

WSLH welcomes new faces, new ideas

Warshauer combines private lab experience with his public health roots



David Warshauer, Ph.D.

By Jan Schneider, WSLH Public Affairs

With apologies to Southern author Thomas Wolfe, Dr. David Warshauer says you can go home again. And home—in this case, the Wisconsin State Laboratory of Hygiene—still has some of the green tiles on the walls he remembers from the 1970s.

Warshauer rejoined the WSLH this past October as Assistant Director in the Communicable Disease Division overseeing the bacteriology and mycobacteriology sections. Prior to this he was director of clinical microbiology and serology for Franciscan Shared and Medical Science Laboratories in Wauwatosa.

Maintaining ties with both the public health and private clinical laboratory worlds is something Warshauer has done throughout his career. After completing his doctorate in microbiology at the

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Garrison brings animal health experience to public health

By Jan Schneider, WSLH Public Affairs

For Dr. Bob Garrison, being a veterinarian and working in public health makes perfect sense. That's why he's so excited about the position he took at the WSLH in September—lab-based epidemiologist with an emphasis on bioterrorism response.

"The role of animal health in public health was pretty much on the back burner until the summer of 1999 when West Nile virus appeared in the New York area," Garrison explains. "But we

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Bob Garrison, D.V.M., M.S.

Editor's Note

Page 11 of this issue of *Results* is an updated version of the phone list you recently received with your WSLH *Reference Manual*. Please remove the outdated phone list and replace it with the one printed on page 11 of this newsletter. Thank you.

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Outreach efforts make impact in Wisconsin

I've always believed that people are the State Lab's greatest asset. In this issue of *Results*, we're introducing you to two important new members of the State Lab's team – David Warshauer, Ph.D. and Bob Garrison, D.V.M., M.S.

Many of you might be familiar with Dave since he served as director of clinical microbiology and serology for Franciscan Shared and Medical Science Laboratories in Wauwatosa. We're very excited to have him come back to his roots at the UW-Madison and join us as an assistant director in the Communicable Disease Division overseeing the bacteriology and mycobacteriology sections.

Don't let the alphabet soup behind Bob's name fool you – he might be a veterinarian, but he is also a true public health professional. Bob is also in the Communicable Disease Division and has as his primary assignment overseeing the State Lab's bioterrorism preparedness activities. He is also forging many new relationships with people working in the animal health field in Wisconsin in order to strengthen the bonds between animal and public health professionals.

When you read the profiles of Dave and Bob in this issue you'll note that both mention the importance of statewide laboratory networks. At the State Lab, we believe these networks and the partnerships they form are a vital part of our outreach mission.

For instance, the Virus Laboratory Information Network, which has been going strong now for five years, utilizes the data gathered from 11 participating laboratories in Wisconsin. This data creates an "up to the minute" statewide picture of virus activity. The network not only helps members by providing them with better assessment data, this data also is used to train clinicians and medical residents in virology topics and is a component of the Division of Public Health's

surveillance program. Recently Dr. Pete Shult and Carol Kirk, who lead the WSLH's efforts in the Virus Lab Network, gave a teleconference presentation on rapid flu test kits to 58 sites in the U.S. and Canada. They used data from the Virus Laboratory Information Network to help explain the optimal use of these rapid test kits by clinicians.

The statewide Tuberculosis Laboratory Network developed out of the 1997 "Partners for the Future" conference sponsored by CDC and the Association of Public Health Laboratories. Phil Wand oversees the WSLH's role in the network and on page 10 gives an overview of their annual meeting.

The State Lab's outreach efforts extend beyond the laboratory networks. For example, our Proficiency Testing Section sponsors educational seminars throughout the year where laboratorians can learn about new equipment and methodologies. The PT staff also teaches continuing education courses for laboratorians.

Newborn Screening Laboratory staff members visit hospitals around the state training maternity ward and nursing staff partners in proper sampling techniques and explaining the importance of Wisconsin's public health newborn screening program.

Staff in our Cytology Section are also committed to outreach, conducting educational presentations for customers and for professional societies to help doctors, nurses and clinic staff understand the key issues facing cytology and their patients. UW Medical School OB/GYN and Pathology residents and Cytopathology Fellows also rotate through the WSLH Cytology Section to gain a more fundamental understanding of how cytology labs serve patients.

WSLH outreach efforts are not the exclusive province of our clinical



Ronald H. Laessig, Ph.D., became WSLH director in 1980 after 10 years as assistant director. He earned his bachelor's degree in chemistry from UW-Stevens Point and his doctorate from UW-Madison. He completed post-doctoral work at Princeton University. A UW Medical School professor of preventive medicine and pathology and laboratory medicine, he is an active speaker on the topic of clinical laboratory regulations.

departments. On the environmental side, Inorganic Chemistry Section Supervisor George Bowman teamed up with Rick Mealy from the state Department of Natural Resources to train wastewater treatment laboratory personnel and municipal water suppliers around the state on a variety of analytical and quality control topics.

These are just some of the examples of the outreach performed by WSLH staff and they serve as a guide for our future. As the role of the WSLH evolves, outreach will become an even bigger component of our work. I'm proud to say that we're off to a great start.

If you have any suggestions for an educational/training session, please contact our Public Affairs Manager Jan Schneider at (608) 265-2529 or e-mail her at: jan@mail.slh.wisc.edu

Warshauer... *from page 1*

University of California-Davis, Warshauer spent nearly four years at the UW-Madison doing post-doctoral research. It was during this time that the WSLH's green tiles became an integral part of his memory. He then went to St. Joseph's Hospital laboratory in Milwaukee and later directed the consolidation of the microbiology laboratories of the hospitals of the Covenant Health Care System when Franciscan Shared Laboratories was established in 1987.

"Even when I was at private clinical labs, I continued to keep a public health view," Warshauer said. "By participating in the state's lab networks with both public health and private clinical labs, I was able to continue to do some public health research."

The lab networks are one of the reasons Warshauer decided to rejoin the WSLH.

"This is a very exciting time in public health microbiology," he explains. "With antibiotic resis-

tance, emerging pathogens, foodborne pathogens and the threat of bioterrorism, public health lab work is where the action is. With the State Lab's excellent reputation and great facility, it seemed like the time for me to make the move."

Increasing the WSLH's involvement in statewide laboratory networks is one of Warshauer's goals.

"The virus and TB lab networks that the WSLH helped form are very strong and have been well supported by the clinical labs around the state," Warshauer said. "I like to think of these networks as sort of a public-private Weather Channel that ultimately benefits Wisconsin residents. The networks help health care providers and laboratories across the state know what's happening so they can prepare for when the storm, or in this case, the flu virus hits their area."

Maintaining the strong TB lab network is one of Warshauer's goals for the WSLH. He'd also like to expand the WSLH's molecular testing method capabilities for TB,

foodborne pathogens and emerging pathogens. Developing an antimicrobial susceptibility surveillance program with the Wisconsin Division of Public Health, the CDC and other Wisconsin labs is another item on his wish list for the future.

"The antimicrobial susceptibility surveillance idea dovetails nicely with the TB lab network because of the rise in drug-resistant TB," Warshauer explains.

Warshauer also will be involved in the bioterrorism preparedness and response training sessions for clinical labs in the state. His portion of the training will focus on lab issues, including rule-out detection methods for potential bioterrorism agents.

For now Warshauer is re-learning his way around the halls of the WSLH, re-connecting with the seasoned lab veterans he knew before and getting to know the young staffers who are the future of the WSLH.

Garrison... *from page 1*

have to keep track of animal health events in public health. We just have to do it."

In August 1999 the State of Wisconsin received a \$1.12 million bioterrorism preparedness and response cooperative agreement from the CDC as part of a national effort to respond to the threat of bioterrorism. As part of the state's agreement, overseen by the state Division of Public Health, the WSLH and the Milwaukee Health Department laboratory were charged with strengthening their laboratory response capabilities and providing training for clinical and public health labs in the state.

Garrison was hired to handle those duties for the WSLH. He oversees existing WSLH lab-based surveillance and epidemiology activities as they relate to bioterrorism response. He is also developing new laboratory networks throughout the state, including animal health labs.

"I believe my experience as a veterinarian brings a unique perspective to Wisconsin's efforts, particularly the role of animal health in public health," Garrison says.

He cites the 1999 West Nile virus outbreak as the perfect example of why animal health issues need to be considered in public health, especially bioterrorism prepared-

ness and response.

"What many people don't realize is that when West Nile Virus hit the East Coast in 1999 it was actually two outbreaks occurring in parallel," Garrison says. "Bird deaths started a couple of months before the first human cases appeared, but the public health community was slow to recognize the connection. In fact, it was a very astute and persistent veterinary pathologist who raised the flag first and said there could be public health implications in the bird deaths.

"Besides the animal-public health link, the West Nile virus outbreak also focused attention on how ani-

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Garrison... *from page 3*

mal health can affect bioterrorism response, since the first thought many New York State and federal officials had when the mysterious deaths started occurring was that this might be some sort of terrorist act," Garrison explains. "Only after the animal and public health community began investigating further was the diagnosis of West Nile virus made."

According to Garrison, animal deaths can serve as sentinel events for public health. He says that because veterinarians are very well trained in zoonotic diseases, they can make a strong contribution to public health. Epidemiology is also a strong suit of veterinarians, Garrison contends.

"Veterinarians are trained in herd health," he says. "It's not a big leap to make to study human population health."

It's this training in epidemiology that helped Garrison become a "vet" of a different sort – a captain

in the United States Air Force.

Garrison served as a Public Health Officer (PHO) in the U.S. Air Force from 1996-1999, stationed at McClellan Air Force Base, Sacramento, California. He said one of the reasons veterinarians are utilized as PHOs in the Air Force is because of their epidemiology training. During this time he also dealt with many other familiar public health activities, including food safety/hygiene, lead toxicity on bases and communicable disease epidemiology.

Bioterrorism preparedness and response activities were also part of his duties.

"When I was in the Air Force, domestic bioterrorism was a non-existent issue a few years ago," Garrison says. "In the winter of 1998-99, there was a series of hoaxes in southern California that brought it onto the radar screen out West. In the last two to three years the rest of the country has become more aware of this threat, partly as a result of those hoaxes."

In the years that Garrison has been working with bioterrorism response and preparedness activities, he says he has seen a shift in attitudes.

"With the whole bioterrorism issue you're dealing with situations that are low probability, but high consequence," Garrison explains. "For a few years many people on the national level were focusing on what we can't do. Now the focus is shifting to emphasize what we can do. We can't plan for every contingency, but we can prepare as much as possible."

One way Garrison and the WSLH are helping Wisconsin prepare is by developing a curriculum for public health and clinical labs in the state to recognize potential bioterrorism agents. The curriculum and training is being developed by the WSLH, the Milwaukee Health Department Laboratory, the Milwaukee Veterans Hospital Laboratory and the Marshfield Clinic Laboratory. These four labs plan to conduct training sessions throughout the state starting in spring 2001.

Imported case of measles in Wisconsin

By Bob Bennin, WSLH Serology Unit

In late December, the WSLH confirmed measles in a 6-month-old infant. The child is a resident of Wisconsin who traveled to South Korea to spend time with her grandparents.

South Korea has recorded almost 40,000 cases of measles since March 2000. Most of the cases have occurred in children aged 1-2 years or 6-14 years. There have been 100 patients hospitalized and six deaths.

The infant was presumably exposed in Korea, and was contagious on the direct flight from

Korea to Chicago. The flight contained passengers from 20 different states. Additional exposures occurred after the arrival in Madison. Wisconsin Division of Public Health officials have contacted all known exposures, issued a "measles alert" in the state and have contacted public health officials in the 20 states affected.

This case serves as a reminder that while the transmission of indigenous measles in the United States has been interrupted, imported cases can occur at any time. Diagnosis of measles should always be based on clinical symptoms, supported by the detection of measles-specific IgM antibody.

Specimens for virus isolation (urine and nasopharyngeal or throat swab specimens) should be taken at the same time that serum is obtained, since a delay in collection will reduce the chance of isolation of the virus. However, virus has been isolated from the urine for up to one week after the onset of rash. Any outbreak related isolates will be forwarded to the CDC for gene sequencing.

As we approach the goal of measles eradication, characterization of outbreak strains provides important epidemiological information. Any questions about specimen collection may be directed to the lab at (608) 262-0248.

Fighting cancer at the gene level

By Stephanie Kuenn,
WSLH Public Affairs

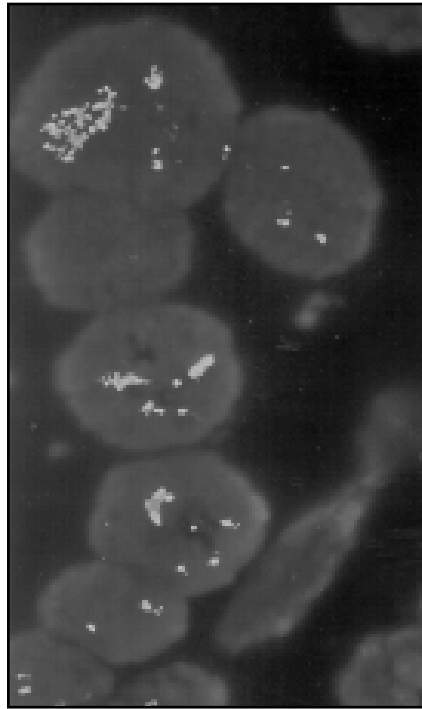
As issues in genetics attract attention from scientists, consumers and news media across the world, the Wisconsin State Laboratory of Hygiene's Cytogenetics Unit works hard to use new molecular genetic technologies that enable better therapies for fighting cancer.

"We want to understand the molecular basis of cancer to enable better treatment before it affects us or humanity even further," said Jeanne Bordeau-Heller, a WSLH cytogeneticist. "We're very motivated."

The WSLH played a role in the research and development of the fluorescent in situ hybridization (FISH) test for HER-2/neu, which helps identify patients that would benefit from therapy with Herceptin, a drug antibody to HER-2/neu amplification. HER-2/neu is a gene that everyone has, but if there are extra copies, too much protein is produced, which enables cancer cells to metastasize and spread to other parts of the body.

About 25 to 30 percent of all breast cancer patients have amplification of the HER-2/neu gene. Herceptin, which was introduced to the market in 1997, is used to treat those whose tumors have this amplification, many of whom are being treated for recurrent cancer.

"It's the first therapy that targets a protein that is made due to abnormal gene expression," said Dr. Lorraine Meisner, WSLH chief of cytogenetics and professor in the Departments of preventive medicine and pathology in the UW Medical School.



The above photo shows the cells of a breast cancer patient with HER-2/neu gene amplification. The clusters of light spots are amplified HER-2/neu genes. Normal cells should only have two spots total per cell, not the clusters seen in this photo.

The WSLH has used FISH—which uses DNA probes to “light up” genes with matching DNA sequences—since 1992. The WSLH was the first lab in the state, and one of the first in the country, to offer FISH testing. The WSLH Cytogenetics Unit was one of three labs that participated in an FDA study to approve FISH as a new test method for detecting HER-2/neu amplification. And the work paid off.

"Our technique, using FISH, is nearly 100 percent accurate," Bordeau-Heller said. "IHC wasn't nearly as accurate."

Previously, HER-2/neu amplification was more likely to be detected by immunohistochemical (IHC) testing, which used special stains to

examine the protein of the gene—which is less stable than the DNA—to determine its amplification.

Furthermore, these new technologies are improving quality of life for many cancer patients.

"Many of these women were literally on their deathbed," Meisner said. "Herceptin diminished their cancer burden dramatically. Thanks to improving technology, we're entering the age where cancers are going to be treated genetically instead of by slash, burn and poison."

The Cytogenetics staff is also studying other oncogenes, which are the genes that have the potential to cause a normal cell to become cancerous. Staff members test and examine archival specimens and compare them with information about the patient, such as survival and clinical course.

They also use DNA probes to study other genetic problems:

- Find and examine genetic causes in stillbirths and spontaneous abortions, in which tissue culture was not possible or was unsuccessful
- Quickly determine a child's sex in ambiguous cases with cells scraped from the baby's cheek.
- Test for some genetic conditions that can't be detected with standard chromosome studies.

"Public health in the future will be genetic and it will be about susceptibility to disease," Meisner said. "There's potential to use genetic technology to identify those at risk for specific diseases and to target therapies to those genes. We're taking research directly from the laboratory and using it to help patients."

WOHL develops new air testing methods

By Stephanie Kuenn,
WSLH Public Affairs

Workers or people who live near industrial sites can breathe a little easier thanks to efforts by the Wisconsin Occupational Health Laboratory (WOHL) at the Wisconsin State Laboratory of Hygiene (WSLH). WOHL is currently working on three method development projects totaling \$85,000 and funded by the National Institutes for Occupational Safety and Health (NIOSH), a part of the Centers for Disease Control (CDC).

Each of the three grants will be used to develop methods to test worker and human exposure to contaminants in the air, according to WOHL Director Terry Burk. The three projects are related, but each focuses on a specific challenge within the industrial hygiene field.

"We want to validate methods that we're already using and then we expect to publish them as methods for the entire Industrial Hygiene community to use," Burk said. "We'll be able to more accurately identify the concentrations of materials to which workers are exposed and if they're at hazardous levels."

The grants are also representative of the excellent relationship WOHL has with NIOSH.

"We have a number of regular conference calls with NIOSH on a variety of subjects," Burk said. "The projects rose out of our longstanding relationship."

Burk said that WOHL hopes to present the research at the American Industrial Hygiene Conference and Exposition (AIHCE) in San Diego in 2002 and later publish it in peer-reviewed journals. Last year, three WOHL staff members—Leroy Dobson, Derek Popp and Lyle

Reichmann—won the Best Poster award at the 2000 AIChE for research they conducted on cyanide.

Metal Digestion

This \$25,000 grant aims to develop and validate new methods to digest metals collected by filter methods. Currently, the approved method is to use perchloric acid, a method that many laboratory workers find dangerous because it is explosive and requires a special hood.

"It's not a chemical most labs want to work with," Burk said.

The group hopes to use different acids that are easier and safer to use to dissolve the captured metals. They use a capture method involving a small filter that rests at a worker's neck and takes in air, allowing them to perform their work with little interruption.

The project is led by the WOHL Metals Group: Doug Smieja, Shakker Amer, Curt Hedman, Jason Loughrin and Mike Grochowski.

Separating soluble and insoluble metal

This grant, totaling \$20,000, focuses on discovering better ways to separate soluble and insoluble metals when collected as above. The project will look at several metals, but will focus initially on silver.

"Soluble silver is more toxic than insoluble silver," Burk said. "After entering your lungs, soluble silver dissolves from your lungs into your bloodstream. Insoluble silver is inhaled into the lungs, but it doesn't dissolve into your body."

Mike Arndt from Radiochemistry is leading the project.



Sulfur testing methods

This \$20,000 grant concentrates on developing a single, reliable method for testing various air-borne sulfur compounds.

"There are various methods available for different sulfur compounds, but they're all bad," Burk said. "What we hope to find is a single method that will do all compounds well."

The new method will be used on methyl mercaptan, ethyl mercaptan, butyl mercaptan, carbon disulfide, dimethyl sulfide and dimethyl disulfide.

The new method uses a small football-shaped evacuated container to take the sample. The sample is then injected into a gas chromatograph equipped with a Flame photometric detector, where the sample flows through a column and the sulfur compounds are separated and identified.

All three methods will help to make workplaces safer by allowing better detection methods.

"Certainly, one aspect of public health is exposure to chemicals in a work site. This is an improvement to finding those compounds," Burk said. "Hazardous working conditions will be more easily detected and this will help them get fixed."

Making sure sludge is safe

Organic Chemistry Unit
determining safe PCB
levels for land-spreading

By *Stephanie Kuenn,*
WSLH Public Affairs

The Wisconsin State Laboratory of Hygiene is working closely with the Wisconsin Department of Natural Resources (DNR), state publicly-owned wastewater treatment plants and environmental groups to determine limits on PCB-levels for the land-spreading of sludge.

Currently, wastewater treatment plants must dispose of the sludge produced by sewage processing. Most have three options: the sludge can be incinerated, disposed of in a landfill or sold and recycled as land-spreadable fertilizer, which is the most eco-friendly option of the three.

“Land-spreading of municipal sludge is an environmentally sound way of reusing it,” said Dave Degenhardt, chemist management supervisor in the Wisconsin State Laboratory of Hygiene’s organic chemistry section. “The DNR and the State Lab are trying to make sure that we protect crops, livestock and human health from adverse PCB exposure in the process.”

PCBs are polychlorinated biphenyls, a family of man-made chemicals that contain 209 individual compounds with varying toxicity, and are suspected to cause cancerous tumors and other serious health problems.

Staff members from the WSLH Environmental Health Division



have analyzed 50 sludge samples volunteered by treatment plants from around the state. The test results from these samples will be used by DNR as the basis to set the PCB limit for landspreading municipal sludge.

“We’re providing them with data that will allow them to set the PCB limit at an environmentally responsible level appropriate for land spreading,” Degenhardt said. “This project is providing the data that will hopefully keep landspreading of municipal sludge a viable and safe option for reuse.”

Degenhardt said that many treatment plants have been willing to help the project.

“Although some of the plants don’t want to be regulated, most are concerned about the environment,” Degenhardt said. “That’s why they are working with us to do the right thing.”

The WSLH has been doing PCB analysis for many years, but this particular project presents some unique challenges because municipal sludge is a complex matrix. It is made up of many different materials, including human waste, food material, cooking oil, petroleum products and other common household, and possibly industrial, products. Currently, the WSLH is using several EPA methods to remove the chemicals that interfere with the PCB testing.

“We have had to really pool our lab resources and analytical expertise to get the sample to a stage where it can be tested for PCBs,” Degenhardt said. “It’s been a real challenge.”

But difficulties aside, the work done at the WSLH on this project will benefit Wisconsin’s environment and people.



Carol Kirk is the WSLH Virology program Coordinator. She has 29 years of professional laboratory experience at the WSLH.

What's circulating? Current viral activity in the state

The 2000-2001 influenza season seems to be a relatively mild one so far, both in numbers of cases and severity of illness. There is almost a sense of disappointment, as though a blizzard missed us when we were prepared to battle through it. Last season, activity reached peak levels during the Christmas and New Year's weeks.

As usual, we remain cautious about making any predictive statement about influenza, based on years of experience and predictions gone wrong.

The first influenza isolates in Wisconsin were detected by Marshfield Laboratories (influenza A) and by Bellin Hospital Laboratory (influenza B) during the week ending 12/2/2000. Influenza A detections (as reported by the Wisconsin Virology Laboratory Information Network) have increased each week since that detection and appear to be at or near peak levels as we go to press. The predominant influenza A subtype circulating this year is influenza A (H1N1). Influenza A (H3N2) had been the predominant subtype during the previous four seasons.

Influenza B continues to be detected sporadically in Wisconsin. We

will continue to monitor activity to see if the sporadic detections continue or if influenza B produces a late season peak, as has occurred in two of the previous five seasons.

Nationally, the CDC reports that 74 percent of influenza isolates have been influenza type A; 96 percent of subtyped influenza A isolates were influenza A(H1N1). All of the influenza viruses that have been further studied at CDC were represented in this year's vaccine.

Also on the scene is respiratory syncytial virus (RSV). Lab detections of RSV are slowly increasing, as expected. RSV activity usually reaches peak activity in Wisconsin during February and March.

While influenza A and B continue to circulate, so do rhinoviruses, adenoviruses and parainfluenza viruses. As influenza and RSV fade from the scene, we can expect the annual springtime increase in both rhinovirus and parainfluenza virus 3 activity.

To change our focus from the respiratory illnesses, we can expect to see a late winter to spring increase in rotavirus activity, which is a major cause of childhood diarrheal illness.

Rapid flu workshop a hit statewide, nationally and internationally

The WSLH workshop on the use of rapid influenza tests — "Dots, Spots, Triangles and Stripes: Rapid Influenza Tests" — held in December 2000 in Elkhorn, Wisconsin, was well-received and well-attended.

It was a pleasure to meet with the laboratorians who attended.

The workshop curriculum has been provided to a number of other states, who are considering offering similar workshops in the future

Dr. Pete Shult and I presented a condensed version of the rapid flu workshop during a national audio conference on January 10, 2001, in collaboration with the National

Laboratory Training Network.

Fifty-seven sites across the United States and one site in Canada participated in the audio conference, which was intended for public health laboratories.

Influenza in Wisconsin: 1980 - 2000

Analysis of influenza detections by the WSLH during the last 20 years provided the following information.

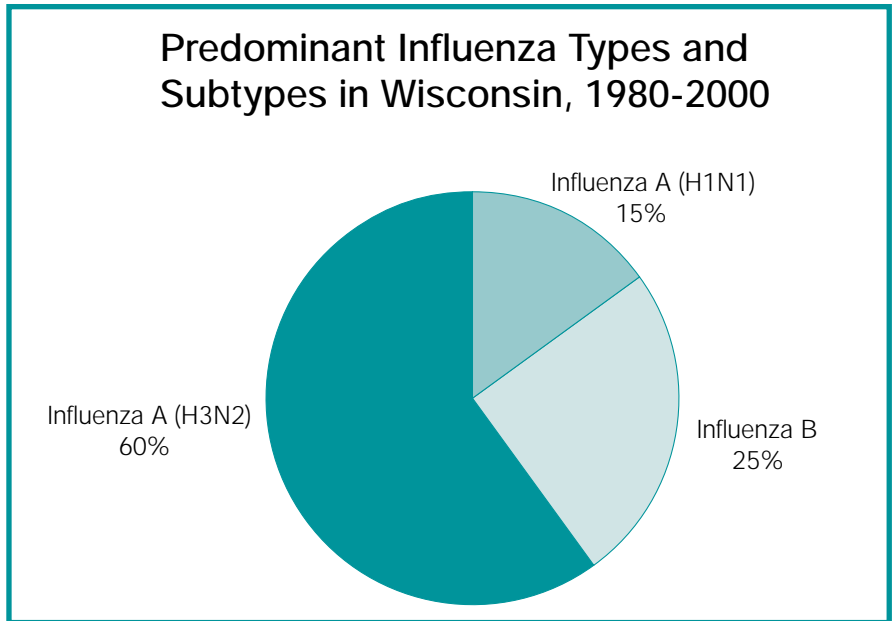
- These data did not demonstrate patterns which could predict the timing (“early” or “late”) and predominant types/subtypes of influenza seasons.

- Between 1980 and 2000, influenza A (H3N2) was detected more often and was more often the predominant type and subtype, as shown in the accompanying graphics.

- The first influenza type and subtype detected in Wisconsin was predominant during the season during 19 of the 20 years.

- The average first detection and average peak detection for influenza B occurred at least 3 weeks later than for influenza A.

- The earliest detection of influenza in Wisconsin (excluding sporadic cases or clusters where there was at least two weeks before another case) was November 9.

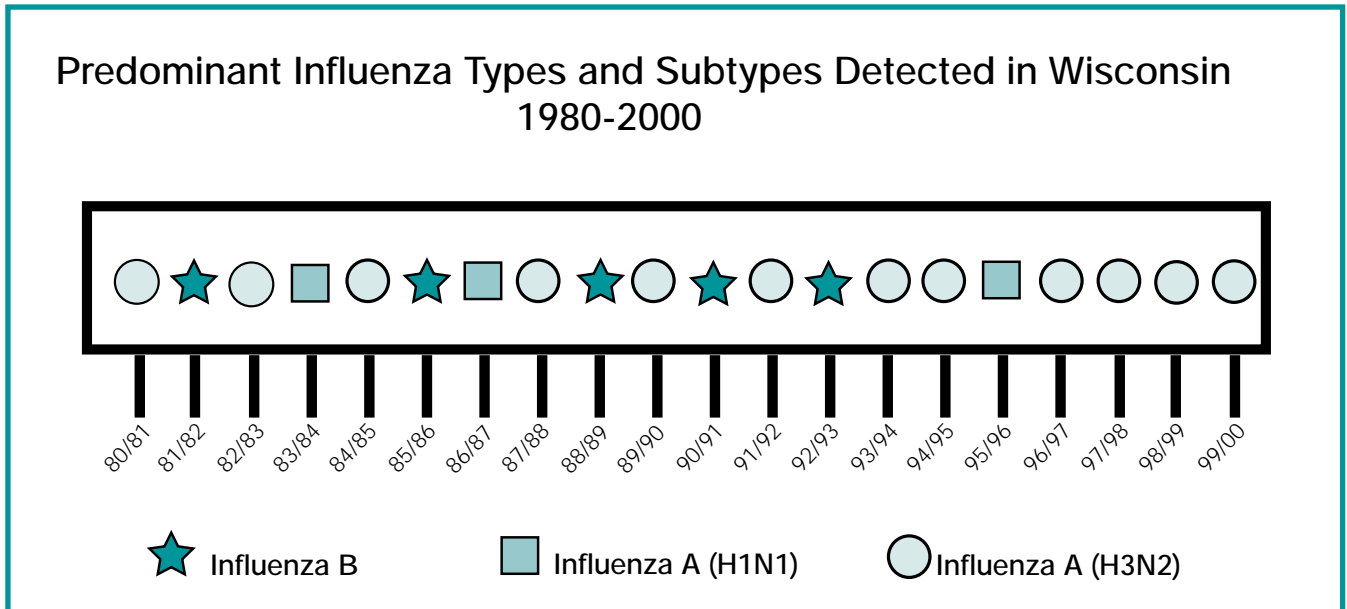


- The latest detection of influenza in Wisconsin was June 11.

- The average peak of influenza A detections occurred during the third week of January.

- The average peak of influenza B detections occurred during the first week of March.

- The first WSLH detection of influenza A was five weeks earlier during the most recent five years compared to the previous 15 years; the peak and last detections of influenza A were within one week of each other for the two time periods and the first, peak and last detections of influenza B were within one week of each other for the two time periods.



Wisconsin mycobacteriology laboratory network holds annual conference

By Phil Wand,
WSLH Mycobacteriology Unit

Members of the Wisconsin Mycobacteriology Laboratory Network (WMLN) met in Madison for their third annual meeting on November 8, 2000. Forty-two laboratorians representing 25 of the 32 laboratories in Wisconsin that perform testing for *M. tuberculosis* and other mycobacteria attended the meeting, along with Tanya Oemig, the director of the Wisconsin Division of Public Health's TB Control Program.

One of the goals proposed in Wisconsin's 1998 TB White Paper Team report was for all tuberculo-

sis laboratory testing in Wisconsin to be of the highest quality available and consistent regardless of the laboratory facility. The WMLN was formed specifically to address this goal. The annual network conference is a forum for participants to share information and discuss issues of concern related to maintaining this goal.

This year's meeting consisted of presentations on the new recommendations for nucleic acid amplification testing for *M. tuberculosis*, an update on mycobacteria isolation data collected through the network surveillance program and susceptibility testing for *M. avium*.

Tanya Oemig gave a presentation on the laboratory role in TB elimination. The group also held discussions on mycobacteriology testing procedure issues and maintaining proficiency in mycobacteriology laboratories. Proposals for further group activities for network members for 2001 were discussed at the meeting.

Network members should be commended for their active participation in the annual meeting and the network in general and for their contributions toward developing and maintaining a high level of quality for tuberculosis testing in Wisconsin.

Wisconsin Mycobacteriology Laboratory Network Members

Aurora Consolidated Labs	Milwaukee	Medical Science Lab	Wauwatosa
Bellin Memorial Hospital	Green Bay	Memorial Hospital of Oconomowoc..	Oconomowoc
Beloit Memorial Hospital	Beloit	Mercy Hospital of Janesville	Janesville
Children's Hospital of Wisconsin	Milwaukee	Mercy Medical Center	Oshkosh
Columbia Hospital	Milwaukee	Milwaukee City Health Dept. Lab	Milwaukee
Community Memorial Hospital...Menomonee Falls		Riverview Hospital	Wisconsin Rapids
Consultants Lab of Wisconsin	Fond du Lac	Sacred Heart Hospital	Eau Claire
Dynacare Labs	Milwaukee	St. Elizabeth Hospital	Appleton
Franciscan Skemp Health System	La Crosse	St. Joseph Community Hospital	West Bend
General Medical Lab	Madison	St. Mary's Hospital	Milwaukee
Gunderson Clinic	La Crosse	St. Marys Hospital Medical Center	Madison
Holy Family Memorial Medical Center..	Manitowoc	St. Mary's Medical Center	Racine
Kenosha Memorial Hospital	Kenosha	St. Vincent Hospital	Green Bay
Luther Hospital	Eau Claire	Theda Care Labs	Appleton
Lutheran Hospital	La Crosse	VA Medical Center	Milwaukee
Marshfield Medical Center Lab	Marshfield	Waukesha Memorial Hospital	Waukesha

State Laboratory of Hygiene Telephone Numbers

Information

General Information

Clinical: 888-494-4324
608-262-1293

Environmental: 800-442-4618

World Wide Web Address:

<http://www.slh.wisc.edu>

Communicable Disease Division Information

608-262-6386
800-862-1013

Fax: 608-265-8788

**(Only for Bacteriology, Immunology,
Prenatal Screen and Virology Units)**

Services

Administration 608-262-3911
Fax: 608-262-3257

Billing 608-262-8933
800-862-1065

Clinical Supplies 608-265-2966
To order clinical test kits and request
forms, call: 800-862-1088

Communicable Disease Division
608-262-6386
800-862-1013
Fax: 608-265-8788

**(Only for Bacteriology, Immunology,
Prenatal Screen and Virology Units)**

Proficiency Testing 608-265-1100, ext. 0
800-462-5261, ext. 0
Fax: 608-265-1111

Laboratories

Communicable Disease Division

608-262-6386

800-862-1013

Fax: 608-265-8788

**Includes sections of: Bacteriology, Immunology,
Prenatal Screen, Virology. For specific technical
information, see phone number in Reference
Manual alphabetical test listing.**

Disease Prevention Division

Cytogenetics 608-262-0402

Cytology 608-262-1297

Fax: 608-265-6294

Newborn Screening 608-262-6547

Fax: 608-262-5494

Environmental Health Division

Environmental Sciences 608-224-6202
(To order air and water tests) 800-442-4618

**Industrial Hygiene/
Occupational Health** 608-224-6210
800-446-0403
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Laboratory Improvement Division

Clinical Chemistry Special Services
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Fax: 608-265-1114

Rev. 01/2001

Results

is published four times a year
by the Wisconsin State
Laboratory of Hygiene.

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Editor: *Jan Schneider*

Readers are encouraged to
send comments and questions
to the address below:

*Jan Schneider,
Editor, Results
465 Henry Mall,
Madison WI 53706-1578*

Editor's Note

Page 11 of this issue of *Results* is an updated version of the phone list you recently received with your WSLH *Reference Manual*. Please remove the outdated phone list and replace it with the one printed on page 11 of this newsletter. Thank you.

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Wisconsin State Laboratory of Hygiene
465 Henry Mall
Madison, WI 53706-1578

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