

Wisconsin State Laboratory of Hygiene  
Board of Directors Meeting  
November 17, 2009  
1:00 p.m. – 4:00 p.m.  
2601 Agriculture Drive, Madison, Wisconsin

**APPROVED MINUTES**  
**August 18, 2009**

**MEMBERS PRESENT:** Darrell Bazzell (Chair), Dr. Bernard Poeschel (Vice-Chair), Dr. Charles Brokopp, Susan Buroker, Darryll Farmer, Jeffery Kindrai, Michael Ricker, Michael Russell, John Stanley, and Jack Sullivan

**MEMBERS ABSENT:** Dr. Seth Foldy and David Taylor

**WSLH STAFF PRESENT:** John Chapin, Sherry Gehl, Patrick Harding, David Hassemer, Toby Kaufmann-Buhler, Jan Klawitter, Sharon Kluender, Kathy Kuno, Laura Liddicoat, Steven Marshall, Dr. Peter Shult, Dr. Bill Sonzogni, and James Sterk

**DNR STAFF PRESENT:** David Webb and Ronald Arneson

**GUESTS PRESENT:** Thomas Sieger, Scott Hildebrand, Jenifer Keach and R.T. Krueger

**The meeting was called to order at 1:00 p.m. by Chair Darrell Bazzell.**

Chair Bazzell asked everyone around the table to introduce themselves.

**Item 1. APPROVAL OF MINUTES**

**Motion:** Approve the minutes of the June 16, 2009 board meeting as submitted.

**Motion by Mr. Michael Russell Seconded by Mr. John Stanley**

Mr. Jack Sullivan stated that he did not think the motions to approve were recorded correctly. In Item 10 and Item 12, both Chair Bazzell and Mr. Sullivan are noted as making a motion to approve. During the Item 10 discussion, Mr. Sullivan made the motion to approve seconded by Dr. Bernard Poeschel. Regarding Item 12, Mr. Sullivan said he made a motion to table the presentation but could not recall who seconded. Chair Bazzell asked that the minutes reflect that the motion for Item 12 was seconded. **Motion passed on a voice vote.**

**Item 2. REORGANIZATION OF THE AGENDA**

None.

**Item 3. PUBLIC APPEARANCES**

Chair Bazzell stated there would be a public appearance regarding agenda Item 9.

**Item 4. SCIENTIFIC PRESENTATION**

**A) Overview of the Dane County Coroner's Office**

Mr. John Stanley, Dane County Coroner, presented an overview of the Dane County Coroner's Office. He introduced Jenifer Keach, the current president of the Wisconsin Coroners and Medical Examiners Association. Nationwide there is a variety of coroner/medical examiners organizations. In Wisconsin there are both. By Wisconsin statute the difference between coroners and medical examiners is how the job is obtained; coroners are elected and medical examiners are appointed by county authority for an unlimited term. Mr. Stanley said there are really no qualifications for either position, but realistically, someone is not going to be elected or appointed to the position without being qualified.

Mr. Stanley said that a coroner's investigation is a team effort which includes law enforcement, fire service, emergency medical services, the district attorney's office, specialty labs, insurance investigators, media and the community. The Dane County Coroner's Office takes a team approach and includes forensic pathologists from the University of Wisconsin, a forensic anthropologist, a forensic odontologist, digital medical imaging, toxicology labs (including Wisconsin State Laboratory of Hygiene), and psychological autopsies. In the past the coroner's office performed all pathology, but now is primarily involved in the investigative aspects. Mr. Stanley said his deputies average 500 death investigations and 30-40 autopsies per year. Staff specialties

include arson investigations, child homicides, anthropology, and odontology. Death investigation components include response, overview, pronouncement, identification, notification of next-of-kin, and removal of the body. The pronouncement of death has significant legal implications and is listed on the death certificate. Tentative methods of identification can include photo ID, visual ID by family, and personal property. Positive identification includes fingerprints, dental, DNA, medical imaging and surgical implants. The most difficult part of the job is notification of the next-of-kin. Autopsy reports and pictures are public record because of Wisconsin opens records law. The only protected items are social security numbers and medical records.

Mr. Stanley stated that in August 2008 WSLH's turnaround time for toxicology results was eight months. Presently, the turnaround is three months. Turnaround time for specimens sent to out-of-state private labs is approximately one-two months, but most counties cannot afford to use private labs. A fast turnaround time is important because until a final ruling is made, insurance companies will not accept the death certificate. Slow turnaround time can also affect trials. The District Attorney's Office asked Mr. Stanley to convey that WSLH blood alcohol results are received on a timely basis (about a week) but a faster turnaround time for drug tests, especially in the case of homicides, would be appreciated.

### **B) WSLH Support of the Dane County Coroner's Office**

Mr. Patrick Harding, Management Supervisor, Toxicology Science, made a presentation about postmortem toxicology testing and the role WSLH plays in supporting Wisconsin coroners and medical examiners during death investigations. He described the types of testing performed, the volume of testing, turnaround times, and trends occurring in lab support for coroners and medical examiners. He reviewed prior requests for funding and outstanding issues that needed to be addressed.

WSLH provides state coroners and medical examiners with specimen collection kits to collect samples for alcohol and drug analysis. WSLH toxicologists consult with coroners and medical examiners to interpret toxicology results, helping them with the determination or manner of death. Diane Kalscheur, Environmental Health Division, provides education to new coroners through presentations and articles published in the coroners newsletter.

It is a statutory requirement for coroners to submit samples for alcohol testing. Funding resources for Operating While Intoxicated (OWI) testing include the OWI surcharge. WSLH does drug testing on drivers if requested, but not on passengers. For routine death investigations WSLH will perform alcohol and drug testing on all specimens. In 2008 WSLH performed testing on 211 MVD-related specimens and 1,017 death investigation specimens. The turnaround time for negative drug screens is two months for coroner samples and three months for OWI samples. For positive drug screens it takes three-six months for coroner samples and four-seven months for OWI samples.

Mr. John Stanley thanked WSLH staff for their support of the Dane County Coroner's Office.

### **Item 5. CONTRACT REPORTS**

- A) Government Agencies – For Information and Discussion (24)
- B) Private Contracts (0)

Dr. Charles Brokopp, Director, WSLH stated that there were no contracts that needed board approval.

### **Item 6. FISCAL YEAR 2009 YEAR-END CLOSEOUT REPORT**

Ms. Sherry Gehl, Deputy Director, presented a FY09 year-end closeout report. WSLH finished FY09 with a net operating loss of only \$522K instead of the budgeted loss of \$600K. Total revenues were \$40.5M. Agency revenues exceeded the budget by 24% mainly due to a \$700K contract with DHS that was not originally part of the budget. Nonagency revenues totaled \$18M. The final GPR allocation of \$10M was \$1.1M more than originally approved in the budget. Overall revenues exceeded the budget by \$1.1M (2.8%). Fee-for-service revenues totaled \$18.3M, 50% of WSLH's revenues. Grant revenue climbed to \$6M (15% of the budget). Revenue from agency partners totaled \$4.5M (11% of the budget).

Total expenses totaled \$14M. Salaries were \$307K below budget due to holding vacancies and eliminating positions. Supplies and services expenses were \$10.9M, 8% over budget. The majority of WSLH expenses were salaries and fringe benefits, 60% of the total budget.

Ms. Gehl compared FY08 actuals to FY09 actuals. Total revenues increased 3.7% in 2009 compared to 2008. Even though 2009 ended positively, revenues were actually declining every quarter due to the decrease in fee-for-service revenue. Total expenses increased 1.3% in FY09. In 2009 assets decreased by \$250K. Fixed assets increased by same amount so there was no change in total assets. Current liabilities declined by \$390K. Long-term debt increased by \$260K due to a capital lease purchase. Total liabilities decreased by \$127K at the end of FY09. Current restricted operating contingency funding increased to \$2.8M. The available working capital balance is \$650K, an increase of \$119K compared to the end of FY08.

In summary, FY09 finished better than budgeted. Revenues increased 3.7% due to grant revenues not originally budgeted. Expenditures were held to a 1.3% increase, \$247K in net fixed assets was added, and unrestricted working capital increased to \$654K.

#### **Item 7. FINAL APPROVAL OF FISCAL YEAR 2010 BUDGET**

At the June 16, 2009 meeting, board approval of the FY10 budget was made contingent on final approval of the state budget. The target for FY10 is a balanced budget, a \$1M increase in revenues and a \$450K decrease in expenses. Since the June 16 meeting, the total budget amount changed to \$44M, decreasing by \$65K. Program revenue appropriation for the OWI fund was reduced by \$81K. Grant allocation funds were revised, adding approximately \$36K. Salaries and fringes were decreased \$41K.

Ms. Gehl said fee-for-service decreases projected in FY09 have been budgeted for FY10. Chair Bazzell asked if fee-for-service revenues have bottomed out. Ms. Gehl replied that the decrease in occupational health laboratory revenues were tracked and used as the leading indicator. WSLH will continue to seek grant funding opportunities and additional contract work. Revenue trends will be watched closely.

FY10 expenses include \$31M for the laboratories and administrative costs totaling \$9M. Managers will continue to track spending, especially supply costs. H1N1 and flu surveillance expenses will be watched carefully. Will continue to manage vacancies and only fill crucial positions. Mr. Jeffery Kindrai asked if grant revenues in the budget included PHER grant funds — federal funds allocated for public health emergency response. Ms. Gehl replied the funds were not included in budget, pending final approval. She expects WSLH will receive approximately \$600K to help offset expenditures.

Ms. Gehl ended her presentation stating that the FY10 budget is realistic and achievable if managed carefully.

Mr. Jack Sullivan made a motion to accept the FY10 budget as presented. Dr. Bernard Poeschel seconded. The motion passed on a voice vote.

Mr. Sullivan added if revenue continues to decrease in the first quarter, it might be necessary to supplement it with the contingency reserves and unrestricted capital.

#### **Item 8. NOVEL INFLUENZA A H1N1 UPDATE**

Dr. Peter Shult provided an update on WSLH's response to the 2009 influenza A H1N1 outbreak. In the northern hemisphere, H1N1 did not disappear during the summer. As a whole, the levels of influenza in the country have decreased although there are some states that still have a high level of activity. The southern hemisphere has already hit the peak of the flu season. Throughout the world, H1N1 has been predominant but in a number of countries it has co-circulated with seasonal viruses. As autumn approaches the question is whether or not H1N1 is going to be the predominant virus or in co-circulation with seasonal viruses. Indications are that there will be some co-circulation. The presence of both viruses will complicate WSLH surveillance and laboratory detection. In addition, there is a host of other respiratory viruses presenting influenza-like illness that have been closely monitored over the last four-five months.

The epidemiology of H1N1 is made up of children and young adults. In general, those over 65 years of age have been spared. How the immune system responds to the virus has not changed. It is expected that the H1N1 vaccine will be available around mid-October and will be separate from the seasonal vaccine. It will be given in a two-dose regimen. Groups at risk will be given priority.

It remains to be seen what will happen during the routine influenza season. Resistance to antivirals has been monitored and so far there has been sporadic resistance. The seasonal vaccine will soon be available and the population will be encouraged to get it.

WSLH has been undergoing an internal debriefing on the spring and summer responses to H1N1. A number of strengths were recognized; internal and external communications with labs and other clinical partners, particularly the Department of Public Health (DPH), and local health departments through teleconferences, Webinars, etc. During the outbreak, WSLH diagnostic capacity was excellent. At its peak the lab tested 400-500 specimens per day. In the future a number of labs will be bringing state-of-the-art testing (private labs and fee-for-service labs) that will add more testing capacity, allowing WSLH to focus more on surveillance-based testing. WSLH will help other labs to validate new tests and ensure other public health partners' testing data get into the testing stream so the true impact of the flu can be monitored by epidemiologists throughout the state.

WSLH network coordinators surveyed 300 public health and lab partners to assess WSLH's performance in the areas of communication, customer service responsiveness, specimen collection and transport; testing procedures, including guidance, turnaround time; overall actions, and bridging activities with DPH. The response was very positive. It was discovered courier service transport was not sufficient enough so other alternatives are being investigated.

WSLH will be facilitating a number of testing sites and will include them in response activities. WSLH and the Milwaukee Health Department will be the two primary response agencies. There will be hundreds of rapid test sites.

WSLH has also been engaged in a CDC-sponsored project studying pooling specimens to increase capacity and obtain more effective surveillance without testing every specimen. The protocol will be rolled out to all states and other countries. In the future WSLH will also be participating in more CDC-sponsored studies.

Dr. Bernard Poeschel asked Dr. Shult to comment on WSLH specimen acceptability. Dr. Shult replied it had been communicated to labs on how to package and properly label specimens. Mr. John Stanley asked if seasonal flu vaccines have already been determined. Dr. Shult replied that the makeup of the vaccine had been determined and the CDC 2009-2010 guidance for seasonal vaccines is posted on their Web site. CDC is recommending that anyone over the age of six months get vaccinated. Dr. Shult said he did not know when the seasonal flu vaccine would be released. Mr. Farmer asked if those that have already been infected with H1N1 are immune to it. Dr. Shult replied that CDC is reviewing how enduring the immunity is but it depends on how the virus changes. He anticipates immunity would be enduring from the spring outbreak but also noted that the problem with seasonal flu is that the virus changes every year, keeping a step ahead of the immune system. Mr. Thomas Sieger commended WSLH staff for their efforts supporting the public health community during the outbreak, demonstrating what a great asset WSLH is to the State of Wisconsin.

#### **Item 9. DNR/DHS REQUEST FOR WELL WATER TESTING**

Chair Bazzell stated that Dr. Brokopp would be giving the presentation and that there would also be a public appearance.

Dr. Brokopp stated earlier in the summer a summary of well water testing performed by WSLH was prepared and shared with the Department of Natural Resources (DNR) and the Department of Health Services (DHS). The analysis revealed a significant number of wells had contaminant levels that exceeded the current health advisory limits for several metals, nitrates, bacteria and volatile organic carbon compounds. He noted that expanding the testing of additional wells would help assess the impact of these findings. Both DNR and DHS have requested WSLH provide a suite of tests to assess the quality of well water and report the findings to the

agencies so the data can be used to advise the public on health hazards. Without the reporting of this information, it would be very difficult for the agencies to determine if there are potential health problems involving well water throughout the state.

Dr. Brokopp asked for the board's input and concurrence regarding WSLH performing additional water sample testing for DNR and DHS. Mr. Darryll Farmer asked if the data presented was only from private well samples. Dr Brokopp replied that both public and private wells were tested.

Both DNR and DHS would like to establish a means to collect additional information on well water testing to create a more extensive database. Mr. Michael Ricker noted that a large amount of data has already been compiled by private sector labs. He is familiar with a lab performing hundreds, if not thousands of tests for real estate transactions. He suggested a public/private partnership should be created to share test results. Perhaps representatives from the private and public sector could meet to discuss sharing information.

Chair Bazzell stated he would like to honor the public appearance request before the board discussed and made a decision about the DNR/DHS request for additional well water testing.

Mr. Jeffery Kindrai asked if the metal screens were part of the DHS project involving pregnant women and households with children. Dr. Brokopp said that he believed they were. He added that WSLH is not actively promoting the testing. Chair Bazzell asked if there were any more questions. There were none. He then introduced Mr. R.T. Krueger.

Mr. Krueger stated for a number of decades the private lab community has tried to work with WSLH leadership to try to define and refine WSLH's role in test offerings to the public and private sectors. For years he has represented private laboratories in a multi-agency, multi-stakeholder group that is represented by DNR and DHS. Referring to the July 15, 2009 letter sent to WSLH from DNR and DHS, he said he believes any private well water testing data obtained by WSLH does not belong to the state, but to private well owners. He would like to figure out a way to introduce private lab data into the public health system while still maintaining the privacy of citizens. He asked the board to consider all of the implications involved in the DNR/DHS request.

Chair Bazzell asked if there were any questions for Mr. Krueger. Mr. Jack Sullivan replied that he did not understand Mr. Krueger's statement regarding the implications involved if WSLH provides water testing data to DNR/DHS. Mr. Krueger replied that the data does not belong to state agencies, it belongs to the private well owners. It is up to the individual well owner to determine what happens to test results. Mr. Sullivan asked whether this was a legal opinion or Mr. Krueger's opinion. Mr. Thomas Sieger commented that data compiled would be important for public health and overall statewide surveillance. He said the state would have better access to private well water testing data, representing about one-third of the state's citizens. The agencies would use the data to look at trends and plan statewide public health interventions. He is also open to working with private labs to access data from their surveillance network.

Dr. Brokopp reiterated that WSLH will not promote water testing. Mr. Krueger replied that he would like Dr. Brokopp's statement that WSLH has no intention of competing with private laboratories for well water testing to become part of the record.

Mr. Jeffery Kindrai stated he is a member of an environmental health tracking technical advisory group also looking at the expansion of existing well water data.

Chair Bazzell asked if local public health officials are planning to reach out to private well owners, providing them with a menu of options available for water testing with WSLH listed as one of the options. Mr. Sullivan stated currently private wells are tested for nitrates and coliform bacteria. Through additional testing it has been discovered that there are also heavy metals and herbicides in groundwater. The DNR would like citizens to have more testing options available in addition to testing for nitrates and coliform. WSLH testing would expand options available to private well owners and enable DNR to obtain additional surveillance information about the state's groundwater. In addition, the DNR would like to have access to the private laboratories' testing data to help them obtain a bigger picture about the quality of groundwater and drinking water.

Mr. Ricker suggested sharing information through a partnership between private labs and state agencies would be in the best interest of all. Mr. Sieger said the testing results from the WSLH suggest that there needs to be a better and more comprehensive surveillance system for private well water quality in Wisconsin. Mr. Farmer concurred that the information is valuable from the public health standpoint and could help to identify problems. He said the Eau Claire City/County Health department tested for metals and VOCs. The information gathered locally allowed them to identify problems, benefitting citizens. He feels this does not create a conflict with private labs and could possibly generate business for them.

Mr. John Chapin commented on the issue of data ownership. He stated that according to state statutes, the state has broad epidemiological powers that obligate state agencies to share and contribute. WSLH holds legal status as a state agency and has a board appointed by the governor. It can be interpreted that if a state agency has epidemiological and public health information, that information is within the sphere of government.

He added that under the University of Wisconsin System's freedom of information and open research policy, data is not protected by proprietary contract. The information is in the University's public domain. He suggested customers requesting testing be apprised of the fact that test result information is within the public domain. If they decide they do not want their information in the public domain, they can choose to go to a private lab or define it to be proprietary. He added customers need to be made aware that they are coming to a public lab rather than a private lab.

Chair Bazzell asked if there was any further discussion. Mr. Darryll Farmer made a motion to approve the request from DNR and DHS to test additional well water samples, expand the type of tests performed and report the results to both DNR and DHS. Mr. Thomas Sieger seconded and the motion passed on a voice vote.

**Item 10. EFFICIENCY IMPROVEMENT ACTIVITIES**

- A) Office of Quality Assurance
- B) Information Technology
- C) Enterprise Business Processes
- D) Fiscal Reform

Dr. Brokopp suggested since the meeting was running longer than planned, the Efficiency Improvement Activities presentation be postponed until the next meeting.

Mr. Jeffery Kindrai excused himself from the meeting because he was scheduled to attend a Grant County board meeting.

**Item 11. DIRECTOR'S REPORT**

**A) The next board meeting is scheduled for November 17, 2009.** Draft agenda items to include a fiscal year 2010 first quarter report, and presentation of the annual Medicare compliance report.

**B) Report of Outbreaks and Other Emergency Response Activities**

- Between 4/25/09 and 7/17/09, WSLH tested more than 9,300 specimens for H1N1 influenza and also began performing antiviral resistance surveillance testing as part of the pandemic response.
- Four (possibly five) workers at a foundry were diagnosed with pneumonia. Patients were positive for Legionella. Federal OSHA representatives took environmental samples at the business that were also positive for Legionella. WI DPH is working with OSHA to have the bacterial isolates from the environmental samples sent to WSLH so PFGE testing can be performed on both the environmental and patient samples to see if there is a "DNA fingerprint" match between the bacteria.
- One member of an unimmunized family was positive for mumps and local and state public health are monitoring situation.

**C) Report on Public Water System Testing**

For the period June 1, 2009 – July 31, 2009 there were 56 boil water notices issued and 3,552 systems tested.

#### **D) WSLH Building Update**

Dr. Brokopp gave a brief update on the status of the new WSLH/DATCP co-located laboratory. The Department of Administration (DOA) is eager to bring an architectural firm on board. WSLH last met with DOA in July to clarify which WSLH programs would move to the new building. Before WSLH can finalize its plans the financing plan must be finalized. It is expected DATCP will finance 75% and WSLH will finance 25%. WSLH will have \$150K per year available when parts of the organization in leased space move to the new building. This will leave a balance of \$350K per year that needs to be financed. WSLH will meet with DOA to pursue other funding options.

#### **E) Awards, Honors, and Accomplishments**

- The Industry Division of the AACC presented their 2009 Louis J. Dunka, Jr. Memorial Service Award posthumously to **Dr Ronald Laessig**.
- **Chris Powell** has been nominated by the board of the American Industrial Hygiene Association accreditation committee to be the Vice-Chair.
- **Derek Popp** has been appointed chair of the interim American Industrial Hygiene Association (AIHA) Proficiency Assessment Testing (PAT) Board of Directors.

#### **F) Staff Publications and Presentations**

- **Ronald Schell** co-authored a paper titled "Efficacy of Bilateral Bronchoalveolar Lavage for the Diagnosis of Ventilator-associated Pneumonia" that was accepted for publication by the *JOURNAL FOR CLINICAL MICROBIOLOGY*.
- **Bill Johnson** gave a presentation titled "The Drive to Sleep: Driving Impairment and Sleep Aids" at the 15th Annual IACP meeting in Little Rock, Arkansas.
- **Julie Tans-Kersten** and **David Warshauer** presented a poster titled "Evaluation of the Use of a Higher Concentration of PANTA Supplement in the BACTEC MGIT 960 System to Reduce Contamination Rates" at the NTCA meeting.
- **George Gruetzmacher** was invited to present a paper titled "Exposure Assessment Using Whole Air Sampling Methods: Governmental Perspective" as part of the AIHCE in Toronto.
- **John Pfister**, **Matt LeMaheiu**, **Terry Moen** and **Dona Haag** made a presentation titled "Keeping Wisconsin Workers Safe & Healthy; Availability and Use of Work Related Injury & Illness Data" at the 2009 WPHA conference.
- **Steve Strebel** and **Terry Moen** attended an OSHA family meeting in Toledo, Ohio. Steve gave a presentation on WOHL from the OSHA consultation perspective and Terry gave a presentation from a WisCon perspective on H1N1, OSHA construction partnerships and sampling error and statistical variability in relationship to the OSHA PEL.
- **Dick Lentz** and **Terry Moen** made a presentation on the SHARP program and **George Gruetzmacher** made a presentation on Expanded Health Standards at the Milwaukee OSHA & ASSE & WisCon Safety Days.
- **WSLH** hosted 10 health professionals from the Kharkiv region of Ukraine as part of a professional public health exchange sponsored by World Services of La Crosse, in cooperation with USAID and World Learning.
- **Diane Kalscheur** made a presentation titled "Toxicology for Coroner's and Medical Examiners" at the 2009 WCMEA conference.
- **WSLH** sponsored the 19th annual Wisconsin Virology Conference.

#### **G) Population Health Sciences 50<sup>th</sup> Anniversary Symposium – August 27–28, 2009**

The Department of Health Sciences, formerly known as the Department of Preventative Medicine, started at Henry Mall 50 years ago. WSLH played an integral role in the establishment of the department. As part of the celebration, WSLH staff will make a number of presentations at the two-day seminar. The celebration will be held at the new Microbial Sciences Building located on Linden Drive at the UW campus.

**Motion: Move to Adjourn at 4:00 p.m.**

**Motion by: Dr. Bernard Poeschel. Seconded by Mr. Jack Sullivan.**

**Motion passed on a voice vote.**

**Item 12. TOUR OF THE DANE COUNTY CORONER'S OFFICE**

After the meeting adjourned, Mr. John Stanley offered to give board members a tour of the Dane County Coroner's Office.

Respectfully submitted by:

A handwritten signature in black ink that reads "Charles Brokopp, DrPH". The signature is written in a cursive style with a large initial 'C'.

Charles D. Brokopp, DrPH  
Secretary