

# MONTANA LABORATORY SENTINEL

Updates from the MT Laboratory Services Bureau, 800-821-7284, [www.lab.hhs.mt.gov](http://www.lab.hhs.mt.gov)

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## MT PHL Implementing New System for Report Viewing

The Montana Public Health Laboratory is transitioning to a system called Copia for delivering patient results. Copia is a robust system with increased functionality that allows for more features, customization, integration, and enhanced security over Harvest Webstation.

While the look and feel of Copia is different than our current application (Harvest Webstation), the process of printing and acknowledging reports is similar. During the first phase of this transition, you will be able to view, download, and print your result reports in Copia. This includes preliminary

and final reports. You will also be able to see pending orders and run selected reports. Eventually, you will not only be able to view your results, but also place orders in Copia (early 2019).

Copia will be rolled out throughout the summer. Two of our lab partners have been using Copia successfully for several months, and several more have volunteered to be among the first adopters scheduled for early July. Remaining sites will be transitioned over the rest of the summer.

You will be notified when your lab is coming up for the transition, and you will receive detailed training materials and log in information before your lab is scheduled to begin using Copia.

Harvest Webstation will still be available while we transition to Copia, so users will be able to log in to both systems to compare and validate reports. We plan to discontinue Harvest Webstation at the end of the year.

Unfortunately you will not have access to historical results in Copia; you will only be able to see results posted from March 2018 forward. As always, if you need historical reports you can call us and we can either send them over to Copia or fax them to you.

We will strive to make this transition as easy as possible. We have staff available to help and will be following up afterwards to ensure that you are getting what you need from Copia.

*Have a safe and happy  
Summer!*



## Required Submission of Specimens and Isolates

*Just a reminder*, the Department of Public Health & Human Services (DPHHS) requires select specimens and/or isolates to be submitted to the Montana Public Health Laboratory (MTPHL) per Administrative Rule. These specimens/isolates are needed for confirmation and/or further surveillance testing on conditions of public health significance. These requirements include **positive HIV** and **positive syphilis** samples. A link to the list of reportable conditions, as well as the Administrative Rule, can be found on the MT Communicable Disease website, <https://dphhs.mt.gov/publichealth/cdepi/reporting>.

If you refer these types of samples to a reference laboratory and receive a positive result, please ensure the specimen is submitted to the MTPHL. Feel free to call with any questions or concerns at 800-821-7284.

### Update – CDC Recommendations for Managing and Reporting *Shigella* Infections with Possible Reduced Susceptibility to Ciprofloxacin

The Centers for Disease Control and Prevention (CDC) continues to identify an increasing number of *Shigella* isolates that test within the susceptible range for the fluoroquinolone antibiotic ciprofloxacin (minimum inhibitory concentration [MIC] values of 0.12-1 µg/mL), but harbor one or more resistance mechanisms. CDC remains concerned about potential clinical failures with fluoroquinolone treatment.

If a clinician suspects treatment with fluoroquinolone has failed, he or she should submit a stool specimen for antimicrobial susceptibility testing and consider consulting an infectious disease specialist to identify best treatment options. Laboratories should follow the following recommendations:

- Know that a *Shigella* isolate with a ciprofloxacin MIC of 0.12–1 µg/mL may be associated with the presence of a quinolone resistance gene.
- Test *Shigella* isolates using susceptibility panels that include 0.12, 0.25, and 0.5 µg/mL dilutions for ciprofloxacin, when using a commercially available automated system (such as BD Phoenix, MicroScan, Vitek 2, or similar system) for susceptibility testing.
- Include MIC values for fluoroquinolone agents in the susceptibility testing report for *Shigella* isolates.
- Report all findings of strains of *Shigella* with a ciprofloxacin MIC of 0.12–1 µg/mL to the state public health laboratory, and submit isolates to it to facilitate further phenotypic and genetic testing.

CDC has also identified an increasing number of *Shigella* isolates with azithromycin MICs that exceed the epidemiological cutoff value (ECV), and is requesting reports of any possible treatment failures occurring among patients with *Shigella* infections treated with azithromycin (see below).

Shigellosis is a nationally notifiable condition; all cases should be reported to local health departments.

For general information about *Shigella* or shigellosis, visit <https://www.cdc.gov/shigella/index.html>