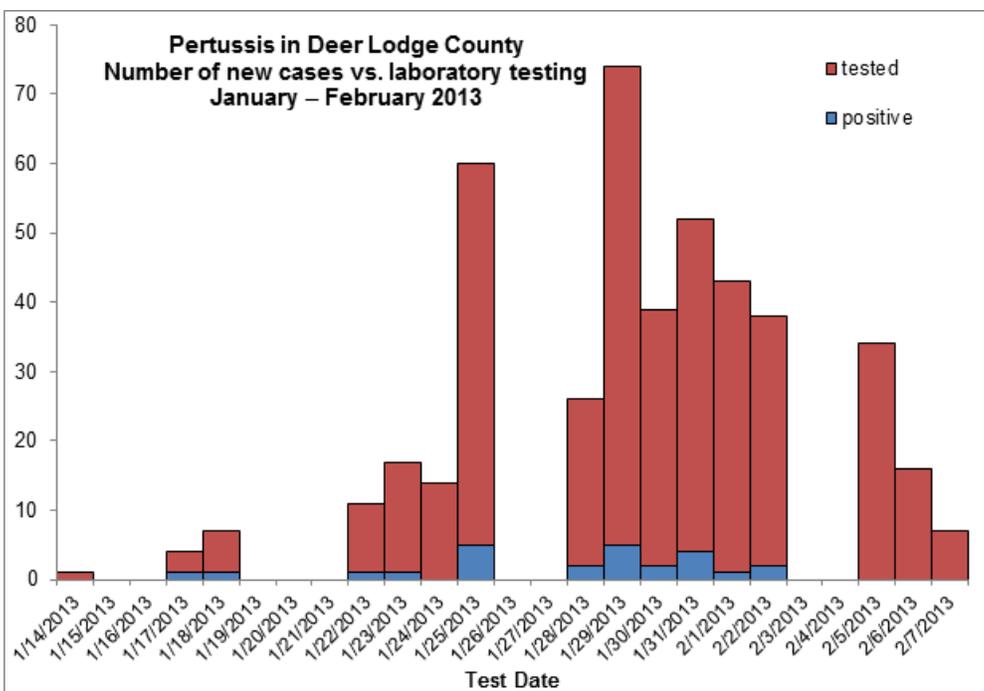
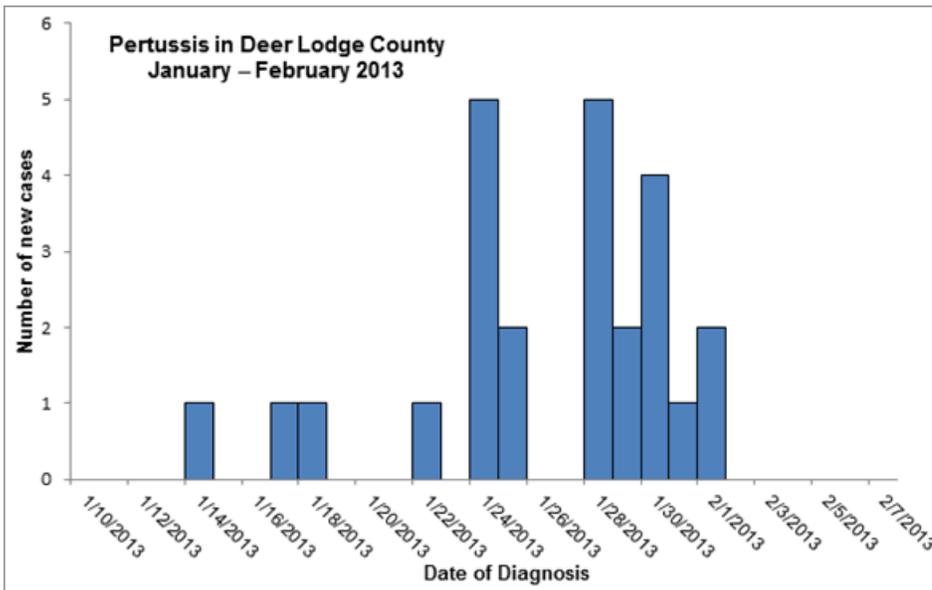
### HOT TOPICS

**TB Drug Shortage CONTINUES:** In response to a national shortage of INH, a first-line drug for the treatment of tuberculosis disease and latent tuberculosis infection (LTBI), CDC issued general guidance to public health officials and clinicians. DPHHS also instituted policy to ensure the supply of INH currently available at the state contract pharmacy is used for the highest priority patients. The HAN issued previously can be accessed at the following link: [www.han.mt.gov](http://www.han.mt.gov). While INH is in shortage, clinicians should coordinate TB and LTBI treatment plans with their local health departments. To obtain INH from the DPHHS contract pharmacy, all local health departments must obtain pre-approval from the Montana TB Program. Current supplies are being carefully distributed on the basis of risk as outlined below. For additional information contact Denise Ingman at [dingman@mt.gov](mailto:dingman@mt.gov) or 406-444-0273.

- Most of the current supply of INH at the DPHHS contract pharmacy will be reserved for existing or new active cases of tuberculosis
- All INH orders normally supplied through DPHHS for either active cases or patients with latent TB infection (LTBI) must be pre-approved by the Montana TB Program
- No new INH orders will be filled for patients with LTBI unless the patient is high-risk of developing disease, i.e. patients diagnosed with LTBI during a contact investigation, children <5 years old with LTBI, and HIV-infected patients with LTBI. Requests for other at-risk patients will be determined on a case-by-case basis. For new patients being considered for treatment of LTBI, rifampin administered for 4 months or rifapentine/isoniazid for 3 months (must be given using directly observed therapy) can be considered for most patients. More information on these CDC-approved LTBI regimens is attached.
- For LTBI patients already being treated with INH, please contact the Montana TB Program for assistance in securing a supply of INH to complete the prescribed course of therapy

**Pertussis Outbreak News:** Deer Lodge County has worked through a very instructive pertussis outbreak consisting of 25 cases over a two week period with 420 individuals tested (see below). It is interesting how public health and in fact all health and public education infrastructures in the county responded. Upon the initial case being discovered, all parties began galvanizing for a community response including bringing staff out of retirement. This effort involved a local meeting of health care professionals private and public, close interaction with the school nurse, the hospital, public health and their citizens and support from the state public health laboratory.

The Anaconda healthcare and public health infrastructures moved with clear intent, coordinated communications and an assertive close contact investigation process with an organized source spread analysis resulting in almost NO surprises to local staff after the initial cases. Below is an epi curve of the outbreak as well as a view of the cases alongside the number of pertussis tests performed during the same period.



Public Health across the country awaits new recommendations from the Centers for Disease Control and Prevention regarding how to handle pertussis including possibly new vaccination recommendations. Within the context of waning immunity and prophylaxis efficacy concerns, questions have arisen regarding just how to respond from a public health standpoint to a pertussis outbreak.

There are many factors and variables associated with pertussis outbreaks but a couple of things we have seen that appear to be common denominators in shutting down an outbreak are early detection and aggressive disease intervention on the first tests.

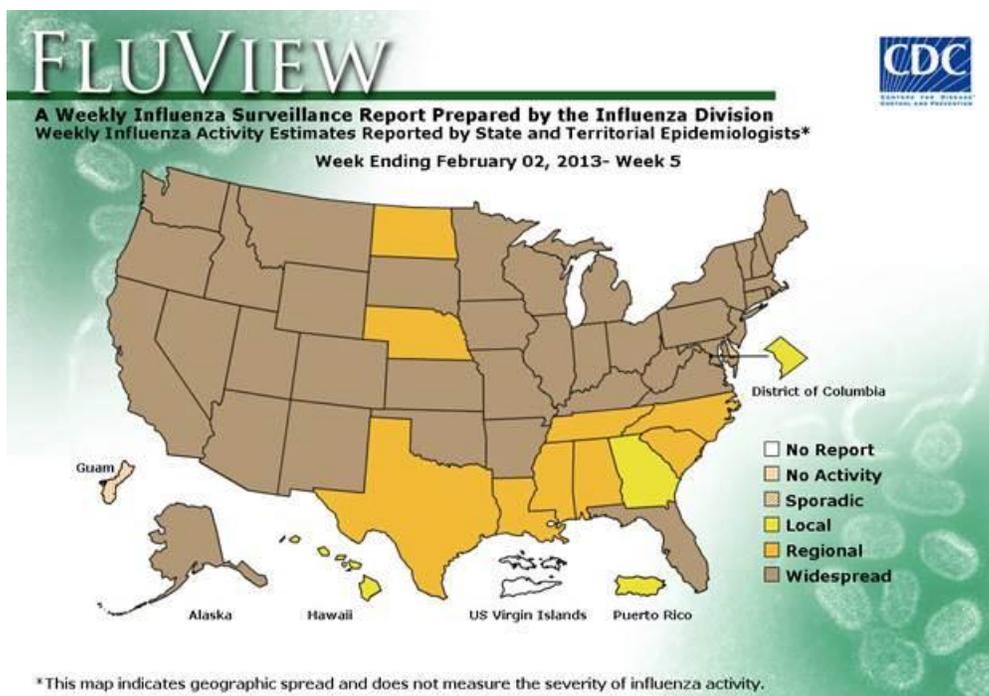
If a community is able to identify the initial cases of pertussis quickly (a function of cases seeking care and providers reporting), use prophylaxis and exclusion judiciously, have experienced staff and healthcare infrastructures that are able

to work closely together ranging from hospitals, pharmacies, emergency care and public health and schools, they can have a positive impact on the health of their community...in an outbreak perhaps and very likely in other ways also.

We will need two full incubation periods to tell if they are out of the woods, but after 8 days as of 3:30 pm today with no new cases...good job Deer Lodge healthcare and public health professionals of all stripes.

**Pertussis NEW Vaccine Recommendations:** For tetanus, diphtheria, and acellular pertussis (Tdap) vaccine, recommendations have been expanded to include routine vaccination of adults aged 65 years and older and **for pregnant women to receive Tdap vaccine with each pregnancy**. The ideal timing of Tdap vaccination during pregnancy is during 27–36 weeks' gestation. This recommendation was made to increase the likelihood of optimal protection for the pregnant woman and her infant during the first few months of the infant's life, when the child is too young for vaccination but at highest risk for severe illness and death from pertussis. Complete recommendations in context can be found at <http://www.cdc.gov/mmwr/pdf/wk/mm62e0128.pdf>

**Seasonal Influenza:** CDC notes that influenza activity remains elevated, but is decreasing in most areas. This appears to be the case also in Montana. The Montana Weekly Influenza Summary is attached or can be viewed at [DPHHS Influenza](#). To see the full view of national activity, visit [CDC FluView](#).



## INFORMATION/ANNOUNCEMENTS

**Montana Public Health Newsletter:** The January edition of the Montana Public Health Newsletter is posted and available for your viewing pleasure at: [Prevention Opportunities under the Big Sky](#).

## 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>*