Wisconsin Laboratory Message System – Compiled Message Excerpts

This file contains the most recent twelve months of Wisconsin Laboratory Messages distributed by the Wisconsin State Laboratory of Hygiene. The most recent messages are listed first, following the “Search Instructions” below.

SEARCH INSTRUCTIONS

To search the document for a specific word or phrase:
- Press “Ctrl” and “f” at the same time or click on the binoculars on the menu bar at the top of the screen.
- Enter the word or phrase you are searching for in the pop-up box that appears.
- Select “In the current PDF document” for where you would like to search, then click “Search”

SCROLL OR CLICK TO MOVE TO THE ACTUAL LABORATORY MESSAGES ON THE FOLLOWING PAGES.
Wisconsin Laboratory Messaging System
March 10, 2014

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

Emergency WSLH Contact: Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

MEASLES, RUBELLA AND OTHER VACCINE PREVENTABLE DISEASES:~~~~~~~~~~~~~~

Measles is a relatively rare disease in the United States, yet two cases of measles have already been reported in Wisconsin this year. One case involved an infant who had not been vaccinated and traveled to the Philippines. The other case was a young adult who had recently traveled to Las Vegas, Mexico and California. Many physicians have never seen and may not recognize a suspect case of measles, since there are many other viruses and organisms that can cause symptoms of a cough, fever, and rash.

Because measles is such a highly communicable disease, with the potential for explosive spread following exposure to the virus, it is critical to rapidly identify cases of measles to limit its transmission. Laboratory diagnosis is required to confirm measles. Therefore, healthcare providers and clinical laboratories need to inform their local health department immediately of any suspect cases so that testing can be arranged for at a public health laboratory, either WSLH or Milwaukee Health Department Laboratory.

We want to remind laboratories of the importance of doing the following:

- When a request for testing is received for a patient suspected of having a vaccine preventable disease such as measles, mumps, or rubella, notify local or state public health of the suspect case immediately. DO NOT wait for the test results to notify public health.

- Diagnostic testing for these diseases is performed at the WSLH at no cost once approval for testing is received from either local or state public health. For suspect measles or rubella testing, submit serum for IgG and IgM antibody testing along with a combined throat/nasopharyngeal swab in viral transport media for PCR testing.

- Notify the WSLH that specimens are being sent to the WSLH for testing. Your advance telephone call allows us to prepare for testing and provide a more timely result, which in turn allows for more rapid public health intervention to prevent the spread of disease.

- If your laboratory is using Dunham Express for transport of the specimen, please indicate that the specimen transport is to be billed to the “outbreak” account 7271. Providing that you are not calling late in the day, Dunham should pick up the specimens the same day you call and deliver them to the WSLH the following day. NOTE: If specimens are sent on a Friday, be sure to specify “Saturday delivery”, or the specimens will not be received at the WSLH until Monday. If you are having any trouble arranging transport of the specimens, please let us know and we will assist you in finding a solution.

- Specimens for immune status testing for any of the vaccine preventable diseases, DO NOT need to be sent to the WSLH for testing unless specifically requested by local or state public health. For immune status testing, submit serum for IgG immune status testing.

- Confirm that the health care provider wants DIAGNOSTIC testing, and not IMMUNE STATUS testing. Inappropriate IgM testing results in an increased incidence of false positives and unnecessary and costly public health response.

With your help by following the above guidance, we will demonstrate the strength of our WCLN and be able to provide the best service to our public health partners in their battle against vaccine preventable diseases.
REGISTRATION IS NOW OPEN: We are pleased to announce that the registration for the “Performing Quality Molecular and Emerging Technology Testing” workshop on April 23, 2014 is now open. The brochure for the workshop has been attached to this message. It can also be linked to from the workshop webpage where you will find the link to the on-line registration. We really hope that at least one person from each clinical laboratory in Wisconsin will attend the workshop. We recommend that someone who has the ability to make decisions about implementing new technologies attend if possible. We have put together an agenda that we hope will be of interest to those laboratories who are already invested in molecular and emerging technologies, as well as to those labs who are still new to, or looking to start using molecular or another emerging technology.


CLSI MOLECULAR RESOURCE DOCUMENT UPDATE: Thanks to all the laboratories who submitted requests for CLSI Molecular documents. The documents have been purchased and they will be distributed at the “Providing Quality Molecular and Emerging Technology” workshop in Wisconsin Dells on 4/23/14. I was very happy to receive price quotes from CLSI that allowed me to purchase both the 1st and 2nd choice documents that laboratories requested. If you did submit a request for CLSI documents, please plan to send someone to the workshop to pick up your documents.


Siberia fills the heads of scientists with dreams of resurrection. For millions of years, its tundra has gradually turned to permafrost, entombing animals and other organisms in ice.

Here is the link to the complete article: [http://www.nytimes.com/2014/03/04/science/out-of-siberian-ice-a-virus-revived.html?ref=science&_r=0](http://www.nytimes.com/2014/03/04/science/out-of-siberian-ice-a-virus-revived.html?ref=science&_r=0)

DID YOU KNOW…

FDA, WHO Recommend Same Flu Vaccine Next Year

As reported in Medscape Medical News on February 28, 2014, the US Food and Drug Administration’s (FDA) Vaccines and Related Biological Products Advisory Committee unanimously recommended that the virus strains used for the 2014-2015 northern hemisphere influenza season vaccine should remain the same as those in the 2013-2014 vaccine. Approximately 50% of vaccines manufactured will be trivalent and 50% will be quadrivalent vaccine, said Sam Lee, PhD, senior director for Sanofi Pasteur’s Pandemic Influenza Strategy.

The 2013-2014 seasonal influenza vaccine is outperforming the previous year’s according to the Centers for Disease Control and Prevention. The 2013-2014 vaccine reduces a person's risk of requiring medical care for influenza illness by 61%, compared with an effectiveness rate of 51% for the 2012-2013 influenza season vaccine.
MARCH WCLN AUDIO CONFERENCE: ~~~~~~~~~~~~~~~~~~~~~~~~~

“2014 Update: STEC Diagnosis and Surveillance in Wisconsin”

Date:       Wednesday March 19, 2014, 12:00 noon – 1:00 PM

Speakers:   Timothy Monson, M.S., Supervisor, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI
           Mike Rauch, B.S., Advanced Microbiologist, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI

Description: Clinical laboratories in Wisconsin have been testing for Shiga toxin-producing E. coli (STEC) for many years. As more clinical laboratories have implemented Shiga toxin (ST) testing, statewide surveillance has been enhanced. The partnership between clinical and public health laboratories continues to be an essential component necessary for effective STEC surveillance and the prevention of further disease.


Contact Person ______________________________ Email ___________________________
Institution _______________________________ City/State __________________________
Telephone _______________________________ Fax _______________________________
Performing Quality Molecular & Emerging Technology Testing

A Molecular Workshop for Wisconsin Laboratory Professionals

Conference Date: April 23, 2014

Conference Location: Glacier Canyon Conference Center
45 Hillman Road
Wisconsin Dells, WI 53965

Questions?
Contact Erin Bowles
Email: erin.bowles@slh.wisc.edu
Phone: 608-890-1616

P.A.C.E.® Credits:
P.A.C.E.® credit will be available for the workshop and a certificate of participation will be granted as continuing education. This program is co-sponsored by ASCLS-WI, an approved provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

Vendors: Product vendors have not been invited to this conference; commercial product solicitation or demonstration will not be included.

Fax Registration Form
Fax to:
WCLN-Workshop
Fax: 608-265-9091
Before April 16, 2014

Participant Name
Facility/Agency Name
Street Address
City
State Zip
Telephone
Participant’s Email Address
Program: This one day workshop is being coordinated by the Wisconsin State Laboratory of Hygiene for Wisconsin clinical laboratory professionals. The workshop will provide an opportunity for participants to network with colleagues and consider molecular and emerging technology testing applications for their laboratories. Panelists will discuss many of the molecular platforms on the market and will provide insights into choosing the right platform for your laboratory. Quality issues, such as modifying an FDA approved test and preparing for a lab inspection will round out the rest of the morning. In the afternoon we will work together to develop a template for creating a business plan. We will conclude the day discussing molecular applications for blood cultures.

Faculty:
Nathan Ledeboer, Ph.D., D(ABMM)
Associate Professor of Pathology and Medical Director of Clinical Microbiology and Molecular Diagnostics
Dynacare Laboratories/Froedtert Hospital

David Warshauer, Ph.D., D(ABMM)
Deputy Director, Communicable Disease Division
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Mike Helgesen, MT(ASCP)
Microbiology/Histology Team Leader
Holy Family Memorial Hospital

Raymond Podzorski, Ph.D., D(ABMM)
Clinical Microbiologist in the Dept. of Pathology
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Peter Shult, Ph.D.
Director Communicable Disease Division and Emergency Laboratory Response
Wisconsin State Laboratory of Hygiene

Guest Panelists – TBA

Moderator:
Erin Bowles, MT(ASCP)
Clinical Laboratory Network Coordinator
Wisconsin State Laboratory of Hygiene

Agenda

7:45 a.m.  Registration and Refreshments
8:15 a.m.  Welcome & Introductions – Erin Bowles
8:30 a.m.  Molecular and Emerging Technology Overview – Nate Ledeboer
9:15 a.m.  Panel Discussion of Platforms Available and Criteria Used to Make Your Choice – TBA
10:00 a.m. Break
10:15 a.m. Panel Discussion Continued - TBA
11:00 a.m. How to Modify an FDA Approved Test Without Really Trying … and the Consequences – Dave Warshauer
11:30 a.m. Preparing for Your CAP Molecular Inspection – Mike Helgesen
12:00 p.m. Lunch
1:00 p.m. Panel Discussion on Developing Your Business Plan - TBA
2:30 p.m. Break
2:45 p.m. Molecular and Emerging Technology Advances for Blood Cultures – Ray Podzorski
3:30 p.m. Parting Thoughts – Peter Shult
3:45 p.m. Wrap-Up – Erin Bowles
4:00 p.m. Adjourn

Target Audience: This workshop is intended for laboratory professionals currently performing molecular or emerging technology testing. It is also intended for laboratory professionals who are interested in bringing this type of testing into their laboratories.

Special Needs: In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations must notify the program coordinator no later than one month prior to the workshop date.

Fee: This conference is offered at no charge; lunch, morning break and afternoon break will be provided.

Registration: Pre-registration is required. A confirmation of registration will be sent via e-mail prior to the conference date.

To Register online or by Fax.

To Register online:
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http://www.slh.wisc.edu/events/2014-04-23/

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Complete the brochure registration form & fax to:
WCLN Workshop
Fax: 608-265-9091

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April 16, 2014
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**UPDATED GUIDELINE FOR YERSINIA PESTIS:**

The “Sentinel Level Clinical Laboratory Guidelines for Suspected Agents of Bioterrorism and Emerging Infectious Diseases - Yersinia pestis” was updated again. Please be aware that the rule-out algorithms have been modified slightly and refer to the new guidelines when working with any suspect *Yersinia pestis* isolates. This updated guideline will soon be posted on the ASM website and it will have a revision date of February 2014. All of the ASM guidelines for suspected bioterrorism agents are posted on the ASM website at the following link: [http://www.asm.org/index.php/guidelines/sentinel-guidelines](http://www.asm.org/index.php/guidelines/sentinel-guidelines).

**INTERESTING ARTICLE:**

Health Day News – “Common Strep Bacteria May Be Morphing Into 'Superbug'”, February 26, 2014 by Brenda Goodman

Doctors warn that a garden-variety type of bacteria, which is normally present in the human intestinal tract, may be morphing into a tough-to-treat superbug. A new report from physicians in New York, New Mexico and the U.S. Centers for Disease Control and Prevention describes the cases of two patients with group B streptococcus infections that turned out to be resistant to vancomycin, often considered an antibiotic of last resort.

Here is the link to the complete article: [http://consumer.healthday.com/infectious-disease-information-21/antibiotics-news-30/common-bacteria-may-be-morphing-into](http://consumer.healthday.com/infectious-disease-information-21/antibiotics-news-30/common-bacteria-may-be-morphing-into)
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Contact Person ______________________________ Email ______________________________
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DID YOU KNOW… ???????

Free Document!

“Survey of Clinical Microbiology Laboratory Workloads, Productivity Rates and Staffing Vacancies”

- ASM Benchmarking Study (2005)

ASM's Benchmarking Study, which is the final report the 2003 survey of the clinical microbiology workloads, productivity rates and staffing vacancies, is now available. The Benchmarking Study, which is a project of the PSAB Committee on Professional Affairs, will enable clinical microbiology labs to measure themselves against peer groups and determine the level of technical skill required for present and future clinical lab procedures.

Here is the link to the free document:

Performing Quality Molecular & Emerging Technology Testing

A Molecular Workshop for Wisconsin Laboratory Professionals

Conference Date: April 23, 2014

Conference Location: Glacier Canyon Conference Center
45 Hillman Road
Wisconsin Dells, WI 53965

Questions?
Contact Erin Bowles

Email: erin.bowles@slh.wisc.edu

Phone: 608-890-1616

P.A.C.E. ® Credits:
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Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

465 Henry Mall
Madison, Wisconsin 53706

Performing Quality Molecular & Emerging Technology Testing

A Molecular Workshop for Wisconsin Laboratory Professionals

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UNIVERSITY OF WISCONSIN-MADISON

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SUMMARY OF THE EMERGENCY RESPONSE EXERCISE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We want to thank all of you who responded to the CDC mandated, unannounced, timed emergency response test of our communications system! We would like to share the results with you. Please take the time to read this entire message, discuss the results with your staff and contact Erin Bowles at 608-890-1616 or erin.bowles@slh.wisc.edu if you have any questions or comments you would like to share regarding the exercise.

As the coordinating laboratory for the WCLN, the WSLH is expected to ensure the capability for timely communications among the WSLH and the WCLN members in an emergency situation. The federal funding we receive for emergency preparedness and response is dependent on our ability to meet CDC defined benchmarks. One benchmark we are expected to meet is to demonstrate that 90% of WI laboratories are able to receive and respond to an emergency message from the WSLH within 8 hours. On Thursday January 21, 2014 at 10:00 AM the WSLH conducted an emergency response test of the Wisconsin Clinical Laboratory Network (WCLN) communication system.

Exercise Design:

- WCLN laboratories were notified by e-mail and/or broadcast fax that the WSLH was conducting an emergency response test.
- Laboratories were asked to respond to the message immediately, either by faxing, or emailing a response to the WSLH at WCLN@mail.slh.wisc.edu.
- Laboratories were asked to include the following items in their response:
  - To whom was this message addressed
  - Laboratory name & city
  - Date and time test message was received in inbox or by fax machine
  - Responder’s name
  - Date and time of responder’s response

Exercise Results:

<table>
<thead>
<tr>
<th>Responded Within</th>
<th>2014 1st Shift Results n (% of Institutions)</th>
<th>2013 2nd Shift Results n (% of Institutions)</th>
<th>2012 2nd Shift Results n (% of Institutions)</th>
<th>2011 1st Shift Results n (% of Institutions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>107 (78.7%)</td>
<td>55 (34.6%)</td>
<td>42 (29.8%)</td>
<td>96 (60.0%)</td>
</tr>
<tr>
<td>2 hours</td>
<td>123 (90.4%)</td>
<td>72 (45.3%)</td>
<td>55 (39.0%)</td>
<td>111 (69.4%)</td>
</tr>
<tr>
<td>3 hours</td>
<td>126 (92.6%)</td>
<td>80 (50.3%)</td>
<td>59 (41.8%)</td>
<td>121 (75.6%)</td>
</tr>
<tr>
<td>4 hours</td>
<td>129 (94.9%)</td>
<td>84 (52.8%)</td>
<td>60 (42.6%)</td>
<td>126 (78.8%)</td>
</tr>
<tr>
<td>8 hours</td>
<td>132 (97.1%)</td>
<td>84 (52.8%)</td>
<td>61 (43.3%)</td>
<td>148 (92.5%)</td>
</tr>
<tr>
<td>12 hours</td>
<td>132 (97.1%)</td>
<td>99 (62.3%)</td>
<td>82 (58.2%)</td>
<td>148 (92.5%)</td>
</tr>
</tbody>
</table>
I want to thank and acknowledge the 107 laboratories who responded to this exercise within 1 hour. Having almost 80% of laboratories responding in 1 hour is terrific! It is wonderful to know that we were able to meet the 90% response benchmark within 2 hours when the drill was conducted on first shift. This is an incredible improvement from 2013 and 2012 when we conducted the drills on 2nd shift and it took 24 hours to receive a response from 90% of the laboratories. It is also a significant improvement from 2011 when we last conducted a drill on 1st shift and it took 8 hours for 90% of laboratories to respond.

Of note are the following items from the January 2014 exercise:

- 97.1% of labs responded within 8 hours.
- There was only one additional response between 8 and 24 hours.
- At 72 hours there were only 3 (2.2%) laboratories that hadn’t responded.

Labs that did not respond to the exercise were contacted to determine the reason they did not respond. We identified the following gaps:

- The fax was never seen and it was the only form of communication with the laboratory. We added email contact information for the laboratory.
- The laboratory had internal computer issues that prevented them from receiving email and we had an incorrect fax number. We now have the correct fax number for the laboratory.
- Our only contact for the laboratory was out on medical leave. We now have updated fax and email contacts for the laboratory.

I am very confident that should a true emergency occur on a weekday between 7:00 AM and 3:00 PM that we would be able to rapidly share information within our WCLN. Past drills would indicate that this may not be as easily accomplished on a weekend or holiday, or on an off-shift.

We continue to request your help with the following items:

- Notify the WSLH when your contact information changes (i.e. personnel changes, telephone or fax # changes, etc.) so our database is current.
- Read all emergency messages thoroughly and provide all the requested information in your reply.
- Respond by fax or by email to WCLN@mail.slh.wisc.edu. This email address is monitored by multiple individuals and thus provides redundancy for our WSLH emergency response.
- Inform off-shift personnel that when it is requested, they should respond immediately to an emergency message. Please ask staff not to set aside an emergency message that is addressed to someone who isn’t currently in the laboratory, but rather please respond for that individual.
- If you are not a 24/7 facility, you should try to develop a plan which allows some department that is staffed 24/7 within the facility to respond directly, or to notify the lab on-call person so that he or she can respond.
- Clinic laboratories that are not 24/7, but are part of a centralized 24/7 microbiology system, should try to develop an internal notification system whereby the central microbiology laboratory immediately communicates any messages to all other sites within the system.

Thank you again for your participation in this exercise and for your efforts to provide exceptional laboratory emergency response for the residents of Wisconsin!

INTERESTING ARTICLES:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


Before December, the H10N8 strain of avian influenza A had only been detected in birds. On December 17, Chinese authorities notified the World Health Organization (WHO) that a 73-year-old woman from Jiangxi Province in China had tested positive for H10N8 influenza.

Cases of the new H7N9 avian influenza in China are surging alarmingly, flu experts warned this week. There are now about 300 confirmed cases, with more appearing every day. Roughly a quarter of the victims have died. The first human cases were reported only last March. By contrast, the H5N1 influenza virus, another lethal strain that jumped from birds to people, first appeared in 2003 and took almost five years to reach the 300-case mark.

Here is the link to the article: http://www.nytimes.com/2014/02/05/health/cases-of-new-deadly-bird-flu-surge-in-china-experts-say.html?_r=0

DID YOU KNOW… ??????

Complimentary On-Demand Courses

The following complimentary on-demand courses are offered by the National Laboratory Training Network (NLTN) on the CDC TRAIN system. The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC). The NLTN is able to provide the following courses because of the support provided by CDC through a cooperative agreement with APHL.

Bioterrorism Preparedness Training for LRN Sentinel Laboratories
Updated for 2014 to include the new rule out or refer protocols and select agent regulations, six course modules are available, including:

- Anthrax (Bacillus anthracis)
- Brucella (Brucella spp.)
- Burkholderia (Burkholderia spp.)
- Plague (Yersinia pestis)
- Tularemia (Francisella tularensis)
- Laboratory Biosecurity

Good Laboratory Practices for Molecular Genetics Testing
This online learning module is intended to help laboratory professionals understand recommended good laboratory practices and enhance competencies for molecular genetic testing. The learner assumes the role of a laboratory technologist to complete this online training.

Packing and Shipping: Division 6.2 Materials
Packing and shipping Division 6.2 materials, such as patient specimens containing infectious materials and cultures, are regulated by US and international transport agencies. Fines and penalties can be imposed against those who fail to comply with the applicable rules including proper classification and documentation of training, proper packaging, marking and labeling and proper shipping documentation.

The preceding courses as well as TRAIN registration information can be found at http://www.cdc.gov/labtraining.

If you have difficulty with the online registration process, please email labtraining@cdc.gov. Upon receipt of your registration, confirmation will be sent by email.

FREE CDC WEBINAR ON CHIKUNGUNYA VIRUS ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

On Tuesday, February 18 at 2PM ET, Dr. Erin Staples at CDC will be presenting “Chikungunya Virus – An Emerging Threat to the Americas” on the Clinician Outreach Communication Activity Conference Call. More information can be found at the following link: http://emergency.cdc.gov/coca/calls/2014/callinfo_021814.asp
“Overview of CLSI Document M35-A2 for Bench-level Identification of Clinically-significant Microorganisms”

Date: Wednesday February 12, 2014, 12:00 noon – 1:00 PM

Speakers: Erik Munson, Ph.D., Technical Director, Wheaton Franciscan Laboratory, Milwaukee, WI

Description: This audio conference will provide guidance on bench-level biochemical testing in the clinical microbiology laboratory, as such testing may be of importance to a variety of microbiology laboratories throughout the state. Discussed principles will subsequently be: 1) applied toward a better understanding of errors made in past WSLH Bioterrorism proficiency exercises; and 2) incorporated into same-day algorithms resulting in accurate identification of clinically-significant bacterial and yeast isolates.

Registration: Register at our website: http://www.slh.wisc.edu/event/overview-of-clsi-document-m35-a2-for-bench-level-identification-of-clinically-significant-microorganisms/

Contact Person ______________________________ Email ___________________________
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Date: Wednesday March 19, 2014, 12:00 noon – 1:00 PM

Speakers: Timothy Monson, M.S., Supervisor, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI  
Mike Rauch, B.S., Advanced Microbiologist, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI

Description: Clinical laboratories in Wisconsin have been testing for Shiga toxin-producing E. coli (STEC) for many years. As more clinical laboratories have implemented Shiga toxin (ST) testing, statewide surveillance has been enhanced. The partnership between clinical and public health laboratories continues to be an essential component necessary for effective STEC surveillance and the prevention of further disease.


Contact Person ______________________________ Email ___________________________
Institution __________________________________ City/State ________________________
Telephone __________________________________ Fax ______________________________
Wisconsin Laboratory Messaging System
January 30, 2014

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

Emergency WSLH Contact: Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

ATTENTION - WSLH NEW WEBSITE IS NOW LIVE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We are pleased to announce that the WSLH new website is now live. We hope that you will find the new website more visually appealing and interesting and much easier to use. That being said, here are a few tips for navigating the new website. If you read through the tips I’ve provided below and still are having trouble, please contact me at erin.bowles@slh.wisc.edu. We want to hear how you like the new website and if you have suggestions for improvements, we want to hear that too.

WSLH WEBSITE NAVIGATION TIPS:

1. Here is the link to the new WSLH homepage http://www.slh.wisc.edu.
   a. The homepage has prominent buttons for sites that are most frequently visited, such as the clinical test catalogue, newborn screening, and proficiency testing buttons.
   b. At the bottom right corner of the homepage under “Key Contacts” is the WSLH after hours emergency phone number. This is our 24/7 emergency pager number that is staffed by CDD personnel. It should be used for true emergencies to reach us outside of normal business hours.
   c. At the bottom of the black band across the top of the homepage is a menu bar. The “Lab Networks and Surveillance” tab will get you to all of the information concerning our Communicable Disease Division as well as all the information about our laboratory networks and laboratory surveillance programs. Click on the tab to access the “Networks and Surveillance” homepage or hover over “Lab Networks and Surveillance” to open a drop-down menu showing the main pages that can be accessed under the “Lab Networks and Surveillance” homepage. Click on an item from the drop-down menu to go directly to that webpage.

2. On the “Lab Networks and Surveillance” page as well as all other pages on the website, please note
   a. “Red” print designates headings
   b. “Tan” print designates a link to another page. When you hover over any “tan” print link the print becomes underlined and changes to a dark gray color. Click on the link to access the page of interest.
   c. On the left side of each page is a menu bar that links to various pages available from the page you are on. A white triangle next to a heading in the sidebar means that there are subheadings under that heading. When you click on a heading with a white triangle it will expand to show the subheadings and the triangle will become black to indicate the heading is expanded.

3. Are you searching for a clinical test?
   a. From the WSLH homepage, click on the “Clinical Test” catalogue button. On the page that opens, click on the empty box and enter the name of the test you are looking for. DO NOT hit “Enter”, but rather click on the “Search” button.
   b. Or from the “Communicable Diseases” homepage, click on “Testing” to access the clinical testing catalogue.

4. Are you trying to submit surveillance data?
a. Hover over the “Lab Networks and Surveillance” tab and click on “Surveillance” from the drop-down menu. On the “Surveillance” webpage you will see two prominent buttons under the heading “Reporting Your Results”. Click on the appropriate button to report your results.

b. Please note that the Wisconsin Laboratory Surveillance report can also be accessed from the “Surveillance” page.

c. For other surveillance information, see the left sidebar to view the subheadings under “Surveillance”, then click on the specific subheading for the type of surveillance information you are looking for, whether it be bacteriology, mycobacteriology, or virology.

5. Are you looking for upcoming or archived educational events?

a. Hover over the “Lab Networks and Surveillance” tab and click on “Training Events” in the drop-down menu. Click on the appropriate button for either “Upcoming Training Events” or “Past Training Events”. The upcoming and past events are all part of a single calendar/list. Clicking on one of the buttons takes you to a spot on the calendar that is either in the future, or in the past. You can get to the past events from the “Upcoming Training Events” webpage by using the back arrow to view previous months or lists. You can also get to upcoming events from the “Past Events” page by using the forward arrow to view next events.

i. The “Upcoming Training Events” page defaults to a calendar view where you can view month by month the upcoming events. The events for our WCLN all begin with WCLN in the title of the event. Hover over the event to see a pop-up box that provides more details about the event. Clicking on the event will open the webpage for that specific event. The event webpage will have the link to registration, as well as the materials for the training event. If you don’t like the calendar view you have the option to change the view by clicking on “View as” in the light gray box near the top right corner of the page. Choose the “List” view to see a list of offerings.

ii. The “Past Events” page defaults to a list view where you will see the past archived events listed, beginning with the most recent date. Click on either the title of the event or on the words “find out more” to go to the event webpage to see details about the event. Again, you have the option to switch to a calendar view by clicking on “View as” and choosing the “Calendar” view.

b. To search for an event about a subject without knowing the date of an event, click on “Past Events”. Click on “View as” and choose the “List” option. You must be in the “List” view to use the search option. Under the black header at the top of the page you will see the word “Search”. Click on “Search”, type in a description of the subject you are searching for. When you are done typing DO NOT hit “Enter”, but rather click on the gray “Find Events” box. The search function always searches for future events first. Use “Next” or “Previous” to search for additional options. The search engine looks for exact matches, so it may not find an item you are looking for if the search words aren’t exactly the same as the title of the presentation. Simply using the “List” view and then the “Previous” arrow to scroll through all the options available may be slow, but it may be the best way to find an archived presentation.

6. Do you want to order supplies, forms, or do you want to talk to someone to ask a question?

a. Hover over the “Lab Networks and Surveillance” tab and choose “Communicable Diseases” from the drop-down menu to access the “Communicable Diseases” homepage.

b. From the left sidebar, click on “Clinical Supplies”, “Forms”, or “Customer Service” depending on your specific need. The specific webpage for each of these areas should provide the information you are looking for, but if not, our Customer Service department is always happy to answer your questions.

7. Looking for information that was on the old WCLN webpage?

a. Hover over the “Lab Networks and Surveillance” tab and choose “WCLN” from the drop-down menu to go to the “WCLN” homepage. All the same information is there, but the new WCLN webpage has been subdivided into separate subpages that can be viewed on the left sidebar. Click on the subpage you want to view.
The WSLH has received a one-time grant award to provide Wisconsin clinical laboratories with a resource document and to host a workshop this April 23, 2014 on the topic of “Performing Quality Molecular and Emerging Technology Testing”. The intent of the resource document and workshop is to provide guidance to laboratories that choose to implement molecular and other newer technologies into their workflow, so that this testing is performed in a manner that is consistent with quality laboratory practices.

Resource Document:

Choose from the following four documents the document that would be the most useful:

- **MM13-A** “Collection, Transport, Preparation, and Storage of Specimens for Molecular Methods; Approved Guideline”
- **MM14-A2** “Design of Molecular Proficiency Testing/External Quality Assessment; Approved Guideline – 2nd Edition”
- **MM17-A** “Verification and Validation of Multiplex Nucleic Acid Assays; Approved Guideline”
- **MM19-A** “Establishing Molecular Testing in Clinical Laboratory Environments; Approved Guideline”

For more information about each document, please go to the CLSI website at the following: [http://shopping.netsuite.com/s.nl/c.1253739/sc.7/category.2383/.f](http://shopping.netsuite.com/s.nl/c.1253739/sc.7/category.2383/.f). Click on the “Molecular Methods” button. Click on the specific document you want to view to open up a page on the document. On the webpage for the specific document, click on “Preview sample pages” to see details about the material that is covered in the document.

To obtain a resource document for your laboratory, please complete the attached form. Email your response to me at erin.bowles@slh.wisc.edu. If you are unable to email me, then fax the completed form to my attention at 608-265-9091. Please be sure to mark which document is your first choice and then indicate a document that would be your second choice. I must receive your request for a resource document by 4:00 PM on January 31, 2014. Any requests received after that date will not be accepted. As in previous years, clinical laboratories who request and receive a resource document are expected to send at least one individual to the workshop in the spring. The resource document that you request for your laboratory will be handed out at the workshop.

Workshop:

The “Performing Quality Molecular and Emerging Technology Testing” workshop will be on April 23, 2014 in Wisconsin Dells, WI at Glacier Canyon Lodge at the Wilderness Territory. We are still working on the details for the workshop, so please watch for further announcements regarding the workshop.

MESSAGE FROM WDPH: REMINDER OF CDC HEALTH ADVISORY:~~~~~~~~~~~~~~~~~~~~~~

Please be aware of the following message that the Wisconsin Division of Public Health (WDPH) sent to Regional, LHDs, and Tribal officers. We ask you to please share this information with health care providers, physicians, and appropriate personnel in your area

Please see the CDC Health Alert below regarding possible chikungunya virus infection among travelers returning from the Caribbean:

The first local (autochthonous) transmission of chikungunya virus in the Americas was recently reported from islands in the Caribbean. As of this week, local transmission has been confirmed on the islands of Saint Martin/Saint Maarten, Saint Barthelemy, the British Virgin Islands, Guadeloupe, and Martinique. Further spread to other countries in the region is likely and there is a risk of importation of the virus to the mainland United States through viremic travelers.

Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean. In December, we released a CDC Health Advisory which encouraged healthcare providers to report suspected chikungunya cases to their state or local health department to facilitate diagnosis (Available at [http://emergency.cdc.gov/HAN/han00358.asp](http://emergency.cdc.gov/HAN/han00358.asp)).

Please contact the Vectorborne Epidemiologist at the Division of Public Health, Diep (Zip) Hoang Johnson for information on chikungunya (CHIK) virus testing and surveillance at 608-267-0249, email: diep.hoangjohnson@dhs.wisconsin.gov
NEW CDC GUIDELINES ON TREATING AND PREVENTING ANTHRAX:

The US Centers for Disease Control and Prevention (CDC) recently released updated guidelines for treating and preventing anthrax in adults and pregnant women, recommending, among other things, the simultaneous use of antimicrobial drugs and antitoxin in patients who have systemic disease. The 2 sets of guidelines were published 17 Jan 2014 in Emerging Infectious Diseases. They were prepared by multidisciplinary expert panels that met in 2011 and 2012.

Here are the links to the two guidelines:

http://wwwnc.cdc.gov/eid/article/20/2/13-0687_article.htm
http://wwwnc.cdc.gov/eid/article/20/2/13-0611_article.htm

CHANGES TO WSLH INFLUENZA SUBTYING:

Please be aware that due to unanticipated shortages in CDC influenza subtyping reagents we are currently conserving reagents by triaging specimens and subtyping only a subset of positive specimens. Please continue to submit specimens as usual for subtyping. If not tested they will be stored in the WSLH repository and may be submitted to CDC for additional study.

DID YOU KNOW... ??????

Complimentary On-Demand Courses

The following complimentary on-demand courses are offered by the National Laboratory Training Network (NLTN) on the CDC TRAIN system. The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC). The NLTN is able to provide the following courses because of the support provided by CDC through a cooperative agreement with APHL.

Bioterrorism Preparedness Training for LRN Sentinel Laboratories

Updated for 2014 to include the new rule out or refer protocols and select agent regulations, six course modules are available, including:

- Anthrax (*Bacillus anthracis*)
- Brucella (*Brucella* spp.)
- Burkholderia (*Burkholderia* spp.)
- Plague (*Yersinia pestis*)
- Tularemia (*Francisella tularensis*)
- Laboratory Biosecurity

Good Laboratory Practices for Molecular Genetics Testing

This online learning module is intended to help laboratory professionals understand recommended good laboratory practices and enhance competencies for molecular genetic testing. The learner assumes the role of a laboratory technologist to complete this online training.

Packing and Shipping: Division 6.2 Materials

Packing and shipping Division 6.2 materials, such as patient specimens containing infectious materials and cultures, are regulated by US and international transport agencies. Fines and penalties can be imposed against those who fail to comply with the applicable rules including proper classification and documentation of training, proper packaging, marking and labeling and proper shipping documentation.

The preceding courses as well as TRAIN registration information can be found at http://www.cdc.gov/labtraining.

If you have difficulty with the online registration process, please email labtraining@cdc.gov. Upon receipt of your registration, confirmation will be sent by email.
“Overview of CLSI Document M35-A2 for Bench-level Identification of Clinically-significant Microorganisms”

Date: Wednesday February 12, 2014, 12:00 noon – 1:00 PM

Speakers: Erik Munson, Ph.D., Technical Director, Wheaton Franciscan Laboratory, Milwaukee, WI

Description: This audio conference will provide guidance on bench-level biochemical testing in the clinical microbiology laboratory, as such testing may be of importance to a variety of microbiology laboratories throughout the state. Discussed principles will subsequently be: 1) applied toward a better understanding of errors made in past WSLH Bioterrorism proficiency exercises; and 2) incorporated into same-day algorithms resulting in accurate identification of clinically-significant bacterial and yeast isolates.


Contact Person ________________ Email ______________________________

Institution ______________________ City/State ______________________

Telephone ______________________ Fax ______________________________
Wisconsin Laboratory Messaging System
January 17, 2014

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ATTENTION - WSLH HOLIDAY OBSERVANCE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Please note that the WSLH will be closed Monday, January 20, 2014 in observance of the Martin Luther King Jr. holiday

WCLN EDUCATIONAL OFFERING:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The WSLH has received a one-time grant award to provide Wisconsin clinical laboratories with a resource document and to host a workshop this spring on the topic of “Performing Quality Molecular and Emerging Technology Testing”. The intent of the resource document and workshop is to provide guidance on how to implement and use molecular and other newer technologies in your laboratory in a manner that is consistent with quality laboratory practices.

Workshop:

Please save the date! The “Performing Quality Molecular and Emerging Technology Testing” workshop will be on April 23, 2014. We are still working on the details for the workshop, so please watch for further announcements regarding the workshop.

Resource Document:

As Wisconsin clinical laboratories are at different stages of embracing molecular testing and some of the other newer technologies, we are offering several documents so that each laboratory can select one that would be most useful. You may choose from the following four documents:

- MM13-A “Collection, Transport, Preparation, and Storage of Specimens for Molecular Methods; Approved Guideline”
- MM17-A “Verification and Validation of Multiplex Nucleic Acid Assays; Approved Guideline”
- MM19-A “Establishing Molecular Testing in Clinical Laboratory Environments; Approved Guideline”

For more information about each document, please go to the CLSI website at the following: http://shopping.netsuite.com/s.nl/c.1253739/sc.7/category.2383/.f. Click on the “Molecular Methods” button. Click on the specific document you want to view to open up a page on the document. On the webpage for the specific document, click on “Preview sample pages” to see details about the material that is covered in the document.

To obtain a resource document for your laboratory, please complete the attached form. Email your response to me at erin.bowles@slh.wisc.edu. If you are unable to email me, then fax the completed form to my attention at 608-265-9091. Please be sure to mark which document is your first choice and then indicate a document that would be your second choice. I must receive your request for a resource document by January 31, 2014. Any requests received after that date will not be accepted as the order for the documents must be placed on February 3, 2014. As in previous years, clinical laboratories who request and receive a resource document are expected to send at least one
individual to the workshop in the spring. The resource document that you request for your laboratory will be handed out at the workshop.

**DID YOU KNOW… ???????**

**Free COCA Webinar – “2013-2014 Influenza Season: Updates and Recommendations for Clinicians”**

*Date: Thursday, January 23, 2014*

*Time: 2:00 – 3:00 pm (Eastern Time)*

*This influenza season, CDC has received a number of reports of severe respiratory illness among young and middle-aged adults, many of whom were infected with influenza A (H1N1) pdm09 (pH1N1) virus. Multiple pH1N1-associated hospitalizations, including many requiring intensive care unit (ICU) admission, and some fatalities have been reported. For the 2013-14 season, if pH1N1 virus continues to circulate widely, illness that disproportionately affects young and middle-aged adults may occur. Annual influenza vaccination is recommended for all persons aged 6 months and older, and is the best way to prevent influenza. However, available evidence consistently indicates that antiviral treatment, when initiated as early as possible in patients with confirmed or suspected influenza, can reduce severe outcomes of influenza.*

*During this COCA conference call, critical care physicians will comment on their recent experiences caring for patients with severe influenza, and a CDC subject matter expert will summarize the 2013-14 season to date and review CDC recommendations for health care providers including the use of antiviral medications for the treatment of influenza.*

*Call-in: 888-233-9077*

*Passcode: 8207177*


*For more information on this call: [http://emergency.cdc.gov/coca/calls/2014/callinfo_012314.asp](http://emergency.cdc.gov/coca/calls/2014/callinfo_012314.asp)*

**INTERESTING ARTICLE:**


*Using bits of human intestine stored in a Philadelphia medical museum in 1849, scientists have decoded the genes of an early form of cholera, the deadly diarrheal disease that first swept the globe just a few decades earlier. The disease is still a lethal menace, as was shown in Haiti four years ago, when an unexpected outbreak after an earthquake killed more than 8,000 and hospitalized hundreds of thousands more. But it has evolved since the 19th-century pandemics, which killed millions.*


**CDC HEALTH ALERT:**

*On January 8, 2014, the Public Health Agency of Canada reported the first confirmed case of human infection with avian influenza A (H5N1) virus identified in North America. Since avian influenza A (H5N1) viruses have only been rarely, and never sustainably, transmitted from person to person, there is a very low risk of subsequent related cases. To date, no cases of human infection with avian influenza A (H5N1) viruses have been reported in the United States.*

*Here is the link to the alert: [http://emergency.cdc.gov/HAN/han00360.asp](http://emergency.cdc.gov/HAN/han00360.asp)*
“Overview of CLSI Document M35-A2 for Bench-level Identification of Clinically-significant Microorganisms”

Date: Wednesday February 12, 2014, 12:00 noon – 1:00 PM

Speakers: Erik Munson, Ph.D., Technical Director, Wheaton Franciscan Laboratory, Milwaukee, WI

Description: This audio conference will provide guidance on bench-level biochemical testing in the clinical microbiology laboratory, as such testing may be of importance to a variety of microbiology laboratories throughout the state. Discussed principles will subsequently be: 1) applied toward a better understanding of errors made in past WSLH Bioterrorism proficiency exercises; and 2) incorporated into same-day algorithms resulting in accurate identification of clinically-significant bacterial and yeast isolates.

Registration: On-line registration will be open by Wednesday 1/22/14 at our website: http://www.slh.wisc.edu/labupdates/wcln/index.dot. (Click on upcoming WCLN events to locate the specific webpage for this audio conference.)

Contact Person ______________________________ Email ___________________________
Institution ______________________________ City/State __________________________
Telephone ______________________________ Fax ________________________________
Wisconsin Laboratory Messaging System
January 9, 2014

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Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

**HAPPY 2014!** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We couldn’t begin a New Year without a few resolutions. Our primary resolutions here at the WSLH Communicable Disease Division are to roll out our new website sometime in the very near future and to move to our new laboratory without any disruption of service. The actual move date has yet to be scheduled, but we’re pretty sure it will be sometime in 2014.

We also are committed to continuing our Wisconsin Clinical Laboratory Network (WCLN) educational activities, such as audio conferences, technical workshops, regional meetings, and laboratory site visits. However, for these activities to be successful, we depend upon your participation in the activities, so we hope that you will join us as often as possible at these events. We truly look forward to meeting with you in the coming year! If you have any suggestions for educational activities, please send them to WCLN@slh.wisc.edu.

Whatever your resolutions are for the coming year, we wish you the best in accomplishing them!

Sincerely,
Erin Bowles

**STUDY CONCLUDED – THANKS FOR YOUR PARTICIPATION:**~~~~~~~~~~~~~~~~~~~~~~~~~~~

- **Enhanced Cryptosporidium Surveillance – Rapid Cartridge Assay Study Completed**
  The CDC Cryptosporidium Rapid Cartridge Assay (RCA) study has concluded. **It is no longer necessary to submit Cryptosporidium positive stool specimens to the WSLH for this study.** Thanks to all of you who participated and made the study possible. We are in the process of analyzing the data and will share our findings. We will no longer be using the Cryptosporidium RCA study submission form, so please destroy all copies.

  **The WSLH will continue to offer confirmatory testing for reactive/positive Cryptosporidium results for diagnostic purposes at no charge.** Please use the WSLH CDD Requisition Form A when submitting stool specimens for Cryptosporidium confirmatory testing. Please note on the requisition that you are requesting confirmation of a positive result.

  If you have any questions, please contact Dr. Tam Van (tam.van@slh.wisc.edu), Tim Monson (timothy.monson@slh.wisc.edu) or Dr. Dave Warshauer (david.warshauer@slh.wisc.edu).

  Thank you for your participation!
FEBRUARY WCLN AUDIO CONFERENCE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We are currently in the process of setting up the registration for the February 12, 2014 WCLN audio conference at 12:00 noon when Dr. Erik Munson from Wheaton Franciscan Laboratories in Milwaukee will be discussing the CLSI M35-A2 document on the use of abbreviated testing for bacteria and yeast. Please save the date and watch for further announcements that the registration has been opened.

INTERESTING ARTICLE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


Hepatitis B (HBV) has long been recognized as an occupational risk for health-care personnel (HCP), including HCP trainees. The virus remains infectious for prolonged periods on environmental surfaces and is transmissible in the absence of visible blood. HCP do not recognize all exposures to potentially infectious blood or body fluids and even if exposures are recognized, often do not seek postexposure prophylactic management for recognized exposures. In serologic studies conducted in the United States during the 1970s, HCP had a prevalence of HBV infection approximately 10 times greater than the general population. This report provides CDC guidance for persons working, training, or volunteering in health-care settings who have documented HepB vaccination years before hire or matriculation (e.g., when HepB vaccination was received as part of routine infant [recommended since 1991] or catch-up adolescent [recommended since 1995] vaccination).

Here is the link to the complete article: http://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf

WCLN EDUCATIONAL OFFERING:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The WSLH has received a one-time grant award to provide Wisconsin clinical laboratories with a resource document and to host a workshop this spring on the topic of “Performing Quality Molecular and Emerging Technology Testing”.

The intent of the resource document and workshop is to provide guidance on how to implement and use molecular and other newer technologies in your laboratory in a manner that is consistent with quality laboratory practices. We are still working on the details for the workshop, so please watch for further announcements regarding the workshop. We anticipate the workshop will be held in early May.

We realize that Wisconsin clinical laboratories are at different stages embracing molecular testing and some of the other newer technologies, therefore, rather than selecting a single document to purchase for laboratories, we have decided to allow each laboratory to select from among four documents the one document that they feel would be most useful in their laboratory. You may choose from the following four documents:

- MM13-A “Collection, Transport, Preparation, and Storage of Specimens for Molecular Methods; Approved Guideline”
- MM17-A “Verification and Validation of Multiplex Nucleic Acid Assays; Approved Guideline”
- MM19-A “Establishing Molecular Testing in Clinical Laboratory Environments; Approved Guideline”

For more information about each document, please go to the CLSI website at the following: http://shopping.netsuite.com/s.nl/c.1253739/sc.7/category.2383/.f. Then click on the “Molecular Methods” button. From there you can click on the specific document you want to view to open up a page on the document. On the page for the document you can click on “Preview sample pages” to see details about the material that is covered in the document.

If you would like one of the resource documents for your laboratory, please copy and complete the attached form and email it to me at erin.bowles@slh.wisc.edu. I would prefer email, but if you are unable to email me, then fax the completed form to my attention at 608-265-9091. Please be sure to mark which document is your first choice and then indicate a document that would be your second choice. You can find out more about each document by going to the Clinical Laboratory Standards Institute website.
I must receive your request for a resource document by January 31, 2014. Any requests received after that date will not be accepted as I must place the order for the documents on February 3, 2014. As in previous years, clinical laboratories who request and receive a resource document are expected to send at least one individual to the workshop in the spring. To save on mailing costs, the resource document that you request for your laboratory will be handed out at the workshop.

**DID YOU KNOW... ??????**

*Have you ever come across a situation and wondered what OSHA would say about the subject?*

*To access OSHA regulations and guidance visit:*

[https://www.osha.gov/SLTC/etools/hospital/lab/lab.html#OSHA_Laboratory_Standards](https://www.osha.gov/SLTC/etools/hospital/lab/lab.html#OSHA_Laboratory_Standards)

**WDHS INFLUENZA MESSAGE:**

Please be aware of the attached message that was sent out today by the Wisconsin Department of Health Services (WDHS) regarding increasing influenza hospitalizations in Wisconsin.

**STILL TIME TO REGISTER FOR JANUARY WCLN AUDIO CONFERENCE:**

- “Why Are We Concerned With Non-Tuberculous Mycobacteria?”
  - **Date:** Wednesday January 15, 2014, 12:00 noon – 1:00 PM
  - **Speakers:** Julie Tans-Kersten, M.S., MT(ASCP), TB Coordinator, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI
  - **Description:** This audio conference will cover the clinical significance of the Non-tuberculous Mycobacteria (NTM). The presentation will focus on various methods that may be used to identify NTM, from conventional methods to the newer emerging technologies such as Maldi-TOF and whole genome sequencing. The speaker will also touch on recommended susceptibility testing of NTM.
  - **Registration:** Register at our website: [http://www.slh.wisc.edu/outreach-data/event-detail.php?id=238](http://www.slh.wisc.edu/outreach-data/event-detail.php?id=238)

Contact Person __________________________ Email __________________________
Institution ___________________________ City/State __________________________
Telephone ___________________________ Fax __________________________
Influenza Hospitalizations Increasing in Wisconsin

Young and Middle-Aged Adults Especially Affected

MADISON—Wisconsin has seen a recent dramatic increase in the number of hospitalizations resulting from influenza, including admissions to intensive care units (ICU), and an increase in the number of young and middle-aged adult patients requiring mechanical ventilation. The influenza virus causing most of these serious infections is the 2009 A/H1N1 virus, the same virus that caused the influenza pandemic during 2009. Once again, state health officials are strongly encouraging Wisconsin residents to get vaccinated against the flu.

“For the best protection against the flu, you need to be vaccinated annually,” said Karen McKeown, State Health Officer. “Getting vaccinated during past years, or having the flu in the past, does not fully protect against this year’s A/H1N1 strain. The good news is that the H1N1 strain in this year’s vaccine is well matched against the 2009 A/H1N1 flu strain and should be very effective.”

Influenza occurrence is approaching peak levels in Wisconsin, making it especially important to get vaccinated now to prevent future cases, McKeown noted. There have already been 565 influenza-associated hospitalizations reported since October 5, with 22 percent admitted to the ICU and 9 percent requiring mechanical ventilation. Notably, 75 percent of these hospitalizations have been reported since December 14. Although deaths caused by influenza are reportable only among pediatric patients, flu-associated fatalities among non-vaccinated young and middle-aged adults have also been noted.

According to the Centers for Disease Control and Prevention, everyone aged six months and older should be vaccinated annually against influenza. To get flu shots for you and your family, contact your health care provider, pharmacy, local public health department or tribal health clinic, or go to www.flu.gov to find a flu vaccination center near you.

Health officials also recommend these important steps:

- Wash your hands often with soap and water, or use an alcohol-based hand sanitizer.
- Cover your cough or sneeze with your upper sleeve, and try to avoid touching your face with your hands. If you use a tissue, throw it away after one use.
- Don’t share drinking cups and straws.
- Avoid being exposed to people who are sick with flu-like symptoms.
- Eat nutritious meals, get plenty of rest and do not smoke.
- Frequently clean commonly touched surfaces (e.g., door knobs, refrigerator handle, telephone, faucets).
- If you think you have the flu, stay home, get rest, drink plenty of liquids and avoid using alcohol and tobacco. Contact your doctor about possible treatment for severe or persistent symptoms.


###
Wisconsin Laboratory Messaging System
December 17, 2013

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

**Emergency WSLH Contact:** Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact [WCLN@mail.slh.wisc.edu](mailto:WCLN@mail.slh.wisc.edu) with your name, title, facility and city, email address and the changes you would like us to make.

**WSLH 2013 HOLIDAY SCHEDULE:**

Please note the following changes to the Wisconsin State Laboratory of Hygiene’s operations due to the observance of the Christmas and New Year’s holidays.

The table below lists operation hours for our **Clinical Support** departments. We will have minimal staffing on the dates noted below to accept clinical specimens at our 465 Henry Mall facility. **Only critical testing** in our **Communicable Diseases** and **Newborn Screening** departments will be performed.

**Please NOTE:** Our environmental health and occupational health divisions at 2601 Agriculture Drive will be closed on all of these days.

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**WISCONSIN EMERGENCY RESPONSE INFORMATION:**

Does your laboratory have at least two individuals designated as emergency response contacts? The individuals designated as laboratory emergency response contacts receive emergency alerts and Wisconsin Laboratory Messages by e-mail. **Your laboratory should also receive a faxed copy of any emergency alert that is addressed to “laboratory staff”.** Please make sure that personnel on all shifts know to respond immediately if they are requested to do so in an emergency alert.

**We need your help!** This is a reminder that if you have had any changes in the personnel who are designated as emergency contacts for your laboratory or any changes to contact information (i.e. email, phone, or fax), please send all updated information to [erin.bowles@slh.wisc.edu](mailto:erin.bowles@slh.wisc.edu). You never know when an emergency situation will arise. We must be prepared and know who to contact at each laboratory. Thank you in advance for your help!
MESSAGE FROM THE WISCONSIN DIVISION OF PUBLIC HEALTH (WDPH) TO LOCAL PUBLIC HEALTH (LPH) & INFECTION PREVENTIONISTS:

Please be aware of the attached message that was sent out by the WDPH to LPH and infection preventionists regarding influenza testing and reporting. This message may directly affect those of you who are using molecular methods to perform influenza testing. Those of you who do not use molecular methods, or who do not perform influenza testing may still hear about this from your infection preventionists or local public health departments. If, after reading the message, you have any questions, please e-mail us at WCLN@slh.wisc.edu, or call Erik Reisdorf at 608-262-1021.

INTERESTING ARTICLES:

- **Association of Public Health Laboratories (APHL) – “Suggested Reporting Language for the HIV Laboratory Diagnostic Testing Algorithm” November 2013**
  
  The APHL HIV/Hepatitis Subcommittee felt a need to offer some standardization to HIV result reporting language that would make the results easier to interpret. The document was developed through consensus of the subcommittee. Members of this subcommittee consist of subject matter experts from state and local public health laboratories and subject matter experts from the Division of HIV/AIDS Prevention at CDC. The document includes a description and table that intends to clarify the test methods that are suitable for the HIV Laboratory Diagnostic Testing Algorithm and guide how to report test results for serum and plasma specimens. Additionally, the table includes suggested further actions that can be included in the laboratory report or that can be used as guidance for laboratorians to discuss test results with healthcare providers.
  
  Here is the link to the complete document:

  
  Lyme disease is a multisystem illness caused by *Borrelia burgdorferi*, a spirochete transmitted by certain species of *Ixodes* ticks. Approximately 30,000 confirmed and probable cases of Lyme disease were reported in the United States in 2012, primarily from high-incidence states in the Northeast (Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont) and upper Midwest (Minnesota and Wisconsin). Common manifestations include cutaneous, neurologic, and rheumatologic signs and symptoms. Symptomatic infection of the heart is rare in recognized Lyme disease cases and usually resolves promptly with appropriate antibiotic therapy. Nonetheless, cardiac involvement occasionally can cause life-threatening cardiac conduction abnormalities.
  
  Here is the link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6249a1.htm?s_cid=mm6249a1_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6249a1.htm?s_cid=mm6249a1_e)

NEW LABTAG REPRESENTATIVE:

We are pleased to announce that Joshua Kropp, from the Diagnostic and Treatment Center in Weston, is the new LabTAG member for Region 2 representing clinical laboratories in the following counties: Clark, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Price, Portage, Taylor, Vilas, and Wood.

Joshua currently leads the microbiology team at The Diagnostic & Treatment Center in Weston, WI, a lab which services Ministry Saint Clare’s Hospital, Marshfield Clinic Weston Center and Ministry Medical Group – Weston, as well as various outreach clinics. He is a graduate of the Clinical Laboratory Science program at the University of Wisconsin-Stevens Point and of the Clinical Practicum program at Marshfield Laboratories. He is a member of the American Society for Microbiology. In his free time, Joshua enjoys playing piano and studying pipe organ. He is a member and former board member of the Wausau Lyric Choir, a community choir dedicated to excellence in the performance of sacred choral literature.

Mary Smith, from the St. Croix Regional Medical Center in St. Croix Falls, has graciously agreed to remain the LabTAG representative for Region 1 for another year, as there were no applicants to fill that vacancy at this time.
CDC HEALTH ALERT:-----------------------------------------------

Please note the attached CDC Health Alert regarding possible Chikungunya virus in patients returning from travel in the Caribbean.

DID YOU KNOW... ??????

Choosing Wisely Tool Kit

The Choosing Wisely Tool Kit is designed to help raise public awareness and garner support around appropriate test utilization. We encourage you to explore and share the resources, read articles, and download the PDF guides, posters, and handouts as you communicate the Choosing Wisely mission with patients and colleagues in your community.

Visit http://www.ascp.org/Functional-Nav/The-Choosing-Wisely-Campaign/Tool-Kit to learn more.

REGISTRATION OPEN FOR JANUARY WCLN AUDIO CONFERENCE:---------------------

☐ “Why Are We Concerned With Non-Tuberculous Mycobacteria?”

Date:       Wednesday January 15, 2014, 12:00 noon – 1:00 PM
Speakers:   Julie Tans-Kersten, M.S., MT(ASCP), TB Coordinator, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI
Description: This audio conference will cover the clinical significance of the Non-tuberculous Mycobacteria (NTM). The presentation will focus on various methods that may be used to identify NTM, from conventional methods to the newer emerging technologies such as Maldi-TOF and whole genome sequencing. The speaker will also touch on recommended susceptibility testing of NTM.

Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=238

Contact Person ___________________________________________ Email ______________________________
Institution ___________________________________________ City/State ______________________________
Telephone ______________________________ Fax ______________________________
Date: December 9, 2013

To: Local Health Departments
Infection Preventionists

From: Wisconsin Division of Public Health

RE: Influenza A Subtyping: Interpretation of Results

The Wisconsin Division of Public Health has recently received several reports of “unsubtypable” Influenza A viruses obtained from patients who were hospitalized for influenza-associated illness. These reports indicated a positive influenza A test and negative tests for influenza A/H3N2, A/H1N1 and 2009 A(H1N1)pdm (also identified as 2009 H1N1). Upon review of these cases, it appears this was a result of imprecise terminology used by a clinical laboratory. In fact, the viruses had not been subtyped for 2009 A(H1N1)pdm and should have been identified as “unknown.” Subsequently, all viruses were sent to the Wisconsin State Laboratory of Hygiene (WSLH) where they tested positive for influenza A(H1N1)pdm09.

This situation serves as a reminder that for public health surveillance and response purposes, an influenza A “unsubtypable” virus is a virus that a clinical laboratory attempted to subtype but the virus did not subtype as an influenza H1N1, H3N2, or A(H1N1)pdm09. Identification of an “unsubtypable” virus is a trigger for an immediate response that starts with notification of state and local public health departments and the arrangement for further testing at either the WSLH or at the CDC.

Please note, a laboratory report that identifies influenza A “unknown” does not require a response from public health or clinical laboratories. Unknown implies that influenza A subtyping was not attempted. This is a common occurrence.

Below are the current recommendations for laboratories and local health departments

Definitions:

1. Unsubtypable (meets the following 3 criteria)
   a. Positive influenza A test
   b. Subtyping was attempted, and
   c. Subtype of H1N1, H3N2, and A(H1N1)pdm09 could not be confirmed

2. Unknown (meets the following 2 criteria)
   a. Positive influenza A test
   b. Subtyping was not attempted, or not all subtypes were tested for

Laboratories that identify an influenza A “unsubtypable” virus should:
1. Notify local public health or the Wisconsin Division of Public Health at 608-267-9003.
2. Hold the clinical specimen until arrangements for further testing are complete.
Local Public Health Departments should:

1. Monitor all influenza lab reports they receive for influenza A unsubtypable reports. While these would most likely be identified through influenza-associated hospitalization reports, all influenza lab reports should be monitored.
2. Verify with the clinical laboratory that the virus is “unsubtypable” and is not an “unknown.”
3. Notify the Wisconsin Division of Public Health at 608-267-9003 when an “unsubtypable” influenza A virus is confirmed or suspected.

The Division of Public Health is confident that this misunderstanding involving incorrect use of terms will be corrected very soon. Any questions regarding this message should be addressed to Thomas Haupt at 608-266-5326 or Thomas.haupt@wi.gov
Notice to Public Health Officials and Clinicians: Recognizing, Managing, and Reporting Chikungunya Virus Infections in Travelers Returning from the Caribbean

Summary
On December 7, 2013, the World Health Organization (WHO) reported the first local (autochthonous) transmission of chikungunya virus in the Americas. As of December 12th, 10 cases of chikungunya have been confirmed in patients who reside on the French side of St. Martin in the Caribbean. Laboratory testing is pending on additional suspected cases. Onset of illness for confirmed cases was between October 15 and December 4. At this time, there are no reports of other suspected chikungunya cases outside St. Martin. However, further spread to other countries in the region is possible.

Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean. Healthcare providers are encouraged to report suspected chikungunya cases to their state or local health department to facilitate diagnosis and to mitigate the risk of local transmission.

Background
Chikungunya virus is a mosquito-borne alphavirus transmitted primarily by *Aedes aegypti* and *Aedes albopictus* mosquitoes. Humans are the primary reservoir during epidemics. Outbreaks have been documented in Africa, Southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans. Prior to the cases on St. Martin, the only chikungunya cases identified in the Americas were in travelers returning from endemic areas.

Clinical Disease
A majority of people infected with chikungunya virus become symptomatic. The incubation period is typically 3–7 days (range, 2–12 days). The most common clinical findings are acute onset of fever and polyarthralgia. Joint pains are often severe and debilitating. Other symptoms may include headache, myalgia, arthritis, or rash. Persons at risk for more severe disease include neonates (aged <1 month) exposed intrapartum, older adults (e.g., > 65 years), and persons with underlying medical conditions (e.g., hypertension, diabetes, or cardiovascular disease).

Diagnosis
Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia who recently returned from the Caribbean. Laboratory diagnosis is generally accomplished by testing serum to detect virus, viral nucleic acid, or virus-specific immunoglobulin M (IgM) and neutralizing antibodies. During the first week of illness, chikungunya virus infection can often be diagnosed by using viral culture or nucleic acid amplification on serum. Virus-specific IgM and neutralizing antibodies normally develop toward the end of the first week of illness. To definitively rule out the diagnosis, convalescent-phase samples should be obtained from patients whose acute-phase samples test negative.

Chikungunya virus diagnostic testing is performed at CDC, two state health departments (California and New York), and one commercial laboratory (Focus Diagnostics). Healthcare providers should contact their state or local health department to facilitate testing.
Treatment
No specific antiviral treatment is available for chikungunya fever. Treatment is generally palliative and can include rest, fluids, and use of analgesics and antipyretics. Because of similar geographic distribution and symptoms, patients with suspected chikungunya virus infections also should be evaluated and managed for possible dengue virus infection. People infected with chikungunya or dengue virus should be protected from further mosquito exposure during the first few days of illness to prevent other mosquitoes from becoming infected and reduce the risk of local transmission.

Prevention
No vaccine or preventive drug is available. The best way to prevent chikungunya virus infection is to avoid mosquito bites. Use air conditioning or screens when indoors. Use insect repellents and wear long sleeves and pants when outdoors. People at increased risk for severe disease should consider not traveling to areas with ongoing chikungunya outbreaks.

Recommendations for Health Care Providers and Public Health Practitioners
- Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean.
- Healthcare providers are encouraged to report suspected chikungunya cases to their state or local health department to facilitate diagnosis and to mitigate the risk of local transmission.
- Health departments should perform surveillance for chikungunya cases in returning travelers and be aware of the risk of possible local transmission in areas where Aedes species mosquitoes are currently active.
- State health departments are encouraged to report laboratory-confirmed chikungunya virus infections to ArboNET, the national surveillance system for arthropod-borne viruses.

For More Information
- General information about chikungunya virus and disease: [http://www.cdc.gov/chikungunya/](http://www.cdc.gov/chikungunya/)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:
- **Health Alert** Requires immediate action or attention; highest level of importance
- **Health Advisory** May not require immediate action; provides important information for a specific incident or situation
- **Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation
- **HAN Info Service** Does not require immediate action; provides general public health information

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations
Wisconsin Laboratory Messaging System
December 6, 2013

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

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WSLH 2013 HOLIDAY SCHEDULE: Please note the following changes to the Wisconsin State Laboratory of Hygiene’s operations due to the observance of the Christmas and New Year’s holidays.

The table below lists operation hours for our Clinical Support departments. We will have minimal staffing on the dates noted below to accept clinical specimens at our 465 Henry Mall facility. Only critical testing in our Communicable Diseases and Newborn Screening departments will be performed.

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EMERGENCY CONTACT INFORMATION: This is a reminder that if you have had any changes in the personnel who are designated as emergency contacts for your laboratory, please send all updated information to erin.bowles@slh.wisc.edu. We need your help to make sure that, should an emergency arise, we are prepared and know who to contact at each laboratory. Thank you in advance for your help!

EDUCATIONAL BIOTERRORISM PROFICIENCY TESTING EXERCISE: You should have received the results of the educational Bioterrorism Proficiency Testing Exercise that was mailed to laboratories in August 2013. We ask that you please share the results with all staff who actually perform the microbiology testing in your laboratory.

I have heard from a few laboratories who are questioning the expected positive catalase results, since so many participants reported negative catalase results on the two challenge organisms. The organisms are truly catalase positive, although the reactions may be somewhat weak. The Sentinel Clinical Laboratory Protocol -
“Introduction, General Recommendations and Biochemical Test Procedures”, which can be found at the following link: http://www.asm.org/index.php/guidelines/sentinel-guidelines, states that the appearance of even 1 or 2 bubbles within 20 seconds is considered a weak positive catalase result. Please check the protocol for other reasons that you may have obtained a false negative catalase result.

**INTERESTING ARTICLES:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

- **NPR Shots** – “Common Test for Bladder Infections Misses Too Many Cases” by Nancy Shute, November 14, 2013
  Most women know all too well the pain and discomfort of a urinary tract infection. They also know they’ll probably have to trek to the doctor for a urine analysis so they can get a prescription for antibiotics. Surely there’s got to be a better way.
  Here is the link to the complete article: http://www.npr.org/blogs/health/2013/11/14/245050726/common-test-for-bladder-infections-misses-too-many-cases

  Tularemia is a rare but potentially serious bacterial zoonosis that has been reported from all U.S. states except Hawaii. The etiologic agent, Francisella tularensis, is highly infectious and can be transmitted through arthropod bites, direct contact with infected animal tissue, inhalation of contaminated aerosols, and ingestion of contaminated food or water (1). F. tularensis has been designated a Tier 1 select agent because it meets several criteria, including low infectious dose, ability to infect via aerosol, and a history of being developed as a bioweapon (2). This report summarizes tularemia cases reported to CDC during 2001–2010 via the National Notifiable Diseases Surveillance System (NNDSS) and compares the epidemiology of these cases with those reported during the preceding decade.
  Here is the link to the complete article: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6247a5.htm?s_cid=mm6247a5_e

  During January and February 2012, state and local public health agencies in West Virginia and Idaho, with assistance from facility staff members and CDC, investigated outbreaks of unexplained respiratory illness characterized by high proportions of lower respiratory tract infections (LRTIs) at two skilled nursing facilities (SNFs). Investigations were conducted to determine the extent and etiology of each outbreak and make recommendations to prevent further spread. During both outbreaks, influenza was initially suspected; however, human metapneumovirus (hMPV) was identified as the etiologic agent.
  Here is the link to the complete article: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6246a1.htm

**PLEASE NOTE THE FOLLOWING CHANGE TO INFLUENZA SURVEILLANCE:**~

- **RIDT Confirmatory Testing Discontinuation:**
  Due to increasing influenza activity and efforts to conserve influenza surveillance resources, it is:
  - **No longer necessary** to send in positive RIDT specimens for confirmatory testing at WSLH as we will not be able to continue to provide confirmatory testing of these specimens.
  - **However, if your laboratory is an enrolled regional surveillance site,** please continue to provide the first three specimens per week for testing at WSLH.

Thanks for your support of our influenza surveillance program and happy holidays!
LAST CHANCE TO REGISTER FOR THE DECEMBER WCLN AUDIO CONFERENCE

“Microbiology Testing in the Diagnosis of Prosthetic Joint Infections”

Date: Monday December 9, 2013, 12:00 noon – 1:00 PM

Speakers: Raymond Podzorski, Ph.D., D(ABMM) Clinical Microbiologist, Department of Pathology, ProHealth Care Laboratories – Waukesha Memorial Hospital

Description: This audio conference will cover the basic microbiology procedures used to help in the diagnosis of prosthetic joint infections. Areas covered will be organisms commonly associated with prosthetic joint infections, specimen collection and transport, Gram stain methodology, and culture parameters and interpretation.

Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=237

Contact Person __________________________________________ Email __________________________
Institution _____________________________________________ City/State _________________________
Telephone __________________________ Fax ____________________________

DID YOU KNOW… ???????

FREE PACKAGING AND SHIPPING REFRESHER TRAINING

Packaging and shipping Division 6.2 materials, such as patient specimens containing infectious materials and cultures, are regulated by U.S. and international transport agencies. Fines and penalties can be imposed against those who fail to comply with the applicable rules including proper classification and documentation of training, proper packaging, marking and labeling and proper shipping documentation. Updated for 2013, this intermediate-level online course, designed for individual study, is suitable for those seeking re-certification. Participants are provided with information useful for complying with regulations through use of instructional content and the opportunity to apply knowledge using realistic scenarios.

This is the former APHL: Packaging and Shipping Division 6.2 Materials Online Course which now will be hosted by the Centers for Disease Control Training Program website.

You will need to follow the registration prompts including creating an account on the CDC TRAIN portal. Help can be obtained by sending an email to labtraining@cdc.gov or by calling 404-498-6022.

Here is the link: http://cdc.gov/labtraining
Wisconsin Laboratory Messaging System
November 20, 2013

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A TIME OF THANKSGIVING:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

As the last leaves fall and the winds blow colder, we gather with friends and family to feast on turkey and pumpkin pie and reflect upon the things that we are thankful for. At the top of my list are the many talented people that I get a chance to work with as the Coordinator for our Wisconsin Clinical Laboratory Network (WCLN). You graciously welcome me into your laboratories during site visits and you willingly share your expertise at workshops and meetings. From the LabTAG members who volunteer their time and energy in so many ways, to each one of you who takes the time to record and transmit surveillance data, or to package and ship surveillance specimens, I am thankful for your dedication and commitment to our WCLN. I am also grateful that my work is supported by a wonderful group of individuals dedicated to public health here at the WSLH. Together, we all do make a difference and that is something to be truly thankful for!

Happy Thanksgiving,

Erin Bowles

WSLH THANKSGIVING HOURS:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We just want to remind everyone that the WSLH is closed on Thanksgiving Day.

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Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=237
WE’VE EXTENDED THE DATE TO APPLY TO BECOME A (“LABTAG”) MEMBER:

-if you would like to become more involved in our Wisconsin Clinical Laboratory Network (WCLN) and serve as a representative of the clinical laboratories in Wisconsin, we are looking for you.

-if you would like to have a voice in determining WCLN educational offerings and enjoy working with colleagues on projects that benefit all the laboratories in Wisconsin, you are just what we need.

-we are looking for volunteers from HRSA Regions 1 & 2 who would like to become members (3-year term) of the Wisconsin Clinical Laboratory Technical Advisory Group (“LabTAG”). See the following link to our WCLN webpage for the mission, objectives, and member expectations of LabTAG.

http://www.slh.wisc.edu/labupdates/wcln/index.dot

-if you are interested in volunteering or nominating someone for this opportunity, please complete the following form by December 2, 2013.

-FAX or E-mail to:

-WCLN, FAX: 608-265-9091

-E-mail: erin.bowles@slh.wisc.edu

Please check the box and provide the following information if you are interested in being the LabTAG representative for Region 1 or 2:

(Mark the box for the region you are from)

☐ LabTAG representative from HRSA Region 1
(Must be employed by a clinical laboratory in Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, Sawyer, St. Croix, or Washburn county.)

☐ LabTAG representative from HRSA Region 2
(Must be employed by a clinical laboratory in Clark, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, or Wood county.)

Name: ___________________________ Title: ___________________________

Daytime Telephone Number: ___________________________

Email Address: ______________________ FAX Number: ______________________

Your Institution Name and City: ___________________________

Please briefly describe your background and tell us why you are interested in becoming a LabTAG member.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

**INTERESTING ARTICLES:**

- **Morbidity and Mortality Weekly Report (MMWR)** – “Malaria Surveillance — United States, 2011”, Surveillance Summaries, November 1, 2013 / 62(ss05);1-17

  Malaria in humans is caused by intraerythrocytic protozoa of the genus Plasmodium. These parasites are transmitted by the bite of an infective female Anopheles mosquito. The majority of malaria infections in the United States occur among persons who have traveled to regions with ongoing malaria transmission. However, malaria is also occasionally acquired by persons who have not traveled out of the country, through exposure to infected blood products, congenital transmission, laboratory exposure, or local mosquito-borne transmission. Malaria surveillance in the United States is conducted to identify episodes of local transmission and to guide prevention recommendations for travelers.

  Here is the link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6205a1.htm?s_cid=ss6205a1_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6205a1.htm?s_cid=ss6205a1_e)

- **Morbidity and Mortality Weekly Report (MMWR)** – “Notes from the Field: Salmonella Typhimurium Infections Associated with a Community College Microbiology Laboratory — Maine, 2013”, Weekly, November 1, 2013 / 62(43);863-863

  On May 2, 2013, a case of salmonellosis was reported to the Maine Center for Disease Control and Prevention. The patient reported symptoms of diarrhea, fever, abdominal pain, and nausea, after attending a community college microbiology laboratory class. A second case was reported on May 8. Epidemiologic interviews conducted with both patients indicated common exposure at a community college, including one patient specifically naming the other patient.

  Here is the link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6243a6.htm?s_cid=mm6243a6_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6243a6.htm?s_cid=mm6243a6_e)


  Histoplasmosis is caused by infection with the dimorphic fungus, Histoplasma capsulatum, following inhalation of contaminated soil (1). Among symptomatic patients, the most common clinical presentation is acute pneumonia (1–3). Persons with compromised immune systems are at risk for disseminated histoplasmosis, a severe illness requiring antifungal therapy that is often characterized by fever, malaise, anorexia, and weight loss (2,4). H. capsulatum is endemic in the Ohio River and Mississippi River valleys, where it is found in soil enriched with bird droppings and bat guano (1.5–7). During November 2012–February 2013, histoplasmosis was diagnosed in four Montana residents by four different physicians.

  Here is the link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6242a2.htm?s_cid=mm6242a2_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6242a2.htm?s_cid=mm6242a2_w)
WSLH WEBSITE UPDATE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We are working hard and putting some final touches on our new and improved WSLH website. We anticipate unveiling the new website sometime in December 2013. We really hope that you will enjoy the changes we are making and that you will find the new website easier to navigate. I will provide some tips for using the new website in future Wisconsin Laboratory Messages, so stay tuned!

DID YOU KNOW… ??????

WCLN Listserv

- Are you looking for some advice from fellow Wisconsin laboratory professionals?
- Do you wonder if other laboratories in Wisconsin have experience using a certain test or piece of equipment?
- Have you had an interesting case in your laboratory that you think others would be interested in hearing about?
- Would you like to know what your colleagues do for competency testing as you review and revise your competency testing procedure?
- Are you building a new laboratory and are you looking for some guidance from others who have been through the process?

The Wisconsin Clinical Laboratory Network (WCLN) Listserv was created for just this purpose. The WCLN listserv allows all members to reach out to others for guidance and to rapidly share information with colleagues from around the state who are interested in microbiology related topics.

We’d love to have you join us!

Here is the link to join the WCLN Listserv: http://wslh.wclnlistserver.squizmo.com/s3/
If you would like to become more involved in our Wisconsin Clinical Laboratory Network (WCLN) and serve as a representative of the clinical laboratories in Wisconsin, we are looking for you. If you would like to have a voice in determining WCLN educational offerings and enjoy working with colleagues on projects that benefit all the laboratories in Wisconsin, you are just what we need.

We are looking for volunteers from HRSA Regions 1 & 2 who would like to become members (3-year term) of the Wisconsin Clinical Laboratory Technical Advisory Group (“LabTAG”). See the following link to our WCLN webpage for the mission, objectives, and member expectations of LabTAG. [http://www.slh.wisc.edu/labupdates/wcln/index.dot](http://www.slh.wisc.edu/labupdates/wcln/index.dot)

If you are interested in volunteering or nominating someone for this opportunity, please complete the following form by November 15, 2013. FAX or Email to:

WCLN, FAX 608-265-9091, Email erin.bowles@slh.wisc.edu

Please check the box and provide the following information if you are interested in being the LabTAG representative for Region 1 or 2:

(Mark the box for the region you are from)

- LabTAG representative from HRSA Region 1
  (Must be employed by a clinical laboratory in Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, Sawyer, St. Croix, or Washburn county.)

- LabTAG representative from HRSA Region 2
  (Must be employed by a clinical laboratory in Clark, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, or Wood county.)

Name: ______________________________ Title: ______________________________

Daytime Telephone Number: ______________________________________________

Email Address: ______________________ FAX Number: ______________________

Your Institution Name and City: ____________________________________________

Please briefly describe your background and tell us why you are interested in becoming a LabTAG member.

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“Implementation of MALDI-TOF in a Clinical Microbiology Laboratory”

Date: Wednesday November 13, 2013, 12:00 noon – 1:00 PM

Speakers: Michael Costello, Ph.D., MT(ASCP), Microbiology Technical Director, ACL Laboratories

Description: Matrix Assisted Laser Desorption Ionization – Time of Flight Mass Spectrometry (MALDI-TOF) has recently migrated from an experimental technique to the method of choice for routine identification of bacteria and yeast. Implementation of MALDI-TOF in routine clinical microbiology laboratories should be rapid and widespread due to increased sensitivity, specificity, ease of use, and cost effectiveness of this game changing technology. MALDI-TOF, like other major changes in laboratory methods, not only brings many benefits but also several challenges. The purpose of this audio conference is to describe several challenges that may be encountered in implementation of MALDI-TOF in your laboratory.

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

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**WRAP-UP FROM 2013 REGIONAL MEETINGS:**

I just want to thank everyone who attended the 2013 Regional Meetings! We hope that you enjoyed them as much as we did. We had some really great discussions about the future of microbiology testing in both the clinical and public health laboratories. We are definitely at a pivotal moment in time, where we have the opportunity to embrace new technologies and redefine the role of both clinical and public health microbiology laboratories within the healthcare system. It is an exciting prospect and we certainly returned to the WSLH with lots to think about. We do know that we definitely want to be your partner as we work through all of the changes that lie ahead of us.

Thanks again to all the speakers who traveled to give presentations and share their expertise at the Regional Meetings. You did a fantastic job of challenging us to think and share our thoughts and concerns. We look forward to continuing the conversation in upcoming audio conferences and workshops. For those of you who want to hear more about Maldi-TOF, see November’s audio conference offering at the end of this message.

Sincerely,

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**INTERESTING ARTICLES:**


In August 2013, the Food and Drug Administration permitted marketing of the Xpert MTB/RIF assay to detect DNA of the Mycobacterium tuberculosis complex and genetic mutations associated with resistance to rifampin in unprocessed sputum and concentrated sputum sediments. Along with clinical, radiographic, and other laboratory findings, results of the assay aid in the diagnosis of pulmonary tuberculosis. This report describes considerations for the use of this assay.

Here is the link to the complete article:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6241a1.htm?s_cid=mm6241a1_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6241a1.htm?s_cid=mm6241a1_w)
DID YOU KNOW... ??????

CDC Launches New Anthrax Website During National Preparedness Month

September was National Preparedness Month and CDC has created a one-stop shop website for anthrax information and resources. The site includes:

- Basic information about anthrax, including symptoms, prevention and treatment;
- Who is at risk
- How anthrax can spread naturally, or as a result of bioterrorism.

In addition, information on the site is segmented for key audiences such as laboratory professionals, healthcare providers, and people who work with animal products.

The new anthrax website can be found at [www.cdc.gov/anthrax/](http://www.cdc.gov/anthrax/).

FREE EDUCATIONAL OPPORTUNITY TO LEARN ABOUT FILMARRAY TECHNOLOGY:~~~~~~

On Tuesday November 5 from 12:00 - 1:00 PM CAP Today is presenting a webinar “Focus on FilmArray”.

- The FilmArray Respiratory Panel: Impact in Pediatric Hospital Clinical Laboratory
  Beverly B. Rogers, MD
- Rapid ID of Positive Blood Cultures: New Tools and Potential Clinical benefits
  Frederick S. Nolte, Ph.D.


NEWS FROM THE WISCONSIN DIVISION OF PUBLIC HEALTH:~~~~~~~~~~~~~~~~~~~~~~~~~~

FYI: The Wisconsin Division of Public Health (WDPH) would like to inform clinical and public health laboratories that the Wisconsin AIDS/HIV Program has developed a new HIV Infection and AIDS Case Report form which replaces the previous Wisconsin HIV and AIDS case reports (DOH 4338 and DOH 4264) for persons >13 years of age at time of diagnosis. Letters explaining the changes were sent to parties that are expected to utilize the new form, such as clinicians, local and regional health, CTR sites, blood and plasma centers, etc. While laboratories will not be completing the new HIV Case Report form, WDPH would like laboratories to be aware of this change.

The letter that was sent out, the new case reporting form and an HIV Reporting Fact sheet are available on the website of the Wisconsin AIDS/HIV Program at the following: [http://www.dhs.wisconsin.gov/aids-hiv/ClinicianResources/index.htm](http://www.dhs.wisconsin.gov/aids-hiv/ClinicianResources/index.htm)

LETTER FROM QIAGEN TO QUANTIFERON®-TB GOLD (QFT) TEST CUSTOMERS:~~~~~~~~~~

Please see the attached letter from Qiagen in response to customer reports of higher than expected rates of mitogen indeterminate results using the [QuantiFERON®-TB Gold (QFT) test](http://www.dhs.wisconsin.gov/aids-hiv/ClinicianResources/index.htm) if you are performing, or considering performing this testing in your laboratory.
RECRUITING FOR LABORATORY TECHNICAL ADVISORY GROUP ("LABTAG") MEMBERS:

- We are looking for volunteers from HRSA Regions 1 & 2 who would like to become members (3-year term) of the Wisconsin Clinical Laboratory Technical Advisory Group ("LabTAG"). See the following link to our WCLN webpage for the mission, objectives, and member expectations of LabTAG. [http://www.slh.wisc.edu/labupdates/wcln/index.dot](http://www.slh.wisc.edu/labupdates/wcln/index.dot)

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☐ LabTAG representative from HRSA Region 2
  (Must be employed by a clinical laboratory in Clark, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, or Wood county.)

Name: ____________________________________ Title: _______________________________

Daytime Telephone Number: ____________________________________________________

Email Address: _______________________ FAX Number: _________________________

Your Institution Name and City: ________________________________________________

Please briefly describe your background and tell us why you are interested in becoming a LabTAG member.

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“Implementation of MALDI-TOF in a Clinical Microbiology Laboratory”

Date:       Wednesday November 13, 2013, 12:00 noon – 1:00 PM
Speakers:   Michael Costello, Ph.D., MT(ASCP), Microbiology Technical Director, ACL Laboratories
Description: Matrix Assisted Laser Desorption Ionization – Time of Flight Mass Spectrometry (MALDI-TOF) has recently migrated from an experimental technique to the method of choice for routine identification of bacteria and yeast. Implementation of MALDI-TOF in routine clinical microbiology laboratories should be rapid and widespread due to increased sensitivity, specificity, ease of use, and cost effectiveness of this game changing technology. MALDI-TOF, like other major changes in laboratory methods, not only brings many benefits but also several challenges. The purpose of this audio conference is to describe several challenges that may be encountered in implementation of MALDI-TOF in your laboratory.

Registration:  Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=236

Contact Person ______________________________ Email ___________________________
Institution _________________________________ City/State ________________________
Telephone _________________________________ Fax ______________________________

September 23, 2013

Re: Customer reports of higher than expected rates of mitogen indeterminate results using the QuantiFERON®-TB Gold (QFT) test.

Dear Valued Customer;

We have received a number of inquiries from users of the QuantiFERON®-TB Gold (QFT) test who observed an increase in the rate of mitogen indeterminate results. We recognize that this has inconvenienced some customers, and raised concerns about the quality of QFT test results. We hope that by providing further information, including the likely cause and recommended handling of mitogen indeterminate tests, we will more effectively address your questions and concerns.

The purpose of the mitogen tube in the QFT assay is to serve as a positive control, providing both information about correct blood sample handling and potential information about the immune status of the patient. The mitogen control is independent and not considered in the determination of a positive result. A negative QFT result requires both a TB antigen tube value of < 0.35 IU/mL and a mitogen control value of ≥ 0.5 IU/mL. The rate of indeterminates should generally be low, although may vary depending on the immune-competence of the population tested.

The increased rate of indeterminate tests observed by our customers correlated with the introduction of a new lot of phythaemagglutinin-P (PHA), the stimulating agent used in the mitogen tube. Although manufactured according to our specifications, we recognize that there has been a shift in the distribution of mitogen control values, such that they are lower than that observed in previous mitogen tube lots. However, given that the mitogen tube acts as a qualitative control this would normally not have been a reason for concern. The increase in indeterminate results observed by customers was not expected as our quality control procedures and donor blood testing did not identify any increase. Further, testing of retention tube lots and customer returned tubes did not yield indeterminate tests.

The number of indeterminate results reported does appear to vary from customer to customer; and some users have reported a significant increase (i.e. outside the range in the QuantiFERON®-TB Gold package insert). Our observation is that this is typically associated with more variability in blood sample handling. The current lots of mitogen tubes may be more sensitive to handling errors and require more caution in handling. We recognize that technique may not be the only factor and we accept that mitogen values are currently not in a range that customers have previously observed.

Where an indeterminate result is obtained, we direct physicians to our package insert and the 2010 CDC Guidelines for Interferon Gamma Release Assays (IGRAs) for appropriate guidance:

A low response to Mitogen (<0.5 IU/mL) indicates an Indeterminate result when a blood sample also has a negative response to the TB antigens. This pattern may occur with insufficient lymphocytes, reduced lymphocyte activity due to prolonged specimen transport or improper
specimen handling, including filling/mixing of blood tubes, or inability of the patient’s lymphocytes to generate interferon gamma (IFN-gamma). If technical issues are suspected with the collection or handling of blood samples, repeat the entire QFT test with new blood specimens. Indeterminate tests that result from low Mitogen values would not be expected to change on repeat unless there was an error with the ELISA testing. Indeterminate results should be reported as such. Physicians may choose to redraw a specimen or perform other procedures as appropriate. (QuantiFERON®-TB Gold Package Insert. Cellestis. Doc. No. US05990301L March 2013)

CDC provides the following guidance for indeterminate results;

Repeating an IGRA or performing a TST might be useful when the initial IGRA result is indeterminate and a reason for testing persists. A second test also might be useful when assay measurements from the initial test are unusual, such as when the Mitogen value is lower than is expected for the population being tested (e.g. the mitogen response by QFT is <0.5 IU/mL). If an IGRA is to be repeated, a new blood sample should be used. In such situations, repeat testing with another blood sample usually provides interpretable results. (Updated guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection – United States, 2010. Centers for Disease Control and Prevention MMWR June 25, 2010; Vol. 59. No.RR-5)

As with any diagnostic test for TB infection, QFT is an aid to assist clinicians in their diagnosis and should be used in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations.

We remain fully committed to providing products of the highest quality and thank you for your patience, understanding and partnership. We will continue to rely on your feedback to ensure that we meet your expectations in terms of product quality and customer service. Lastly, we would like to express our sincere gratitude to our customers for promptly bringing this matter to our attention, providing data and assisting us in our investigations.

Sincerely,

Mark Boyle     Kevin Liddle
Vice President     Director of Quality & Regulatory Affairs
Program Management MDx,     QuantiFERON
TB Management & HPV/Amnisure
Wisconsin Laboratory Messaging System
September 24, 2013

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

Emergency WSLH Contact: Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

WANTED – LABORATORIES TO REGISTER FOR THE 2013 REGIONAL MEETINGS:~~~~~~~~~~~~~~~~~~~

There is still one week to register for the 2013 Regional Meetings “The WCLN Goes to the Movies”.

We really hope that someone from each clinical laboratory in Wisconsin will attend one of the Regional Meetings. Register now to guarantee yourself a seat at the meeting of your choice. The Madison meeting is almost full, so don’t wait to register if that is the meeting you want to attend. We do have more seating available at the Regional Meetings in Rice Lake or Kimberly, so consider attending a meeting there. Wait lists will be started if we reach capacity. There is so much to discuss and we need your input, so come and join us as we go to the movies. We invite our infection prevention and local public health partners to join us to partake in the discussion and learn more about some of the challenges we face in the laboratory, so invite your infection prevention colleagues to come along with you.

- Tuesday, October 8, 2013 – Turtleback Golf, Dining and Conference Center, Rice Lake, WI
- Wednesday, October 9, 2013 – Liberty Hall, Kimberly, WI
- Thursday, October 10, 2013 – Crowne Plaza, Madison, WI - Meeting is almost full

Here is the link to the WCLN 2013 Regional Meeting webpage http://www.slh.wisc.edu/outreach-data/event-detail.php?id=234. On the webpage you will find links to the on-line registration and the meeting brochure.

If you can’t send someone from your laboratory, please send a short email to let us know why you won’t be attending to erin.bowles@slh.wisc.edu (i.e. Short staffed, Topics not of interest, Bad time of the year to get away, No support to attend educational meetings, etc.). This information is helpful as we plan future educational events.

CDC SELECT AGENT WEBINAR:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

If you are a laboratory who registered for and attended the CDC webinar “Select Agent Rule: What Clinical Laboratories Need to Know” on 8/29/13, you probably realize that there was some conflicting information given during the question and answer section of the webinar. Unfortunately, during the question and answer section and on the handout that was mailed out after the webinar the following misinformation was given: “Select Agent Regulations do not require that hospital laboratories send their material to reference laboratories. If the hospital has the capability of identifying a select agent or toxin, then the hospital laboratory should identify the select agent and report the identification to the Federal Select Agent Program.

This error has been corrected and a new Question and Answer sheet has been sent out. (See the attachment Question #6). The revised answer is now consistent with our WSLH message that sentinel laboratories are only expected to perform rule-out testing on possible select agent isolates. Please call and refer any suspect isolates to a LRN laboratory (the WSLH) for full identification.

For laboratories who participate in the CAP LPX proficiency testing exercise, there has also been some clarification as to what clinical laboratories are expected to report on the CAP LPX exercise (See the attachment Question #1).
“Antibiotic Resistance Threats in the United States – 2013” released Monday September 16, 2013. The CDC released a landmark report that received much attention from the press. Some important aspects that have been highlighted are:

Overall numbers:
- More than 2 million drug-resistant infections each year in the United States
- At least 23,000 deaths as a result of drug-resistant infections

The report includes 2-page fact sheets on 18 drug-resistant threats that are ranked in categories of urgent, serious, and concerning. The urgent threats are CRE, C. difficile, and drug-resistant gonorrhea. Foodborne infections cited are ranked under the serious category.

In the report, CDC calls for **four core actions to fight antibiotic resistance**:
- Preventing Infections, Preventing the Spread of Resistance
- Tracking Resistance Patterns
- Improving Use of Today’s Antibiotics (Antibiotic Stewardship)
- Developing New Antibiotics and Diagnostic Tests

"Influenza and Other Respiratory Viruses Update - 2013"

Date: Wednesday September 25, 2013, 12:00 noon – 1:00 PM

Speakers: Pete Shult, Ph.D., CDD Director and Emergency Laboratory Response, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

Erik Reisdorf, MPH, Virology Surveillance & Team Leader, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

Description: This audio conference will provide a review of the past 2012 – 2013 respiratory virus season and will highlight our surveillance strategy for 2013-2014, based on our expectations, for the upcoming respiratory virus season. Topics will include current diagnostic technologies and trends including the use of rapid influenza detection testing, antiviral resistance surveillance, and vaccine information.

Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=233

Contact Person ______________________________ Email ___________________________

Institution _________________________________ City/State _________________________

Telephone _________________________________ Fax _______________________________
Select Agent Webinar Questions/Answers

1. **Do we have to fill out forms for the LPX surveys?**
   According to the instructions for the CAP-LPX survey “The strains used in this exercise are exempt from select agent regulations: therefore there is no need to report identification of select agent or toxins or send an APHIS/CDC Form 4 to the Select Agent Program for any of these organisms.” However, if at any time a select agent is identified, you will need to complete the APHIS/CDC Form 4 and submit to the Federal Select Agent Program according to the Select Agent regulations.

2. **If we only suspect a select agent and then send the specimen to the state laboratory, do we still need to fill out Form 4?**
   Once a select agent or toxin has been identified and not suspected of being a select agent or toxin, it needs to be reported by completing the APHIS/CDC Form 4 and submitting to the Federal Select Agent Program. The reference laboratory can complete the APHIS/CDC Form 4A reporting the identification of a select agent or toxin from a clinical/diagnostic specimen (section A: Reference Laboratory Information and section B: Select Agent or Toxin Identified from Clinical/Diagnostic Specimen (s)) or the reference laboratory can complete Section A and then ask the sample provider to complete Section B.

3. **Do we need to fill out a form for CAP survey specimens?**
   If you identify a select agent or toxin from the CAP survey, you would need to complete and submit the APHIS/CDC Form 4 to the Federal Select Agent Program.

4. **Please address institutions that have molecular sequencing capabilities.**
   There are FAQs available on selectagents.gov that cover molecular sequencing.

5. **I think we need better clarification on the procedure to follow for LPX surveys. We only rule out a select agent. Once the state laboratory is notified they usually do not require us to send the specimen. We would not know that the sample contained a select agent until we receive the participant summary.**
   Once you have been informed that the specimen contains a select agent, anyone that possesses a select agent or toxin that is contained in a specimen used as a part of proficiency testing is also exempt from the requirements of the select agent regulations only for that specific specimen and only if you do the following:
• Unless directed otherwise by APHIS or CDC Select Agent Program, within ninety (90) days of receipt of the sample or specimen used for proficiency testing, either transfer the select agent or toxin in accordance with section 16 of the select agent regulations (includes prior approval by APHIS or CDC Select Agent Program) or destroy the specimen on-site by a recognized sterilization or inactivation process.
• Before transfer or destruction, secure the select agent or toxin to prevent theft, loss, or release.
• Send an APHIS/CDC Form 4B to the APHIS or CDC Select Agent Program within ninety (90) days of receipt of the proficiency testing sample or specimen. It is important to note that the ninety (90) days starts from the date you receive the proficiency test and not from the date you identify the select agent.
• The entity maintains a completed APHIS/CDC Form 4B for a period of three years.

However, if you receive an excluded strain of a select agent, you would not need to complete APHIS/CDC Form 4 and submit to the Federal Select Agent Program.

6. If you are not a reference laboratory, you should not be identifying/confirming a select agent. The hospital laboratories should be sending any suspect agent to their state reference laboratory, correct?
Yes, hospitals should refer any suspect select agent(s) to their LRN reference laboratory.

7. Lab Preparedness CAP exercise has always been exempted. Do we need to fill out the form 4 now?
If the survey does not contain a select agent (i.e., excluded select agent), then you would not need to complete the APHIS/CDC Form 4.

8. Is there any guidance given to the laboratory if they are not a Tier 1 laboratory and they isolate a Tier 1 bug from law enforcement? Destruction of evidence would not be ideal. Are they instructed to contact the local FBI WMD Coordinator?
The select agent regulations require that a select agent or toxin be destroyed on-site or transferred within seven days after identification “unless directed otherwise by the HHS Secretary” or “Administrator.” In cases where a laboratory believes that the agent or toxin should not be destroyed because it is evidence in a criminal matter, the laboratory should contact the Federal Select Agent Program. As noted above, the laboratory would also have the option of transferring the select agent or toxin to a registered entity identified by the law enforcement agency that provided the evidentiary sample. Finally, any select agent or toxin seized by a Federal law enforcement agency will be excluded from the select agent requirements (there are provisions that the Federal law enforcement agency has to meet to qualify for this exclusion) during the period
between seizure and the transfer of the seized material to a registered entity or until it is destroyed.

9. **When shipping a category A package via FED-EX, a FED-EX approved Dangerous Goods software program is required, correct?**
   You would need to contact Department of Transportation or Fed-Ex regarding this question.

10. **For laboratories, how much of a distance is considered a safe distance to not be considered having been exposed in the event there is an accidental laboratory release/exposure of a select agent? Our laboratory is open. The Micro laboratory is not closed off. We have a long laboratory with Blood Bank at one end, Hematology & Chemistry in the middle, and Microbiology in the back.**
    Guidance for reporting a release (occupational exposure or release of an agent or toxin outside of the primary barriers of the biocontainment area) of a select agent or toxin is available at:  [http://www.selectagents.gov/TLRForm.html](http://www.selectagents.gov/TLRForm.html).
Wisconsin Laboratory Messaging System  
September 13, 2013

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Here is the link to the WCLN 2013 Regional Meeting webpage http://www.slh.wisc.edu/outreach-data/event-detail.php?id=234. On the webpage you will find links to the on-line registration and the meeting brochure.

**WE NEED YOUR HELP:**

I am still looking for volunteers from the clinical laboratories to share an interesting case study with your professional colleagues at the Regional Meetings in Rice Lake and Madison. Everyone loves case studies and I would hate not having any at the Rice Lake and Madison meetings. I know that all of you see unusual and interesting cases in your laboratories. Please consider sharing one of them. I have allotted 30 minutes in the afternoon for case studies. The WCLN is your network and Regional Meetings are an opportunity for you to get more involved in the network.

Please contact Erin Bowles at either erin.bowles@slh.wisc.edu or 608-890-1616 to volunteer.

**DID YOU KNOW… ???????**

"Advances in Laboratory Detection of Trichomonas vaginalis"

The APHL STD Subcommittee has recently published this short document which provides a brief overview of clinical information and epidemiology and reviews diagnostics options for T. vaginalis.

Here is the link to the document: http://www.aphl.org/AboutAPHL/publications/Documents/ID_2013August_Advances-in-Laboratory-Detection-of-Trichomonas-vaginalis.pdf

The *Bacteroides fragilis* group consists of species of obligate anaerobic bacteria that inhabit the human gut. They are among the leading pathogens isolated in the setting of intra-abdominal infections. *B. fragilis* strains, especially in the United States, are virtually always susceptible to metronidazole, carbapenems, and beta-lactam antibiotics (1). Although isolated cases of resistance to single agents have been reported, multidrug-resistant (MDR) *B. fragilis* strains are exceptionally rare (1,2). In May 2013, an MDR *B. fragilis* strain was isolated from the bloodstream and intra-abdominal abscesses of a patient who had recently received health care in India. This is only the second published case of MDR *B. fragilis* in the United States. This report summarizes the case and highlights the need for awareness of multidrug-resistant organisms (MDROs) in returning travelers who have received inpatient medical care outside the United States, both for timely implementation of proper infection control measures and to ensure administration of appropriate antimicrobials.

Here is the link to the complete article: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a2.htm?s_cid=mm6234a2_e

Department of Health Services, Pertussis Report, Wisconsin, September 1, 2013

Using information reported to the Wisconsin Division of Public Health (DPH) via the Wisconsin Electronic Disease Surveillance System (WEDSS), this report summarizes pertussis case occurrence and investigation activity in Wisconsin during 2013.

Here is the link to the complete report: http://www.dhs.wisconsin.gov/immunization/pdf/pertreport.pdf

REGISTER NOW - FOR THE UPCOMING WSLH AUDIOCONFERENCE:

“Influenza and Other Respiratory Viruses Update - 2013”

Date: Wednesday September 25, 2013, 12:00 noon – 1:00 PM

Speakers: Pete Shult, Ph.D., CDD Director and Emergency Laboratory Response, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

        Erik Reisdorf, MPH, Virology Surveillance & Team Leader, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

Description: This audio conference will provide a review of the past 2012 – 2013 respiratory virus season and will highlight our surveillance strategy for 2013-2014, based on our expectations, for the upcoming respiratory virus season. Topics will include current diagnostic technologies and trends including the use of rapid influenza detection testing, antiviral resistance surveillance, and vaccine information.

Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=233
Wisconsin Laboratory Messaging System  
August 28, 2013

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

Emergency WSLH Contact: Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

LABOR DAY HOLIDAY: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We would like to remind you that the WSLH will be closed on Monday September 2, 2013 in observance of the Labor Day Holiday.

REGISTRATION IS NOW OPEN FOR THE 2013 REGIONAL MEETINGS: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Please join us at the 2013 Regional Meetings “The WCLN Goes to the Movies”. We have worked with our WCLN Laboratory Technical Advisory Group (LabTAG) to develop an agenda that we think you will enjoy. Register now to guarantee yourself a seat at the meeting of your choice. Space at each venue is limited. Wait lists will be started if we reach capacity. There is so much to discuss and we need your input, so come and join us as we head to the theater. Our infection prevention and local public health partners will be joining us to partake in the discussion and learn more about some of the challenges we face in the laboratory.

- Tuesday, October 8, 2013 – Turtleback Golf, Dining and Conference Center, Rice Lake, WI
- Wednesday, October 9, 2013 – Liberty Hall, Kimberly, WI
- Thursday, October 10, 2013 – Crowne Plaza, Madison, WI

Here is the link to the WCLN 2013 Regional Meeting webpage [http://www.slh.wisc.edu/outreach-data/event-detail.php?id=234](http://www.slh.wisc.edu/outreach-data/event-detail.php?id=234). On the webpage you will find links to the on-line registration and the meeting brochure.

DO YOU HAVE AN INTERESTING CASE STUDY? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

I am looking for volunteers from the clinical laboratories who would like to share an interesting case study with your colleagues at the Regional Meetings in Rice Lake and Madison. I have allotted 30 minutes in the afternoon for case studies. This is your chance to showcase the fine work you do in your laboratory. We are a welcoming, non-critical audience, so don’t be shy! Please contact Erin Bowles at either erin.bowles@slh.wisc.edu or 608-890-1616 to volunteer.

**DID YOU KNOW… ??????**

An Investigational Drug is Available Directly from CDC for the Treatment of Infections with Free-Living Amebae

Miltefosine is a drug used to treat leishmaniasis that has also shown in vitro activity against Free-Living Amebae.

Here is the link to the article in the “Morbidity and Mortality Weekly Report (MMWR)”

August 23, 2013 / 62(33):666-666

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6233a4.htm?s_cid=mm6233a4_e&utm_medium=email&utm_source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6233a4.htm?s_cid=mm6233a4_e&utm_medium=email&utm_source=govdelivery)
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We hope that you will join us at the **2013 Regional Meetings “The WCLN Goes to the Movies”**. We’re excited to announce that the registration is now open. We have worked with our WCLN Laboratory Technical Advisory Group (LabTAG) to develop an agenda that we think you will enjoy. There is so much to discuss and we need your input, so come and join us as we head to the theater. We also invite our infection prevention and local public health partners to join us in discussion and learn more about the laboratory.

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**CDC HEALTH UPDATE:**

Please see the attached CDC Health Update which provides guidance for the evaluation of severe respiratory illness associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV). To date, no cases have been reported in the United States. The purpose of this health update is:

1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be tested for MERS-CoV infection
2) to make them aware of changes to CDC’s “probable case” definition
3) to clarify what specimens should be obtained when testing for MERS-CoV.

Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

**WISCONSIN REPORTS FIRST CASE OF HUMAN WEST NILE VIRUS:**

The first 2013 human case of West Nile virus (WNV) was diagnosed in July in a Dane County resident. Health officials are reminding people to protect themselves against mosquito bites. The likelihood of contracting WNV infection is low and most people infected with the virus will not have symptoms. Those who do become ill may develop a fever, headache, rash, muscle and joint aches, nausea, vomiting and fatigue that can last a few days. Symptoms may begin three to 15 days after being bitten by an infected mosquito. In rare cases, WNV can cause severe disease including encephalitis and meningitis. Severe symptoms include high fever, muscle weakness, stiff neck, disorientation, mental confusion, tremors, convulsions, paralysis and coma. Older adults and people with compromised immune systems are at an increased risk of severe disease caused by the virus. There is no specific treatment for WNV infection other than to treat symptoms.

For more information on WNV in Wisconsin see: [http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm](http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm)
CYCLOSPORA OUTBREAK UPDATE: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The number of Cyclospora cases attributed to contaminated lettuce consumption appears to be dropping nationally and in WI. However specimen testing volume remains high. As of Aug 13, WI has 14 cases of Cyclospora that meet the outbreak case definition, although not all cases may be attributed to the national outbreak. WI state and local epidemiologists are investigating a possible unrelated cluster of Cyclospora cases linked to a potluck dinner where fresh fruit may be the source.

- **Confirmatory Testing - If your laboratory tests for Cyclospora and would like confirmation of positive results**, the WSLH will continue to perform fee exempt CONFIRMATORY TESTING. SPECIMENS SHOULD BE IN 10% FORMALIN, SAF, OR EQUIVALENT AND THE REQUISITION FORM SHOULD CLEARLY INDICATE THAT YOU ARE REQUESTING CYCLOSPORA CONFIRMATION.

- **Fee for service Ova and Parasite testing (Test 670PVA)** - will continue to be performed on diagnostic specimens received at WSLH WHEN CYCLOSPORA TESTING IS REQUESTED. A COMPLETE OVA AND PARASITE EXAM WILL BE PERFORMED TO DETECT OTHER PARASITES.

As a reminder, all suspect Cyclospora oocysts seen on wet mount examination should be confirmed by modified acid fast stain, autofluorescence or a molecular test method. See the attached CDC bench aids for the diagnosis of Cyclospora or other coccidian parasites. Questions about the testing currently being performed at WSLH can be directed to the WSLH Parasitology Lab staff at 1-800-862-1013. Digital images may also be sent to WSLH staff via email for telediagnosis or directly to CDC’s DPDx telediagnosis site: http://www.dpd.cdc.gov/dpdx/HTML/Contactus.htm.

For more information on the status of the national outbreak and links to many helpful Cyclospora references, please visit the following CDC website: http://www.cdc.gov/parasites/cyclosporiasis/outbreaks/investigation-2013.html.

NEW IDSA GUIDELINE!: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

IDSA has issued a new guidance document “A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2013 Recommendations by the Infectious Diseases Society of America (IDSA) and the American Society for Microbiology (ASM)”. Dr Sue Kehl of Children’s Hospital in Milwaukee, WI is one of the contributing authors. Published in the journal “Clinical Infectious Diseases”, the document provides information on which tests are valuable and in which contexts, and offers support to the laboratory in limiting testing that offers little or no value for diagnostic decisions. The guide suggests 10 tenets of specimen management that everyone involved - from physician to nurse to laboratory scientist - should follow for good patient care. These include:

1. Specimens of poor quality must be rejected or results could be compromised.
2. Physicians should not demand a report of "everything that grows" as this could result in an inaccurate diagnosis.
3. Avoiding contamination of specimens is key, and careful collection is crucial.
4. The laboratory requires a specimen, not a swab of a specimen, which may not hold enough infected material to ensure an accurate diagnosis and may be easily contaminated.
5. The laboratory must follow its procedure manual or face legal challenges.
6. A specimen should be collected prior to administration of antibiotics, presence of which could lead to misleading results.
7. Susceptibility testing should be performed on clinically significant isolates, not all microorganisms in the culture.
8. Lab results should be accurate, significant and clinically relevant.
9. The laboratory - not the medical staff - should be allowed to set technical policy. Good communication and mutual respect will lead to collaborative policies.
10. Specimens must be labeled accurately and completely (for example: dog bite wound, right forefinger).

Here is a link to the complete document: http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Laboratory%20Diagnosis%20of%20Infectious%20Diseases%20Guideline.pdf
YOUR HELP NEEDED – PLEASE COMPLETE A PROFICIENCY TESTING SURVEY:

The Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC) have requested that we forward the attached letter requesting your participation to the clinical laboratories in WI. We thank you in advance for your help collecting this important information by completing the survey. Please see the attachment.

LEGIONELLA INVESTIGATION UPDATE:

The City of Milwaukee Health Department (MHD) continues to investigate cases of Legionnaires’ disease. Of the 40 confirmed or suspect cases that have been diagnosed in Milwaukee County, 26 confirmed or suspect cases of Legionella have been diagnosed in city residents. Legionnaires’ disease often results in a severe pneumonia caused by Legionella spp., bacteria that are found naturally in soil and water environments. It is usually acquired after inhaling mist or aerosolized droplets from a contaminated water source. Public Health officials have not identified the environmental source of the outbreak. The investigation continues to point to the possibility of multiple sources being involved. Outreach to local Milwaukee businesses and building owners regarding proper cooling tower maintenance is being conducted. Surveillance for new cases continues. Area health care providers are asked to continue to test and report suspect cases of atypical pneumonia to local public health departments for follow-up.

DID YOU KNOW… ??????

CDC is offering a Free Webinar!! Select Agent Rule: What Clinical Laboratories Need To Know

On August 29, 2013 at 2 PM ET

This webinar will identify various concerns of the Select Agent Rule for clinical laboratories to include how these regulations apply to clinical laboratories and the consequences of noncompliance. It will focus on Tier 1 select agents and how the federal regulations differ from Laboratory Response Network (LRN) A, B, C agents. This webinar will also review what to do if you have an isolate that is confirmed as a select agent, what forms are required, when to use the forms, and how to fill them out. A brief overview of important Department of Transportation (DOT) packaging and shipping regulations will be provided. Finally, case studies will be utilized to offer instructions on how to identify if an exposure has occurred.

Registration Deadline: August 27, 2013

1. This program is funded by the Centers for Disease Control and Prevention Laboratory Training Branch.
2. Please register as a CDC TRAIN user at http://cdc.train.org/desktopshell.aspx
3. Once a user profile is setup, do a course search and look for keyword “Select Agent or use part of title”. Select the title of the course to register.
4. Once you have registered you will receive further instructions via email.

Please see the attached flyer for more information!
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Contact Person ______________________________ Email ______________________________
Institution ________________________________ City/State ______________________________
Telephone ________________________________ Fax ________________________________
Notice to Healthcare Providers and Public Health Officials: Updated Guidance for the Evaluation of Severe Respiratory Illness Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Summary

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand the public health risks posed by Middle East Respiratory Syndrome Coronavirus (MERS-CoV). To date, no cases have been reported in the United States. The purpose of this health update is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be tested for MERS-CoV infection, 2) to make them aware of changes to CDC’s “probable case” definition, and 3) to clarify what specimens should be obtained when testing for MERS-CoV. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

Background

MERS-CoV, formerly called novel coronavirus, is a beta coronavirus that was first described in September 2012. As of August 12, 2013, 94 laboratory-confirmed cases have been reported to WHO. Of those cases, 49% (46) were fatal. All diagnosed cases were among people who resided in or traveled from four countries (Kingdom of Saudi Arabia, United Arab Emirates, Qatar, or Jordan) within 14 days of their symptom onset, or who had close contact with people who resided in or traveled from those countries. Cases with a history of travel from these countries or contact with travelers from these countries have been identified in residents of France, the United Kingdom, Tunisia, and Italy. To date, no cases have been reported in the United States. The most up-to-date details about the number of MERS-CoV cases and deaths by country of residence are on CDC’s MERS website (http://www.cdc.gov/coronavirus/mers/index.html).

Updates to Interim Guidance and Case Definitions

Interim Guidance for Health Professionals: Patients in the U.S. Who Should Be Evaluated

CDC has changed its criteria for who should be evaluated for MERS-CoV. In the previous guidance (HAN 348, dated June 7, 2013), CDC did not recommend MERS-CoV testing for people whose illness could be explained by another etiology. The new guidance states that, in patients who meet certain clinical and epidemiologic criteria, testing for MERS-CoV and other respiratory pathogens can be done simultaneously and that positive results for another respiratory pathogen should not necessarily preclude testing for MERS-CoV.

The new guidance also clarifies recommendations for investigating clusters of severe acute respiratory illness when there is not an apparent link to a MERS-CoV case. Clusters of patients with severe acute
respiratory illness (e.g., fever and pneumonia requiring hospitalization) should be evaluated for common respiratory pathogens and reported to local and state health departments. If the illnesses remain unexplained, testing for MERS-CoV should be considered, in consultation with state and local health departments.


**Case Definitions**

CDC has not changed the case definition of a confirmed case, but the criteria for laboratory confirmation have been clarified. CDC has changed its definition of a probable case so that identification of another etiology does not exclude someone from being classified as a “probable case.”


CDC may change its guidance about who should be evaluated and considered a case as we learn more about the epidemiology of MERS-CoV infection and risk of transmission.

**Interim Guidance about Testing of Clinical Specimens**

CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal (NP/OP) specimens, as well as stool and serum, are strongly recommended. This will increase the likelihood of detecting MERS-CoV infection. For more information, see CDC’s Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens ([http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html](http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html)). Many state health department laboratories are approved for MERS-CoV testing using the CDC rRT-PCR assay. Contact your state health department to notify them of people who should be evaluated for MERS-CoV and to request MERS-CoV testing. If your state health department is not able to test, contact CDC’s EOC at 770-488-7100.

*In accordance with the WHO’s guidance for MERS-CoV, a cluster is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks, or recreational camp. See WHO’s Interim Surveillance Recommendations for Human Infection with Middle East Respiratory Syndrome Coronavirus ([http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVInfection_27Jun13.pdf](http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVInfection_27Jun13.pdf)).*

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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**Categories of Health Alert Network messages:**

| Health Alert | Requires immediate action or attention; highest level of importance |
| Health Advisory | May not require immediate action; provides important information for a specific incident or situation |
| Health Update | Unlikely to require immediate action; provides updated information regarding an incident or situation |
| HAN Info Service | Does not require immediate action; provides general public health information |

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##
Key points for laboratory diagnosis of cyclosporiasis

Cyclospora cayetanensis

**Basic guidelines**

A. Multiple stool samples (at least 3) should be tested before a negative result is reported.

B. To maximize recovery of oocysts, stool samples in formalin, or other fixatives, should be concentrated prior to microscopic examination (e.g., 10 min at 500 × g when using the formalin-ethyl acetate concentration procedure).

C. Choice of diagnostic techniques depends on available equipment and reagents, experience, and considerations of time and cost.

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1. **Wet mount**

In bright-field microscopy using differential interference contrast (DIC), oocysts appear as refractile spheres (8 to 10 μm) with a distinct oocyst wall, but may be confused with other objects.

Under UV fluorescence microscopy, the oocyst wall autofluoresces. An intense blue fluorescence is obtained with the preferred UV excitation filter set (330 to 365 nm). If this filter set is not available, a less intense green fluorescence can be obtained with blue excitation (450 to 490 nm). Other objects, however, can also autofluoresce. A fluorescence microscope is required and this procedure does not provide a stained slide that can be archived.

Both DIC and UV fluorescence microscopy are efficient and reliable approaches for identification of this coccidian. Objects found by UV microscopy should always be checked under DIC and vice versa.

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![UV](UV.png) ![DIC](DIC.png)
Key points for laboratory diagnosis of cyclosporiasis

2. Modified acid-fast stain
A blue-green background, or contrasting counterstain, of fecal debris allows the oocysts to stand out. The oocysts are variably stained: some will stain light pink to deep purple, while others may be unstained. The oocysts (8 to 10 μm) may not be perfectly round; some may appear collapsed or distorted on one side. They may contain granules and/or have a wrinkled oocyst wall appearance (characteristics that distinguish oocysts from acid-fast artifacts). This staining method is the easiest and most practical, and provides a stained slide that can be archived. Misdiagnosis can result, however, due to the variability in staining and confusion with artifacts.

3. Safranin stain
Oocysts stain uniformly, red to reddish-orange. This uniform staining decreases the risk of misdiagnosis. However, this technique requires heating, therefore additional equipment is necessary (e.g., microwave oven).

4. Trichrome stain
Oocysts may be detected, but should not be confirmed, by this method. Because trichrome stain is the routine staining technique for stool specimens in most laboratories, laboratorians should be familiar with the appearance of Cyclospora stained with trichrome in order to detect oocysts during routine examinations. However, this staining method is inadequate for definitive diagnosis because all oocysts will appear unstained. Oocysts appear as clear, round, and somewhat wrinkled spheres (8 to 10 μm). The diagnostic techniques listed above should be used to confirm Cyclospora when the presence of this coccidian is suspected in a trichrome stained smear.
Laboratory diagnosis of intestinal parasites

**Coccidia**

*Cryptosporidium spp.* Sporulated oocysts are shed in human stool and measure 4-6 µm in diameter. Sporozoites (up to four) are sometimes visible in mature oocysts. Oocysts can be difficult to detect in wet mounts (purple arrows, far left) and may be confused for yeast (brown arrow, far left). Trichrome stain is also not recommended. Modified acid-fast (center right and far right) is the most recommended permanent staining method for detection of *Cryptosporidium* spp. Oocysts usually stain pink-red with this method, but may be variable, resulting in colorless ‘ghost’ forms (black arrows, far right). Oocysts may stain reddish-orange with safranin (center, left), but this method is not widely used for *Cryptosporidium* spp. as oocysts do not always stain properly. There are also commercially-available direct fluorescent antibody (DFA) tests that are very reliable for detection of *Cryptosporidium* in formalin-concentrated stool specimens. Further identification to the species level for outbreak investigations is done with molecular methods.

*Cyclospora cayetanensis.* Unsporulated oocysts are shed in human stool and measure 7-10 µm in diameter. It can be difficult to detect oocysts in wet mounts viewed under normal illumination (far left). However, *Cyclospora* spp. will autofluoresce under ultraviolet (UV) light (center left, same oocyst as seen in wet mount at the far left). This method is reliable but requires a microscope with a UV excitation filter set to 330-365 nm. Safranin (center right) and modified acid-fast (far right) are the preferred permanent staining methods for *Cyclospora* spp. Depending on the quality of the specimen and the preservation, oocysts may be irregular, wrinkled or appear collapsed. There is often a lack of uniformity in the staining, too, where colorless ‘ghost’ forms will appear alongside properly-stained red oocysts (far right). Species-level confirmation/identification for outbreak investigations is done with molecular methods.
Laboratory diagnosis of intestinal parasites

**Cystoisospora belli.** Immature oocysts containing one sporoblast are shed in human feces, measuring 25–30 µm in length. Oocysts containing two sporoblasts may be seen in stool specimens where there was a delay in processing. Oocysts may be detectable in wet mounts (far left) but are usually present in low numbers. Like other coccidia, *C. belli* autofluoresces under UV light (the images on the far left and center left show the same oocyst viewed under normal illumination and UV microscopy). Safranin (center right) and modified acid-fast (far right) are recommended for permanent staining methods. In all preparations, oocysts are usually present in low numbers.

**Sarcocystis hominis and S. suihominis.** These two species are known to use humans as the definitive host, and the two species cannot be separated morphologically. Both sporulated oocysts (containing two sporocysts) and individual sporocysts (right) are shed in human stool. Sporulated oocysts measure approximately 15-20 µm long by 15-20 µm wide. Individual sporocysts measure 15-20 µm long by 8-10 µm wide. The individual sporocysts are often more common in stool, due to the fragile nature of the oocyst wall makes them prone to rupture. Like other coccidians, the oocysts of *Sarcocystis* autofluoresce under UV microscopy (the left and center images show the same oocyst viewed under normal illumination and UV microscopy). Oocysts and sporocysts are usually present in small numbers.
Dear Laboratory Director,

The Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC) invite you or the person directly responsible for the oversight of proficiency testing (PT) in your laboratory to participate in an important survey about PT. The results of the survey will help us to understand how PT is used by laboratories throughout the country. The survey requires a computer with Internet access and should take no more than 20 minutes of your time.

To access the survey enter www.surveymonkey.com/s/aphl into your browser. If you need a paper copy of the survey, please email ptsurvey@aphl.org.

Once in the survey, you will be asked to enter either the 6-digit number shown on the address label that accompanied this letter or the 10-digit CLIA number for your laboratory, as indicated on your CLIA certificate. Please note: An independent contractor will use the CLIA number to assure that there is only one response per laboratory and to characterize the laboratory using existing data. The CLIA number will not be used to identify any laboratory or individual. The summary report will not contain any identifying information, preventing the linkage of laboratories with survey results.

As a token of our appreciation for completing the survey, you and your staff will have the opportunity to win an hour-long live or recorded course addressing relevant, contemporary issues in laboratory testing. The training session is valued at $115. If you wish to enter the random drawing, please provide your email address after completing the survey. All 50 prizes will be awarded and a list of winners may be requested by sending an email to ptsurvey@aphl.org with “Winners List” in the subject line after November 30, 2013.

Thank you for your participation! If you have any questions please email ptsurvey@aphl.org.

Sincerely,

Karen Breckenridge, MBA, MT(ASCP)
Association of Public Health Laboratories
8515 Georgia Ave, Suite 700
Silver Spring, MD 20910
SELECT AGENT RULE: WHAT CLINICAL LABORATORIES NEED TO KNOW

DESCRIPTION

In this era of natural and human made biological emergencies, it is essential that laboratories understand the implications of isolating a potential bio-threat agent and how to comply with the select agent regulations. This webinar will identify various concerns of the Select Agent Rule for clinical laboratories to include how these regulations apply to clinical laboratories and the consequences of noncompliance. It will focus on Tier 1 select agents and how the federal regulations differ from Laboratory Response Network (LRN) A, B, C agents. This webinar will also review what to do if you have an isolate that is confirmed as a select agent, what forms are required, when to use the forms, and how to fill them out. A brief overview of important Department of Transportation (DOT) packaging and shipping regulations will be provided. Finally, case studies will be utilized to offer instructions on how to identify if an exposure has occurred.

AUDIENCE

This basic level, webinar is intended for clinical laboratory managers and supervisors, microbiology managers and supervisors and laboratorians who are responsible for the screening/shipping of potential and/or confirmed select agents to their LRN Reference Laboratories. Reference laboratorians who may assist the clinical laboratories are encouraged to attend.

OBJECTIVES

At the conclusion of this program, participants will be able to:

- Discuss the Select Agent Rule and how it applies to clinical laboratories.
- Explain how Tier 1 Select Agents differ from the LRN A, B, C Agents.
- Outline the process of what to do when a select agent is confirmed.
- Describe how to fill out the required forms.
- Identify what is an exposure.

COURSE NUMBER:

20-5007-13
WEBINAR AGENDA

Thursday, August 29

2:00
Welcome & Course Overview
Stephanie Johnston

2:05
Overview of Amendments to the Select Agent Regulations: Do the Changes Affect Sentinel Laboratories?
Diane Martin, MPH
Health Scientist

2:25
Select Agent Reporting, Destruction and Packaging & Shipping: How to Resource for Sentinel Laboratories
LaToya A. Griffin-Thomas, PhD
Lead Scientist

2:50
Q & A

3:00
Adjourn

FACULTY

Stephanie Johnston, MS
Lead Health Scientist
Division of Laboratory Policy and Practice
Laboratory Training Branch
Centers for Disease Control and Prevention Atlanta, GA

Diane Martin, MPH
Health Scientist
Training and Outreach Officer
CDC Division of Select Agents and Toxins (DSAT) Centers for Disease Control and Prevention Atlanta, GA

LaToya A. Griffin-Thomas, PhD
Lead Scientist Bioterrorism/Emergency Response Coordinator
Division of Consolidated Laboratory Services
Richmond, VA

SPECIAL NEEDS

In compliance with the Americans with Disabilities Act (ADA), individuals seeking special accommodations should submit their request in writing to eqj3@cdc.gov or phone 404-639-6347 at least two weeks before the program.

Please allow sufficient time for CDC to make arrangements which is normally at least three weeks prior to start date of course.

QUESTIONS

Please go to the CDC Laboratory Training Branch website (http://www.cdc.gov/labtraini ng/).

If you do not find the answer there please contact us through the Contact us section.
Wisconsin Laboratory Messaging System  
July 15, 2013

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**LEGIONELLA ALERT! ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

Reports of laboratory confirmed cases of *Legionella pneumophila* (Lpn) have increased among residents in Wisconsin’s southeast region, particularly Milwaukee County. Since June 1, 2013, 24 confirmed cases of Lpn have been identified in Wisconsin, 15 among Milwaukee County residents. Median age of patients is 62 (range 45–84) years. Because of the possible scope of this situation the Wisconsin Division of Public Health (WDPH) and WSLH would like to enlist your assistance to detect and report additional cases associated with this cluster.

**WDPH is requesting that patients who meet any of the following criteria be tested for Legionella:**
- Hospitalized patients with atypical pneumonia consistent with Legionnaires disease
- Immune compromised patients with pneumonia
- Patients with pneumonia who fail to respond to treatment with a β-lactam or cephalosporin antibiotics
- Patients with pneumonia who have a travel history, especially travel to the southeastern region of Wisconsin (Patients that have traveled away from their home within 14 days before the onset of illness).

Urine antigen assay **AND** culture of lower respiratory secretions on selective (BCYE) media are currently the preferred diagnostic tests for cases of Legionellosis. We strongly encourage you to perform Lower respiratory culture on all patients either suspected of having a Legionella infection, or whose laboratory test (urine antigen or PCR) is positive. Be advised, *Legionella* cannot be cultivated on standard media used for routine respiratory cultures.

If your laboratory is unable to perform Legionella culture and the patient is *Legionella* urine antigen positive, or fits one of the above listed criteria, or is epidemiologically linked to a common exposure, please submit lower respiratory specimens to the WSLH for fee exempt Legionella testing.

Prompt and thorough testing of both clinical and environmental specimens are essential to determine a source of the infection. Isolation of *Legionella* from lower respiratory secretions, lung tissue, or pleural fluid is necessary to determine relationships to other patient or environmental isolates. Clinical and environmental isolates can be compared using monoclonal antibody and molecular techniques to confirm a source of exposure.

Thank you for your assistance in this matter. If you have questions, please contact the Wisconsin Division of Public Health at 608/266-5326 or 608/267-9003 or the WSLH Customer Service section at 800-862-1013.

**WSLH - TESTING CHANGES TO SHIGA TOXIN-PRODUCING E. COLI O157 CONFIRMATION:** ~~~

In an effort to more efficiently and quickly report the identification and confirmation of Shiga toxin-producing *E. coli* O157, WSLH will be changing its testing algorithm for this organism on August 1, 2013. Currently, the WSLH performs isolate identification by conventional biochemicals and/or API 20E. The WSLH then confirms O157 antigen by slide agglutination and confirms H7 antigen by tube agglutination. Any *E. coli* O157 isolates that are either negative in the H7 tube agglutination assay or nonmotile are confirmed to be Shiga-toxin producers by PCR testing.

Determination of a pathogenic *E. coli* O157 may be made by detection of O157 in combination with H7 testing or O157 in combination with Shiga toxin (Stx) gene detection. H7 confirmation requires multiple passages of the organism through motility medium before tube agglutination is performed. However PCR testing may be performed on an organism within 24 hours. For this reason, and because determination of Shiga toxin types
(Stx 1 / Stx2) produced by *E. coli* O157 may be beneficial for patient management (MMWR 58(RR12); 1-14), WSLH will be testing all *E. coli* O157 for Stx genes. H7 antigen confirmation will only be performed for epidemiological purposes on isolates determined to be part of an outbreak.

**What this means for your institution:**

1) Laboratory reports for *E. coli* O157 will appear slightly different. Instead of “Identified as (or culture shows) *E. coli* O157:H7”, the laboratory report will read “Identified as *E. coli* serogroup O157” with a comment indicating which Shiga toxin gene(s) the organism is found to possess.

2) Shiga toxin information may be provided to the clinician for patient management decisions. Multiple publications have reported that *E. coli* organisms that produce Shiga toxin 2 (Stx2), and in particular Stx2 only, may have a higher probability than those that only produce Stx1 to lead to HUS development in the patient.

Please contact us with any questions you might have regarding this testing change. We anticipate it will result in faster turnaround times for the *E. coli* O157 confirmations and may provide clinicians with useful information for patient management.

Tim Monson, MS
Foodborne Disease Program Coordinator
608-262-3302
timothy.monson@slh.wisc.edu

Dave Warshauer, PhD
Deputy Director- Communicable Disease Division
608-265-9115
david.warshauer@slh.wisc.edu

**SAVE THE DATE FOR 2013 REGIONAL MEETINGS! ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

We are pleased to announce that we have scheduled 2013 Regional Meetings in October. We will send out brochures once we determine the meeting agenda and set up registration for the Regional Meetings. Please save the date and plan to attend one of the Regional Meetings which will be held on the following dates:

- **Tuesday October 8, 2013** – Turtleback Golf, Dining, and Conference Center, Rice Lake, WI
- **Wednesday October 9 2013** – Liberty Hall, Kimberly, WI
- **Thursday October 10, 2013** – Crowne Plaza, Madison, WI

**DID YOU KNOW… ??????**

You should have recently received the results report of the April 2013 WSLH Educational Bioterrorism Agent Proficiency Testing Exercise. I encourage laboratory managers or microbiology supervisors to review your laboratory results against the report during a staff meeting, thus providing staff with the opportunity to ask questions and address any problems your laboratory may have had during the exercise.

As with the September 2012 exercise, there were a lot of clerical errors with this exercise, where sections of the result form were not completed, or were incorrectly completed. If you do not understand how to complete the results form, please contact Erin Bowles at erin.bowles@slh.wisc.edu.

While this exercise is ungraded, it does serve to demonstrate your competency in rule-out testing, which is now a defined responsibility for all Sentinel Clinical Laboratories.

Here is the link to the Sentinel Clinical Laboratory Definition and responsibilities:
Wisconsin Laboratory Messaging System  
July 10, 2013

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MULTISTATE CYCLOSPORA ALERT! ~~~~~~~~~~~~~~~~~~~~~~~~~~~

Please be alert for possible Cyclospora cayetanensis cases in Wisconsin. Iowa and Nebraska have seen a dramatic increase in the number of Cyclospora cayetanensis cases over the past two weeks while we have detected one case in WI. There is a good possibility that these cases might be due to a regionally or nationally distributed product that has yet to be determined at this time. Cases of Cyclospora cayetanensis should be reported to local public health.

The symptoms of Cyclospora infection are distinct from other diarrheal illnesses in that symptoms last an average of fifty-seven (57) days in immuno-competent patients, and patients may have 5 to 15 bouts of watery diarrhea per day. Fatigue and anorexia are prominent and other symptoms include nausea, flatulence, abdominal cramping, low-grade fever, and weight loss. Persons who are immune-compromised will have more severe and longer lasting symptoms. Recommended treatment is trimethoprim-sulfamethoxazole twice daily for 7 days (160 mg trimethoprim and 800 mg sulfamethoxazole in adults).

Diagnosis of Cyclospora cayetanensis oocysts in stool specimens requires a full O&P examination and often requires specialized tests, such as a modified acid fast stain or detection of autofluorescence, for confirmation. In an O&P wet preparation, Cyclospora cayetanensis oocysts will appear as refractile, spherical bodies that are approximately 8-10 um in size (http://www.dpd.cdc.gov/dpdx/HTML/ImageLibrary/Cyclosporiasis_il.htm).

Any stool specimens submitted in 10% Formalin, SAF, or equivalent that are suspected of containing Cyclospora cayetanensis may be submitted to WSLH for diagnosis or confirmation. Please submit specimens with the proper requisition form (CDD Requisition Form A) and indicate that Cyclospora is the suspect agent. Patients with Cyclospora cayetanensis infection may have prolonged diarrheal illness; patients exhibiting such prolonged illness should be screened for the presence of parasites.

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INTERESTING ARTICLES! ~~~~~~~~~~~~~~~~~~~~~~~~~~~

  In the largest outbreak ever reported in the U.S. of blastomycosis, a fungal infection with flulike symptoms, 55 people in central Wisconsin became sick in 2010.
  Here is the link to the complete article: http://www.huffingtonpost.com/2013/06/21/blastomycosis-outbreak-fungal-infection-wisconsin_n_3478331.html
The article details a case of initially unrecognised, inhalational anthrax in a vaccinated member of the armed forces.

Here is the link to the complete article:
http://erj.ersjournals.com/content/42/1/285.full.pdf+html

DID YOU KNOW… ??????

A ProMED-mail post:

It appears that Borrelia miyamotoi infection has signs and symptoms, which could easily be confused with either ehrlichiosis or anaplasmosis. This presents significant problems in correctly diagnosing cases of B. miyamotoi infection, or understanding its true prevalence in states where both anaplasmosis and/or ehrlichiosis occur. This issue will only become more pressing as the lone star tick (Amblyomma americanum), vector of ehrlichiosis, expands its range northward into the most Lyme endemic regions of the US, and the "northern variant" blacklegged tick (Ixodes scapularis), vector of Lyme disease, anaplasmosis, and B. miyamotoi, expands its range southward into ehrlichiosis endemic regions.

Currently, the best laboratory aid available in the diagnosis of acute stage ehrlichiosis and anaplasmosis is a multiplex PCR test for those agents in whole blood. And as it appears that B. miyamotoi can be detected by PCR in the blood of infected patients, adding a test for this agent to the multiplex PCR assays already employed by several commercial laboratories would greatly help in the correct diagnosis of these illnesses, and would also aid in understanding the geographic range of B. miyamotoi. Additionally, PCR testing may also help distinguish these illnesses from the recently discovered Heartland virus illness, which is carried by lone star ticks, and which also causes signs and symptoms that could be confused with ehrlichiosis or anaplasmosis.

David N Gaines, PhD
State Public Health Entomologist
Virginia Dept. of Health
Division of Environmental Epidemiology
Richmond, VA
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**The Staff at the WSLH wishes everyone a Happy and Safe 4th of July Holiday!**

**Just a reminder the WSLH will be closed on Thursday July 4th, 2013 in observance of the holiday.**

**INTERESTING ARTICLES!**

  The highly infectious phase of acute human immunodeficiency virus (HIV) infection, defined as the interval between the appearance of HIV RNA in plasma and the detection of HIV-1–specific antibodies, contributes disproportionately to HIV transmission (1). The current HIV diagnostic algorithm consists of a repeatedly reactive immunoassay (IA), followed by a supplemental test, such as the Western blot (WB) or indirect immunofluorescence assay (IFA). Because current laboratory IAs detect HIV infection earlier than supplemental tests, reactive IA results and negative supplemental test results very early in the course of HIV infection have been erroneously interpreted as negative (2). To address this problem, CDC has been evaluating a new HIV diagnostic algorithm (3). This report describes two evaluations of this algorithm.
  Here is the link to the complete article: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6224a2.htm?s_cid=mm6224a2_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6224a2.htm?s_cid=mm6224a2_w)

  On January 25, 2013, the Minnesota Department of Health (MDH) was notified of two clinical cases of *Salmonella* I 4,12:i:1,2 infection with isolates that had indistinguishable pulsed-field gel electrophoresis...
PFGE) patterns. Illness onset dates were January 3 and January 9, 2013. Patients A and B were hospitalized at the same hospital during January 12–15 for dehydration. Investigations indicated that these cases were part of a multistate outbreak associated with frozen mice purchased to feed snakes.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a4.htm?s_cid=mm6225a4_e


Arthropod-borne viruses (arboviruses) are transmitted to humans primarily through the bites of infected mosquitoes and ticks. West Nile virus (WNV) is the leading cause of domestically acquired arboviral disease in the United States (1). However, several other arboviruses also cause sporadic cases and seasonal outbreaks of neuroinvasive disease (e.g., meningitis, encephalitis, and acute flaccid paralysis) (1). In 2012, CDC received reports of 5,780 nationally notifiable arboviral disease cases (excluding dengue). A large multistate outbreak of WNV disease accounted for 5,674 (98%) of reported cases, the highest number reported since 2003. Other reported etiologies included Eastern equine encephalitis virus (EEEV), Powassan virus (POWV), St. Louis encephalitis virus (SLEV), and California serogroup viruses such as La Crosse virus (LACV) and Jamestown Canyon virus (JCV). Arboviruses continue to cause serious illness in substantial numbers of persons in the United States. Maintaining surveillance remains important to identify outbreaks and guide prevention efforts.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a1.htm?s_cid=mm6225a1_e


Foodborne diseases cause an estimated 48 million illnesses each year in the United States, including 9.4 million caused by known pathogens. Foodborne disease outbreak surveillance provides valuable insights into the agents and foods that cause illness and the settings in which transmission occurs. CDC maintains a surveillance program for collection and periodic reporting of data on the occurrence and causes of foodborne disease outbreaks in the United States. This surveillance system is the primary source of national data describing the numbers of illnesses, hospitalizations, and deaths; etiologic agents; implicated foods; contributing factors; and settings of food preparation and consumption associated with recognized foodborne disease outbreaks in the United States.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6202a1.htm?s_cid=ss6202a1_e

DID YOU KNOW… ??????

John Adams believed that July 2nd was the correct date on which to celebrate the birth of American independence, and would reportedly turn down invitations to appear at July 4th events in protest.

Why?
On July 2nd, the Continental Congress voted in favor of independence in a near-unanimous vote. On that day, John Adams wrote to his wife Abigail that July 2 "will be celebrated, by succeeding Generations, as the great anniversary Festival" and that the celebration should include "Pomp and Parade...Games, Sports, Guns, Bells, Bonfires and Illuminations from one End of this Continent to the other." On July 4th, the Congress formally adopted the Declaration of Independence, which had been written largely by Jefferson. Though the vote for actual independence took place on July 2nd, from then on the 4th became the day that was celebrated as the birth of American independence.
The Wisconsin Laboratory Messaging System
June 24, 2013

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CDC HEALTH UPDATE - AVIAN INFLUENZA H7N9: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
This health advisory provides an update on the avian influenza A (H7N9) virus [H7N9] situation and includes new recommendations on who should be tested for H7N9 in the United States. This document replaces guidance published on April 5, 2013.

Here is a link to the CDC Update: http://emergency.cdc.gov/HAN/han00347.asp

CDC HEALTH UPDATE – MERS-CoV: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
This health advisory is to provide updated guidance to state health departments and health care providers in the evaluation of patients for MERS-CoV infection including expansion of availability of laboratory testing and, in consultation with WHO, expansion of the travel history criteria for patients under investigation from within 10 to 14 days for investigation and modification of the case definition.

Here is a link to the CDC Update: http://emergency.cdc.gov/HAN/han00348.asp

MERS-CoV Testing: At present, PCR testing of specimens for the novel coronavirus is available in Wisconsin only at the Wisconsin State Laboratory of Hygiene (WSLH) and also at the CDC. Currently available diagnostic tests for other coronaviruses are not suitable for detecting this new virus. Testing requires approval by WDPh. To request approval for testing during business hour, call the WDPh at 608-267-9003. For after-hours approval call 608-258-0099 and ask for the communicable disease epidemiologist on call. For questions regarding specimen collection contact the WSLH customer service at 608-262-6386.
INTERESTING ARTICLES! ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


Older adults, pregnant women, and persons with immunocompromising conditions are at higher risk than others for invasive *Listeria monocytogenes* infection (listeriosis), a rare and preventable foodborne illness that can cause bacteremia, meningitis, fetal loss, and death. This report provides an overview of recent surveillance data on listeriosis, highlighting actions needed to protect vulnerable populations.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0604a1.htm?s_cid=mm62e0604a1_e

- **Morbidity and Mortality Weekly Report (MMWR)** – “Update: Severe Respiratory Illness Associated with Severe Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Worldwide, 2012-2013” Weekly, June 14, 2013, 62(23);448-452

CDC continues to work in consultation with the World Health Organization (WHO) and other partners to better understand the public health risk posed by the Middle East Respiratory Syndrome Coronavirus (MERS-CoV), formerly known as novel coronavirus, which was first reported to cause human infection in September 2012 (1–4). The continued reporting of new cases indicates that there is an ongoing risk for transmission to humans in the area of the Arabian Peninsula. New reports of cases outside the region raise concerns about importation to other geographic areas. Nosocomial outbreaks with transmission to healthcare personnel highlight the importance of infection control procedures.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6223a6.htm?s_cid=mm6223a6_w

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**GRAM STAIN FUNDAMENTALS - 2013: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

- **Submitting Slides for the Gram Stain Workshop:** (YES WE STILL NEED SLIDES!)
  - **If you see a great gram stain** that is particularly interesting, please make 25 slides (or as many as possible), fix the slides and send them to:
    - Wisconsin State Laboratory of Hygiene
    - Attn: Erin Bowles – Workshop Materials
    - 465 Henry Mall, Rm. 545
    - Madison, WI 53706
  
  **Please include with the slides the specimen source, the gram stain result reported by your laboratory, the culture result, and the method you used to fix the slides.** If you would like me to return the container that you shipped the slides in, please let me know that too. You may use Dunham Express to ship the slides. Please use standard overnight delivery and account 7263.

**NEW MAC PCR ASSAY FOR DETECTION OF M. AVIUM COMPLEX:** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Please see the attached announcement regarding new testing performed at the WSLH.
TO: Wisconsin Mycobacteriology Laboratories, Wisconsin Public Health Departments, Wisconsin Infection Control Practitioners

FROM: Dr. Dave Warshauer, PhD, Deputy Director, CDD
       Julie Tans-Kersten, MS, BS-MT (ASCP), TB Laboratory Program Coordinator
       Wisconsin State Laboratory of Hygiene (WSLH)

DATE: June 24, 2013

RE: New MAC PCR Assay for Detection of M. avium complex

WSLH will be implementing a real-time PCR assay for the detection of M. avium complex (MAC) in smear-positive respiratory specimens as of August 1, 2013. The MAC PCR will be incorporated into the M. tuberculosis complex (TB) PCR testing algorithm with no need for the submitter to order testing. The assay targets the 16S-23S internal transcribed spacer (ITS) region and detects all current members of MAC including M. avium, M. avium subsp. avium, M. avium subsp. paratuberculosis, M. intracellularare, M. chimaera, M. arosiense, M. colombiense, M. marseillense, M. bouchedurhonense, and M. timonense. This assay was developed and its performance characteristics determined by the WSLH. This assay has not been cleared by the U.S. Food and Drug Administration.

The WSLH will perform same-day, fee-exempt concurrent TB/MAC PCR Panel testing on initial smear-positive diagnostic respiratory specimens. MAC PCR testing will not be performed on smear negative specimens because of the limited sensitivity of the assay. WSLH will continue to perform fee-exempt TB PCR testing on smear-negative specimens from patients considered to be TB suspects with pre-approval from the Wisconsin Division of Public Health Tuberculosis Program (DPHTBP). DPHTBP can be reached at (608) 261-6319. The approval criteria are listed below.

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen Type</th>
<th>Billing</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB/MAC PCR Panel</td>
<td>Initial smear-positive respiratory specimens (sputum, tracheal aspirate, bronchial washings, BAL)</td>
<td>Same-day, fee-exempt testing*</td>
<td>Primary patient specimens or decontaminated sediments may be submitted. If a specimen from a non-sterile site has not been decontaminated, WSLH will perform decontamination and the submitter will be billed. Specimens with visible blood will be accepted.</td>
</tr>
<tr>
<td>Test codes MM00256 and MM00260</td>
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<tr>
<td>TB PCR alone</td>
<td>Smear-negative specimens Respiratory and non-respiratory specimens</td>
<td>Fee-exempt testing is performed with pre-approval from DPHTBP. Same-day testing may not be available.</td>
<td>Specimens with visible blood will be accepted. PCR testing should be performed within 7 days of specimen collection.</td>
</tr>
<tr>
<td>Test code MM00256</td>
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<tr>
<td>MAC PCR alone</td>
<td>By special request on initial smear positive respiratory specimens for patients in which TB has been ruled out.</td>
<td>$100 (CPT code 87556)</td>
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<tr>
<td>Test code MM00260</td>
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*For Same Day Service: Primary specimens must arrive at WSLH by 10:00 AM. Specimens that have been decontaminated (for non-sterile sites) and cultured must arrive by 12:00 noon.
PATIENT CRITERIA for TB/MAC PCR Panel (MAC testing performed only on smear-positive respiratory specimens):

PCR testing at WSLH is supported by state funding; patients must meet the following criteria established by the Wisconsin TB Control Program to qualify for fee exempt testing:

- Patient must have signs and symptoms of pulmonary TB
- Patient must be reported to the local or state public health department as a suspect TB case
- Patient must be in respiratory isolation
- Patient must not have been diagnosed with TB or a non-tuberculous mycobacterial infection within the last 12 months
- Patient must have received ≤7 days of anti-mycobacterial therapy or no such treatment within the last 12 months

Submission of Specimens for TB/MAC PCR Panel (MAC testing performed only on smear-positive respiratory specimens):

- **For primary respiratory specimens** (sputum, tracheal aspirate, bronchial washing, BAL): Submit 3-10 ml of specimen in a leak-proof container. Decontamination, smear and culture will also be performed at WSLH.
- **For decontaminated sediments**: submit 0.5 ml of sediment in a leak-proof container.
- Specimens should be stored at 2-8°C degrees before and during transport. Specimens should be transported to WSLH as soon as possible.
- Notify the DPH Tuberculosis Program (608) 261-6319, or Local Public Health Department of a new TB suspect and for approval for fee-exempt testing.
- It is recommended that you notify the WSLH TB Laboratory (608) 262-1618 before submitting specimens for PCR.
- For no-charge **next-day** courier service, call Dunham Express for delivery to WSLH. Dial 1-800-236-7127 to reach the Dunham Express dispatcher. The WSLH-TB account number is 7271.

REFERENCE:

CDC. Updated guidelines for the use of nucleic acid amplification tests in the diagnosis of tuberculosis. MMWR 2009; 58: 7-10.

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YOUR HELP NEEDED – THERE IS STILL TIME TO COMPLETE THE STEC SURVEY! ~~~~~~~

The WSLH sends a big “Thank-You!” to the laboratories that have already completed the STEC survey. For those of you who haven’t, there is still time to do so. The Wisconsin State Laboratory of Hygiene (WSLH) and Wisconsin Department of Public Health (WDPH) ask for your help completing a short survey to assess the scope and quality of Shiga Toxin-producing E. coli (STEC) surveillance in Wisconsin. Results of this survey will be shared with the clinical laboratories. This survey is completely voluntary and your response will not be revealed to agencies outside the WSLH and WDPH.

We expect this survey to take less than five minutes to complete. Your participation will help us characterize and quantify Wisconsin’s capacity for STEC case detection. We would like to receive one response from each clinical laboratory in our Wisconsin Clinical Laboratory Network (WCLN). We ask one of the following: Laboratory Manager, Microbiology supervisor, or Microbiology Lead Tech to complete this short survey by June 15, 2013. If your laboratory doesn’t perform any microbiology testing, but refers microbiology to another facility, we still ask you to complete the survey. As always, we greatly appreciate your help and cooperation gathering this important information.

Here is the link to the survey: http://www.surveygizmo.com/s3/1261665/STECSurv

WISCONSIN ENTERIC PATHOGENS SURVEILLANCE (WEPS) REMINDER: ~~~~~~~~~~~~~~~

Summertime is the time for picnics, cookouts, and festivals, but it is also the time when we see an increase in enteric pathogens at the WSLH. We would like to remind all clinical laboratories that with your help, we do a really great job working with WDPH to detect outbreaks of foodborne illness in Wisconsin. Wisconsin’s surveillance program is dependent on the enteric pathogen isolates that you submit. Your isolates are identified, serogrouped and subtyped by pulsed-field gel electrophoresis (PFGE). The PFGE results are then shared electronically with a national network “PulseNet” to enhance national foodborne disease surveillance. The WSLH requests that clinical laboratories submit the following organisms:

Campylobacter species - isolates or stool specimens positive for Campylobacter by antigen detection assays.

Shiga toxin-producing E. coli (STEC) - enrichment broths or STEC isolates from Shiga toxin-positive EIA stool specimens; E. coli O157:H7 isolates; non-O157 Shiga toxin-producing E. coli (STEC) isolates

Listeria monocytogenes
Salmonella species
Shigella species
Yersinia species
Vibrio species

We ask laboratories not to save and batch isolates, but to send them as soon as they are recovered to allow for timely analysis of any possible outbreaks. Shippers are available from WSLH and free shipping is provided through Dunham Express.

Thank you for your contributions and support of WEPS!

Filters physically remove contaminants, including microbes, from water in treated recreational water venues, such as pools. Because contaminants accumulate in filters, filter concentrates typically have a higher density of contamination than pool water. During the 2012 summer swimming season, filter concentrate samples were collected at metro-Atlanta public pools. Quantitative polymerase chain reaction (qPCR) assays were conducted to detect microbial nucleic acid.

Here is the link to the complete article: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6219a3.htm?s_cid=mm6219a3_e

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**DID YOU KNOW… ?????**

New CDC Tools for Lyme disease and other tickborne resources recently posted on the CDC website:

**For the general public:**

- Comic strip for school-aged children that teach them how to prevent tick bites, even when Mom and Dad aren’t around: [http://www.cdc.gov/lyme/resources/toolkit/DontletTicksbitemeComicFS_508.pdf](http://www.cdc.gov/lyme/resources/toolkit/DontletTicksbitemeComicFS_508.pdf)
- Methods to keep ticks away from people, pets, your yard: [http://www.cdc.gov/lyme/prev/index.html](http://www.cdc.gov/lyme/prev/index.html)

**For professionals:**


![Tick Images]

Left to Right: unengorged female, 1/4 engorged, 1/2 engorged and fully engorged deer tick.
PERTUSSIS REPORT - WISCONSIN 2012 - 2013: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Clinical and public health laboratories know that 2013 was a banner year for pertussis testing. Using information submitted to the Wisconsin Division of Public Health (WDPH) via the Wisconsin Electronic Disease Surveillance System (WEDSS), this report summarizes pertussis case occurrences and investigation activity in Wisconsin in 2012 - 2013.

Here is the link to the DHS webpage: http://www.dhs.wisconsin.gov/immunization/pdf/pertreport.pdf

GRAM STAIN FUNDAMENTALS - 2013: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

 Submitting Slides for the Gram Stain Workshop: (YES WE STILL NEED SLIDES!)

- If you see a great gram stain that is particularly interesting, please make 25 slides (or as many as possible), fix the slides and send them to:
  Wisconsin State Laboratory of Hygiene
  Attn: Erin Bowles – Workshop Materials
  465 Henry Mall, Rm. 545
  Madison, WI 53706

  Please include with the slides the specimen source, the gram stain result reported by your laboratory, the culture result, and the method you used to fix the slides. If you would like me to return the container that you shipped the slides in, please let me know that too. You may use Dunham Express to ship the slides. Please use standard overnight delivery and account 7263.

 Registration for the Gram Stain Workshop: (YES ONE SPOT LEFT!)

- This is your last chance to register for this year’s Gram stain workshop “Gram Stain Fundamentals – 2013” on July 17, 2013 at the Southwest Wisconsin Technical College in Fennimore, WI. It may be several years before we offer another workshop in southwestern Wisconsin. Once we reach the workshop capacity, a wait list will be started. We will use the wait list to fill any cancellations. This ½ day workshop is intended for new microbiologists who do not have a lot of experience performing and interpreting Gram stains and for generalists who rotate into microbiology and want to brush up on their Gram staining skills.

  Here is the link to access the workshop brochure and registration:
  http://www.slh.wisc.edu/outreach-data/event-detail.php?id=231

REGISTER NOW FOR JUNE 12, 2013 WCLN AUDIOCONFERENCE: ~~~~~~~~~~~~~~~~~~~~~~~

 “Surveillance of Arbovirus Infections and Ehrlichiosis in Wisconsin”

Date: Wednesday June 12, 2013, 12:00 noon – 1:00 PM

Speakers: Diep (Zip) Hoang Johnson, B.S., CEB, Vectorborne Surveillance Coordinator, Communicable Disease Epidemiology Section, Department of Health Services, Division of Public Health

Description: This presentation will provide an update on the current surveillance programs for arbovirus infections and ehrlichiosis in Wisconsin. The importance of surveillance and the emergence of a new strain *Ehrlichia muris*-like, which was first identified in Wisconsin, will be highlighted. Additional discussion will focus on disease characteristics, testing, treatment and prevention.

Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=232

  Contact Person ______________________________Email ___________________________
  Institution __________________________________ City/State ________________________
  Telephone ______________________________ Fax _____________________________
The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

Emergency WSLH Contact: Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

YOUR HELP NEEDED – PLEASE COMPLETE A SURVEY:~~~~~~~~~~~~~~~~~~~~~~~~~~
The Wisconsin State Laboratory of Hygiene (WSLH) and Wisconsin Department of Public Health (WDPH) ask for your help in completing a survey to assess the scope and quality of Shiga Toxin- producing E. coli (STEC) surveillance in Wisconsin. With new partnerships and mergers among laboratories and recent Joint Commission modifications to required STEC testing, this survey will provide an up-to-date picture of the Shiga toxin testing protocols used in Wisconsin’s laboratories. Results of this survey will be shared with the clinical laboratories. This survey is completely voluntary and your response will not be revealed to agencies outside the WSLH and WDPH.

We expect this survey to take less than five minutes to complete. Your participation will help us characterize and quantify Wisconsin’s capacity for STEC case detection. We would like to receive one response from each clinical laboratory in our Wisconsin Clinical Laboratory Network (WCLN). We ask one of the following: Laboratory Manager, Microbiology supervisor, or Microbiology Lead Tech to complete this short survey by June 15, 2013. If your laboratory doesn’t perform any microbiology testing, but refers microbiology to another facility, we still ask you to complete the survey. As always, we greatly appreciate your help and cooperation gathering this important information.

Here is the link to the survey: http://www.surveygizmo.com/s3/1261665/STECSurv

PACKAGING INSTRUCTIONS FOR CATEGORY B SPECIMENS TRANSPORTED VIA DUNHAM EXPRESS: ~~~~~~~~~~~~~~~~~~~~~~~~~~
Department of Transportation (DOT) Regulation “173.199 Category B infectious substances” mandate that a manufacturer or distributor of packaging materials for Category B infectious substance must provide packaging instructions for the packaging materials. If the DOT should inspect your laboratory, they may ask how you package a category B specimen for transport. They will be looking for you to answer “according to the manufacturer’s instructions.” They will ask to see the instructions and then watch to see that you follow them. As the WSLH does provide materials to laboratories for the shipment of Category B infectious substances, we will, for a limited time, be providing instructions with the packaging materials you order (see attached instructions). We ask that you please save a copy of these instructions for referral. We will also post the instructions on our WCLN webpage under Resources for WCLN Laboratories/Packaging Hazardous

We would like to remind you that the WSLH will be closed on Monday May 27, 2013 in observance of the Memorial Day Holiday.
Materials/Shipping Infectious Substances/Packaging Instructions for Category B Infectious Substances by Ground Transport.

Here is the link to the WCLN webpage: http://www.slh.wisc.edu/labupdates/wcln/index.dot

**SHIPPER’S DECLARATION FOR CATEGORY A SPECIMENS TRANSPORTED VIA DUNHAM EXPRESS:** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Regulations for the shipment of Category A infectious substances require the sender to complete a shipper’s declaration for the contents of the package. Many of you are familiar with the format of the form that FedEx requires their customers to use. It has the red and white candy stripe border. Dunham Express does not have a specific format that it requires laboratories use when shipping Category A infectious substances. The form used must simply meet the DOT requirements for a shipper’s declaration. Please see the attached “DOT Shipper’s Declaration (Certification)” form and directions which may be used for the shipment of Category A infectious substances via Dunham Express. We will also post the form and the directions on our WCLN page under Resources for WCLN Laboratories/Packaging Hazardous Materials/Shipping Infectious Substances/DOT Shipper’s Declaration (Certification). From the webpage you may save this form to your files so that you can edit and print it as needed when packaging and shipping Category A infectious substances.

Here is the link to the WCLN webpage: http://www.slh.wisc.edu/labupdates/wcln/index.dot

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**DID YOU KNOW… ??????**

Here are some interesting articles on Hepatitis C as a follow up to our audio conference series in February and March on the viral hepatitis.

*Morbidity and Mortality Weekly Report (MMWR)*

**Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians**

May 10, 2013 / 62(18);362-365

*In the United States, an estimated 4.1 million persons have been infected with hepatitis C virus (HCV), of whom an estimated 3.2 million are living with the infection.*

Here is the link: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a5.htm?s_cid=mm6218a5_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a5.htm?s_cid=mm6218a5_e)


May 10, 2013 / 62(18);357-361

*Hepatitis C virus (HCV) infection is a serious public health problem. New infections continue to occur, and morbidity and mortality are increasing among an estimated 2.7–3.9 million persons in the United States living with HCV infection. Most persons are unaware of their infection status.*

Here is the link: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a4.htm?s_cid=mm6218a4_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a4.htm?s_cid=mm6218a4_e)

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**EMERGING VIRUSES:** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

To date there have been no cases of the novel avian influenza A (H7N9) virus, or the novel coronavirus (nCoV), now being likened to the SARS virus, detected in the U.S. To find the latest information on these emerging viruses, please see the CDC website.

Here is the link to the CDC Avian H7N9 website: [http://www.cdc.gov/flu/avianflu/h7n9-virus.htm](http://www.cdc.gov/flu/avianflu/h7n9-virus.htm)

Here is a link to the CDC Novel Coronavirus website: [http://www.cdc.gov/coronavirus/ncv/index.html](http://www.cdc.gov/coronavirus/ncv/index.html)
We still need Gram stain slides for the workshop! We need your help obtaining great slides for the workshop. We need 20 to 25 methanol or heat fixed clinical slides. Workshop attendees appreciate slides with a single pathogen from sterile sources (i.e. blood, CSF, joint fluid), but they also learn a great deal from slides where the pathogen(s) is/are mixed with normal flora (i.e. sputums, BALs, wounds, tissues). Yeast, molds, anaerobes, unusual organisms and organisms that mimic possible bioterrorism agents are all organisms that attendees love to see. Please send your slides, the method of fixation, and your reported results to the WSLH, Attn: Erin Bowles - Workshop Materials, 465 Henry Mall, Madison, WI 53706. You may use Dunham standard overnight delivery (account 7263) to transport the slides. **We thank you in advance for your help making the workshop a success!**

This is your last chance to register for this year’s Gram stain workshop “**Gram Stain Fundamentals – 2013**”. There is only one spot left, so please don’t wait to register for the workshop on July 17, 2013 at the Southwest Wisconsin Technical College in Fennimore, WI. Once we reach the workshop capacity, a wait list will be started. We will use the wait list to fill any cancellations. This ½ day workshop is intended for new microbiologists who do not have a lot of experience performing and interpreting Gram stains and for generalists who rotate into microbiology and want to brush up on their Gram staining skills.

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**REGISTER NOW FOR JUNE 12, 2013 WCLN AUDIOCONFERENCE:**

- “**Surveillance of Arbovirus Infections and Ehrlichiosis in Wisconsin**”

  **Date:** Wednesday June 12, 2013, 12:00 noon – 1:00 PM

  **Speakers:** Diep (Zip) Hoang Johnson, B.S., CEB, Vectorborne Surveillance Coordinator, Communicable Disease Epidemiology Section, Department of Health Services, Division of Public Health

  **Description:** This presentation will provide an update on the current surveillance programs for arbovirus infections and ehrlichiosis in Wisconsin. The importance of surveillance and the emergence of a new strain *Ehrlichia muris*-like, which was first identified in Wisconsin, will be highlighted. Additional discussion will focus on disease characteristics, testing, treatment and prevention.

  **Registration:** Register at our website: [http://www.slh.wisc.edu/outreach-data/event-detail.php?id=232](http://www.slh.wisc.edu/outreach-data/event-detail.php?id=232)
Packaging Instructions for Transport of Category B Infectious Substances by Ground Transport (i.e. Dunham Express) per Federal Register DOT 173.199

Biological Substance, Category B / UN 3373

A Category B infectious substance must be packaged in triple packaging consisting of a primary receptacle, a secondary packaging, and a rigid body outer packaging.

1. **Primary Receptacle**: must be leakproof for liquids or siftproof for solids, may be glass, metal or plastic (i.e. vial, tube, slant, swab, etc.)
   - Seal the primary receptacle with tape or parafilm for reinforcement.
   - Wrap the primary receptacle in absorbent material. The absorbent material must be of sufficient quantity to absorb the entire contents of the primary receptacle.
   - If transporting multiple primary receptacles, make sure they are individually wrapped in cushioning material to prevent breakage during shipping.

2. **Secondary Packaging**: must be leakproof for liquids or siftproof for solids (i.e. sealed biohazard bag, styrofoam® or screw-capped metal or container)
   - Place the primary receptacle in a biohazard bag or some other secondary packaging of your choice.
   - Seal the biohazard bag, or other secondary packaging of your choice
   - Make sure the outside of the biohazard bag, or other secondary packaging of your choice is labeled with an international biohazard symbol.

3. **Outer Packaging**: must be rigid and capable of successfully passing the drop test (i.e. Styrofoam® or Fiber Board Box)
   - **Minimum size**: One side of the outer packaging must be at least 3.9 inches by 3.9 inches (100 mm X 100 mm)
   - Place the secondary packaging in a Styrofoam® container or other rigid outer packaging of your choice. Secure the secondary packaging using cushioning material or supports to maintain it in its original position in the package.
   - If the specimen must be kept cool, place a cool pack or dry ice between the secondary packaging and the outer packaging.
   - Include a requisition form or itemized list of contents between the secondary packaging and the outer packaging. Seal the form in a plastic bag to keep it dry, if the package also contains a cool pack or dry ice.
   - Close outer packaging. If using dry ice, do not seal the outer packaging completely, as the outer packaging must allow the release of CO₂.
4. **Labeling**: should be placed on a single surface whenever possible and labels may not overlap

- Place a UN 3373 label on the package so that the diamond is on point.
- The proper shipping name “Biological substances, Category B must be marked on the package adjacent to the UN 3373 diamond.
- Label with the consignee’s name and address.
- Label with the shipper’s name and address.
- Label with a responsible person’s/agency’s name and telephone number on the package. This person/agency must be knowledgeable about the material being shipped and must be available during normal business hours.

---

**Biological Substance, Category B / UN 3373 by Ground Transport**

- **Packaging Requirements** -

  Specimen must be Triple-Packaged.

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Adapted from:
http://hazmat.dot.gov/training/Transporting_Infectious_Substances_Safely.pdf
# DOT Shipper’s Declaration (Certification)

<table>
<thead>
<tr>
<th># of boxes</th>
<th>Basic Description</th>
<th>Total Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN2814, Infectious substance, affecting humans</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(Fill in the proper shipping name)</em>,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>24 hr. Emergency Contact:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(Fill in the Name of person/agency)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(Fill in the telephone #)</em></td>
<td></td>
</tr>
</tbody>
</table>

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature:______________________________________________________

Date:_____________________________________________
Directions for completing the “DOT Shipper’s Declaration (Certification)”

(This form may be used when shipping Category A infectious substances by ground via Dunham Express)

1. Fill in the number of boxes being shipped.
2. Fill in the proper name of the organism you are shipping, but do not use abbreviations (i.e. Mycobacterium tuberculosis not Mtb).
3. If you don’t know the ID, but suspect a select agent or Category A infectious substance, then list the proper name as (suspected Category A infectious substance).
4. Fill in the total quantity of all the specimens in the package (i.e. If you are sending 3 slants that are each 5 ml, list the total quantity of 15 ml).
5. Fill in the name of the person or the name of the agency and the telephone number where someone who is knowledgeable of the contents of the package is immediately available 24/7. The phone number must not go to an answering machine or pager service, but must be answered by a person who is able to answer any questions about the content of the package in the event that the package is damaged and the contents are leaking out. This 24/7 response is essential for the transporter to obtain immediate information for proper disinfection and clean up of a spill. You may fill in the name and phone number of your facility if someone will answer the phone 24/7. Make sure that whoever may answer the phone has a copy of the shipper’s declaration easily available to them, so that they can see what is in any packages that have been shipped and can answer all questions that may be asked of them.
6. Sign and date the shipper’s declaration statement
Wisconsin Laboratory Messaging System
May 9, 2013

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GRAM STAIN FUNDAMENTALS - 2013:

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WCLN LABORATORY SURVEY:

We want to thank those of you who have already completed the survey that was e-mailed to the primary contact at each clinical laboratory. If you have not yet completed the survey, we would appreciate it if you would take a few moments to do so. The survey should take no more than 5 minutes to complete. We truly appreciate your help in updating our records. Maintaining an accurate database is an essential component of our laboratory emergency response communication system.

WCLN COMMUNICABLE DISEASE DIVISION IS MOVING:

We wanted to inform you that the Wisconsin State Laboratory of Hygiene (WSLH) Communicable Disease and Proficiency Testing Divisions will be moving from our current location on the UW Madison campus at 465 Henry Dr., Madison, WI, 53706 to 2601 Agriculture Dr., Madison, WI, 53718. This is the WSLH site that currently houses our Environmental and Occupational Health Divisions. An addition is being built onto the current building to make room for our Communicable Disease and Proficiency Testing divisions. Completion of this building project is tentatively scheduled for the end of July. Once the new lab is inspected and our BSL 3 facility is approved and certified by the CDC we will be able to move in. Unfortunately, the exact timing of our move is undetermined at this time, but it is likely to be sometime this fall. Stay tuned for further updates.
ANNOUNCEMENTS FROM DHS: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Please see the attached announcements from the Wisconsin Department of Health Services (DHS) discussing the upcoming tickborne diseases season in Wisconsin and the dead bird reporting hotline for surveillance of West Nile virus.

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DID YOU KNOW… ?????

Morbidity and Mortality Weekly Report (MMWR)

Diagnosis and Management of Q Fever — United States, 2013: Recommendations from CDC and the Q Fever Working Group

Recommendations and Reports
March 29, 2013 / 62(RR03);1-23

Q fever, a zoonotic disease caused by the bacterium Coxiella burnetii, can cause acute or chronic illness in humans. Transmission occurs primarily through inhalation of aerosols from contaminated soil or animal waste. No licensed vaccine is available in the United States. Because many human infections result in nonspecific or benign constitutional symptoms, establishing a diagnosis of Q fever often is challenging for clinicians. This report provides the first national recommendations issued by CDC for Q fever recognition, clinical and laboratory diagnosis, treatment, management, and reporting for health-care personnel and public health professionals. The guidelines address treatment of acute and chronic phases of Q fever illness in children, adults, and pregnant women, as well as management of occupational exposures.

Here is the link: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6203a1.htm?s_cid=rr6203a1_w
WISCONSIN PREPARES FOR ANOTHER ACTIVE SEASON OF TICKBORNE DISEASE

May is Lyme Disease Awareness Month; State Officials Urge Precautions

MADISON – Wisconsin’s warm spring weather will mean more blacklegged tick activity, and state officials are urging people to take precautions against tick bites when spending time outdoors. Infected blacklegged ticks (also known as deer ticks) carry pathogens that cause Lyme disease and other tickborne diseases.

Reported cases of Lyme disease and other tickborne diseases have been increasing in Wisconsin over the past 10 years, according to Dr. Henry Anderson, State Health Officer. The annual average of 3,250 confirmed and probable cases of Lyme disease reported in Wisconsin during the period 2008 to 2011 was six times higher than the annual average of 536 reported cases during the period 1997 to 1999. Reports of other tickborne diseases to the Wisconsin Department of Health Services have also increased substantially during recent years.

“People should take precautions to prevent tick bites when they spend time outdoors. The risk of acquiring a tickborne illness is highest from spring through summer when the ticks are most active. The key to prevent tickborne diseases is to avoid tick bites and to find and remove ticks promptly,” Anderson noted.

Anderson also emphasized the importance of recognizing and treating tickborne diseases early to reduce complications. “People of all ages can become ill with tickborne diseases. Contact your health care provider immediately if you suspect that you may have a tickborne illness,” Anderson advised.

Lyme disease, a bacterial disease, is the state’s most frequently reported tickborne illness. Signs and symptoms may occur 3 days to 30 days after the bite of an infected tick and may include a characteristic rash called erythema migrans (EM), fever and chills, fatigue, headache, muscle and joint pain, and swollen lymph nodes. The rash is typically circular and red initially and expands over several days, although it may not occur in all cases. When detected early, Lyme disease is easily treated with antibiotics. If left untreated, Lyme disease can result in debilitating arthritis, and serious heart and nervous system complications.

Other tickborne diseases diagnosed in Wisconsin include the bacterial diseases anaplasmosis and ehrlichiosis, the parasitic disease babesiosis, and Powassan virus disease. Signs and symptoms of these illnesses can range from mild to severe. Persons who become ill may experience fever, chills, sweats, muscle aches, joint pain, headache, fatigue, nausea and vomiting, and loss of appetite. Severe illnesses can include a change in mental status, paralysis and coma, and can be fatal. Anaplasmosis, ehrlichiosis, and babesiosis are treatable with antibiotics. There is no antibiotic or antiviral treatment for Powassan virus infection.

The following steps can help prevent tick bites and reduce the chance of getting tickborne diseases:

-MORE-
- Avoid wooded and brushy areas with high grass and leaf litter because ticks prefer these areas. Stay to the center of a trail to avoid contact with grass and brush.

- Use effective tick repellents and apply according to the label instructions. The U.S. Centers for Disease Control and Prevention recommends using repellents with 20% DEET on exposed skin and clothing to prevent tick bites. Adults should apply repellents to children, taking special care to avoid spraying in the hands, eyes, and mouth. Repellents that contain permethrin can also be applied to clothing.

- Wear clothes that will help shield you from ticks. Long-sleeved shirts and long pants are best. Tuck pants into the top of socks or boots, to create a “tick barrier.” Light-colored clothing makes ticks easier to spot.

- Check your body frequently for ticks, and remove them promptly. Blacklegged ticks are small and may be difficult to find, so careful and thorough tick checks must be done on all parts of the body. It is important to pay special attention to areas where ticks tend to hide, such as the head, scalp, and body folds (armpit, behind the knee, groin). Take a shower or a bath as soon as possible to remove any ticks that may still be crawling on you.

- Remove attached ticks slowly and gently, using a pair of thin-bladed tweezers applied as close to the skin as possible. Folk remedies like petroleum jelly, nail polish remover, or burning matches are not safe or effective ways to remove ticks.

- Protect your pets from tick bites by checking your dog or cat for ticks before allowing them inside. While a vaccine may prevent Lyme disease in pets, it will not stop the animal from carrying infected ticks into the home. Speak to your veterinarian about topical tick repellants available for pets.

- Landscape homes and recreational areas to reduce the number of ticks and create tick-safe zones by using woodchips or gravel along the border between lawn and wooded area. Continue to remove leaf litter and clear tall grass and brush around houses throughout the summer.

For more information: [http://www.dhs.wisconsin.gov/communicable/TickBorne/index.htm](http://www.dhs.wisconsin.gov/communicable/TickBorne/index.htm)

For information on insect repellents: [http://cfpub.epa.gov/oprep/insect/](http://cfpub.epa.gov/oprep/insect/)

###
STATE ACTIVATES DEAD BIRD REPORTING HOTLINE TO TRACK WEST NILE VIRUS

MADISON—To help track the West Nile virus (WNV) in Wisconsin, state health officials have reactivated the statewide, toll-free Dead Bird Reporting Hotline at 1-800-433-1610.

“Certain dead birds can act as an early warning system for West Nile virus activity in an area,” said Dr. Henry Anderson, State Health Officer. “Finding the virus in birds indicates that West Nile virus is present in the local mosquito population. This knowledge can be helpful in triggering special prevention and insect-control measures.”

Anderson said that anyone who sees a dead bird can call the hotline and arrange to have the bird tested for West Nile virus. Hotline staff can answer questions about dead birds and provide information on safe handling and disposal. People should not handle dead birds with their bare hands but should use gloves or a clean plastic bag to pick up the bird through the bag.

West Nile virus is spread to people by the bite of an infected mosquito. Mosquitoes get infected with WNV by feeding on infected birds and can then transmit the virus to other animals, birds, and humans.

Only one in five people infected with West Nile virus will have symptoms, which begin within 3 to 14 days and typically last a few days. Symptoms include fever, headache, body aches, swollen lymph nodes or a skin rash on the chest, stomach and back. In rare cases, West Nile virus can cause severe disease with additional symptoms, including muscle weakness, stiff neck, disorientation, tremors, convulsions, paralysis, coma, and potentially death. The elderly and people who have received a transplant may be at greater risk of developing severe illness. People who become ill and think they have West Nile virus infection should contact their healthcare provider for treatment of symptoms.

“The best way to prevent West Nile virus and other mosquito-borne infections is to prevent mosquito bites,” said Anderson. “Mosquitoes transmitting WNV breed in stagnant water, so it is important to eliminate standing water around homes and workplaces to reduce mosquito breeding sites and the risk of bites. Even small pools formed in any type of outdoor containers that can hold water, such as children’s toys, gardening pots, or discarded tires, can be breeding grounds.”

-MORE-
Other measures to help prevent mosquito bites include:

- Limit time spent outside at dawn and dusk, when mosquitoes are most active.
- Apply insect repellent to skin and spray clothing with insect repellant because mosquitoes may bite through clothing. The Centers for Disease Control and Prevention (CDC) recommends using products that contain active ingredients approved and registered by the U.S. Environmental Protection Agency (EPA). These products display an EPA registration number on the label.
- Wear long pants and long-sleeved shirts to reduce bites.
- Repair window and door screens to prevent mosquito entry.
- Properly dispose of items that hold water, such as tin cans, plastic containers, pots or discarded tires.
- Clean roof gutters and downspouts for proper drainage.
- Turn over wheelbarrows, wading pools, boats and canoes when not in use.
- Change the water in birdbaths and pet dishes at least every three days.
- Clean and chlorinate swimming pools, outdoor saunas and hot tubs; drain water from pool covers.
- Trim tall grass, weeds and vines because mosquitoes use these areas to rest during hot daylight hours.
- Landscape to prevent water from pooling in low-lying areas.

The Department of Health Services has monitored the spread of WNV among wild birds, horses, and humans since 2001. In 2002, the state documented its first human infections, with 52 human cases. This was followed by an average of 10 cases per year from 2003 to 2011. There was a significant increase in WNV illnesses in 2013 compared to previous years, with 57 cases of human WNV infections reported.

For more information on West Nile virus, go to [http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm](http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm) or [http://www.cdc.gov/ncidod/dvbid/westnile/index.htm](http://www.cdc.gov/ncidod/dvbid/westnile/index.htm)

For information regarding mosquito repellents, visit [http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm](http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm)
Wisconsin Laboratory Messaging System
April 25, 2013

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

Emergency WSLH Contact: Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

HAPPY NATIONAL MEDICAL LABORATORY PROFESSIONALS WEEK!~~~~~~~~~~~~~~~~~~~~

We want to share with you an article that we submitted for inclusion in the Wisconsin Hospital Association’s newsletter “Valued Voice” in honor of National Laboratory Week. The final article published in the newsletter’s 4/19/13 edition was edited down for space constraints, but below is the entire message we submitted.

Thank Your Lab Staff During National Medical Laboratory Professionals Week

When was the last time you thanked a laboratory professional? April 21 – 27 is National Medical Laboratory Professionals Week and a great time to honor and thank the dedicated professionals who perform the testing and interpret the results that provide healthcare providers with the necessary information to diagnose and treat illness.

In addition to performing clinical diagnostic testing, these laboratory professionals are also an essential part of Wisconsin’s public health system. They are front line responders when it comes to identifying outbreaks, emerging diseases and biological or chemical threats to the public’s well being. Initial diagnostic and/or rule-out laboratory will be performed by clinical laboratory professionals. If the diagnostic specimen requires additional specialized testing, it is forwarded to us at the Wisconsin State Laboratory of Hygiene (WSLH) at UW-Madison or to the City of Milwaukee Health Department Laboratory.

As Wisconsin’s state public health laboratory, we at the WSLH rely on our clinical laboratory partners for many things. Clinical laboratory professionals provide the diagnostic specimens that are the backbone of our laboratory-based influenza and respiratory virus surveillance program. Submissions of isolates that cause enteric disease help us detect foodborne and waterborne outbreaks. Diagnostic specimens submitted by the clinical labs allow us to participate in CDC-sponsored studies and to help validate new test methods. Clinical laboratory professionals play a critical role in emergency response by performing screening tests on suspicious isolates to rule out agents of bioterrorism. They also notify local and state public health authorities when they isolate organisms that are a public health threat – such as measles and tuberculosis – so public health staff can investigate and prevent further spread of disease.

On behalf of the WSLH and our public health partners, we send a huge thank to all our clinical laboratory partners. They are unsung heroes working hard every day to care not only for their patients, but all the people of Wisconsin.

Dr. Peter Shult, Director Wisconsin State Laboratory of Hygiene Communicable Disease Division and Emergency Laboratory Response

GRAM STAIN FUNDAMENTALS - 2013:~~~~~~~~~~~~~~~~~~~~~~~~~

We are pleased to announce that this year’s Gram stain workshop “Gram Stain Fundamentals – 2013” will be held on July 17, 2013 at the Southwest Wisconsin Technical College in Fennimore, WI. Class size is limited to 16, so please don’t wait to register. Once we reach the workshop capacity, a wait list will
be started. We will use the wait list to fill any cancellations. This ½ day workshop is intended for new microbiologists who do not have a lot of experience performing and interpreting Gram stains and for generalists who rotate into microbiology and want to brush up on their Gram staining skills.

Here is the link to access the workshop brochure and registration: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=231

**Help Needed:**

Whether or not you plan to attend the Gram stain workshop, we need your help obtaining great slides for the workshop. We need 20 to 25 methanol or heat fixed clinical slides from your interesting cases. Workshop attendees appreciate slides with a single pathogen from sterile sources (i.e. blood, CSF, joint fluid), but they also learn a great deal from slides where the pathogen(s) is/are mixed with normal flora (i.e. sputums, BALs, wounds, tissues). Yeast, molds, anaerobes, unusual organisms and organisms that mimic possible bioterrorism agents are all organisms that attendees love to see. Please send your slides, the method of fixation, and your reported results to the WSLH, Attn: Erin Bowles - Workshop Materials, 465 Henry Mall, Madison, WI 53706. You may use Dunham standard overnight delivery (account 7263) to transport the slides. *We thank you in advance for your help making the workshop a success!*

**“PROVIDING QUALITY LABORATORY SERVICES” WORKSHOP:**

REGISTRATION IS CLOSING SOON for the **“Providing Quality Laboratory Services” workshop** on May 1, 2013 at the Wintergreen Resort and Conference Center in Wisconsin Dells, WI. We hope to fill the room to capacity. If you haven’t registered yet, please register now. The workshop is open to all clinical laboratory professionals. The primary focus of the workshop is on issues specific to providing quality laboratory services in the microbiology laboratory, however, some topics will be applicable to the general laboratory. This will be an interactive workshop where the audience will be encouraged to participate in the discussion by sharing their thoughts and asking questions. We look forward to seeing you there!

Here is the link to the workshop brochure and registration: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=230

**EMERGING AVIAN INFLUENZA A (H7N9) VIRUS:**

The Wisconsin Department of Health Services has issued “**Guidelines for Enhanced Surveillance and Testing for Novel Avian Influenza A/H7N9 Virus in Wisconsin**” which we have attached to this message.

Current updates on the ongoing situation in China regarding human cases of Influenza A/ H7N9 can be found on the DHS Flu Wisconsin website at: http://flu.wisconsin.gov/.

**WCLN LABORTORY SURVEY:**

We want to thank those of you who have already completed the survey that was e-mailed to the primary contact at each clinical laboratory. If you have not yet completed the survey, we would appreciate it if you would take a few moments to do so. The survey should take no more than 5 minutes to complete. We truly appreciate your help in updating our records. Maintaining an accurate database is an essential component of our laboratory emergency response communication system.

**DID YOU KNOW... ????**

Please be aware that the Joint Commission has added a new Element of Performance for QSA.04.06.01.

**A6. All stool specimens from patients diagnosed with acute community-acquired diarrhea are simultaneously cultured for O157 Shiga toxin-producing *Escherichia coli* (STEC) on selective and differential agar and assayed for non-O157 STEC with a test that detects Shiga toxins or the genes encoding these toxins.**
Confirmation of positive rapid cartridge assay results at WSLH

The Wisconsin State Laboratory of Hygiene (WSLH) is participating in a study with the Centers for Disease Control and Prevention (CDC) and three other centers to evaluate the performance of rapid cartridge assays (e.g. Meridian ImmunoCard Stat! Cryptosporidium/Giardia Assay, Remel Xpect Giardia/Cryptosporidium Assay or other similar assay) for the detection of Cryptosporidium in stool specimens. A report in a 2010 study suggests that these rapid cartridge assays can yield a significant number of false positives (Clin. Infect. Dis. 2010;50(8):e53-5). To enhance our performance evaluation of these rapid cartridge assays, we are asking laboratories that perform any rapid cartridge assays for the detection of Cryptosporidium to submit positive specimens to the WSLH for confirmatory testing, even if confirmatory testing is performed in-house by your laboratory. WSLH will perform DFA, modified acid-fast stain, and/or PCR. Please submit preserved (enteric stool culture kit, EcoFix, TotalFix, SAF, Cary Blair, 10% formalin, etc.) or unpreserved (raw) stool specimens using the WSLH’s Dunham Express account used for your enteric isolates. Unpreserved stool and stool in enteric culture kit are preferred, when available, so that we may perform molecular testing if necessary. If you have any questions or would like more information, please contact Tam Van (tam.van@slh.wisc.edu), Tim Monson (timothy.monson@slh.wisc.edu) or Dave Warshauer (david.warshauer@slh.wisc.edu). As always, thank you for your time and participation.
DATE: April 18, 2013

TO: Wisconsin Local, Tribal and Regional Public Health Officials
Infection Preventionists, Healthcare Providers

FROM: Jeffrey P. Davis M.D.
Chief Medical Officer and State Epidemiologist for Communicable Diseases and Emergency Response

RE: Guidelines for enhanced surveillance and testing for novel avian influenza A/H7N9 virus in Wisconsin

Please distribute widely

The World Health Organization (WHO) continues to report increases in the number of cases of the novel influenza A (H7N9) virus infections in several provinces in China. Investigations regarding the possible sources of infection and reservoirs of the virus are ongoing. Until the source of infection has been identified, it is expected that there will be additional cases of human infection and illness caused by this novel virus in China. While concerns regarding human-to-human transmission of this virus has been raised, to date there is no evidence of sustained human-to-human transmission.

Interim guidance from the Centers for Disease Control and Prevention (CDC) and updates from the WHO can be found at http://www.flu.wisconsin.gov/

Attached are interim guidelines for testing of suspect avian influenza cases in Wisconsin. With prior approval from the Wisconsin Division of Public Health (DPH), specimens from ill patients that meet the criteria for suspect influenza A (H7N9) will be transported to and tested at the Wisconsin State Laboratory of Hygiene (WSLH) by PCR at no charge. Testing is a priority and should be arranged without delay when a case is suspected. Specimens must be received at the WSLH within 24 hours of collection. If assistance is needed to arrange prompt delivery, call the WSLH emergency number at 608-263-3280.

Once specimens are received at the WSLH, PCR testing is usually completed within 24 hours (if appropriate notification is provided). Local health officials will be notified by the DPH of test results as soon as they are available. The WSLH will report results directly to the submitter.

If you have any questions please contact:

Epidemiology and Surveillance: Laboratory Issues:
Thomas Haupt M.S. CDD Customer Service
Wisconsin Division of Public Health Wisconsin State Laboratory of Hygiene
608-266-5326 608-262-6386
Guidelines to Identify Suspect Cases of Illness Caused by a Novel Avian Influenza A Virus
April 18, 2013

The Wisconsin Division of Public (DPH) and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting that health care providers collect specimens from any patient who meets both of the following criteria:

The patient presents with illness compatible with influenza that includes at least 2 of the following signs or symptoms: Fever, cough, sore throat, rhinorrhea or myalgia

1. A patient with compatible illness must also meet either of the following exposure criteria:
   - Has had recent contact (within 10 days of illness onset) with an individual who has a confirmed or probable novel influenza A (H7N9) virus infection, OR
   - Has had recent travel (within 10 days of illness onset) to a country where human cases of novel influenza A (H7N9) virus infection have recently been detected or where novel influenza A (H7N9) viruses are known to be circulating among birds or animals.
     - Currently, influenza A (H7N9) virus circulation has been confined to China.
     - Specimens from patient with travel to other areas may be considered on an individual basis.

Specimen collection from patients who meet the above criteria should include:
- One oropharyngeal (throat) swab AND one nasopharyngeal (NP) swab in the same vial of viral transport medium (VTM)
- Swabs used for specimen collection should have a polyester (e.g. Dacron) tip and aluminum or plastic shaft
- Do not use calcium alginate swabs, cotton swabs and wooden-shaft swabs, as they may interfere with testing. Specimens should be stored at 4°C (40º F) immediately after collection and transported to the WSLH with a kool-pak® to maintain refrigerator temperature.

PROMPT SHIPPING OF SPECIMENS IS NECESSARY!!

PLEASE CONTACT THE WISCONSIN DIVISION OF PUBLIC HEALTH FOR APPROVAL BEFORE SPECIMENS ARE SUBMITTED TO THE STATE LABORATORY OF HYGIENE

During office hours (7:45 AM to 4:30 PM, Monday-Friday) call 608-266-5326. After hours call 608-258-0099 and ask for the Communicable Disease Epidemiologist “on-call”

SPECIMENS SHOULD ARRIVE AT THE STATE LABORATORY OF HYGIENE WITHIN 24 HOURS. If submitters need assistance to arrange prompt delivery of specimens, they should call the WSLH emergency number at 608-263-3280. Please be aware that only specimens sent with this completed requisition form will be tested for avian influenza.
SHIPMENT OF VIRAL SURVEILLANCE SPECIMENS VIA DUNHAM EXPRESS TO THE WISCONSIN STATE LABORATORY OF HYGIENE

Specimen Packaging (WSLH Kit # 18 or equivalent):

- **Triple package as “Biological substance, Category B / UN 3373”**
- Securely tape the cap of the specimen container, wrap specimen with absorbent material; place the specimen vial into a biohazard bag; place the completed requisition form into the outer pocket of the bag.
- Place the bagged specimen and form in the styrofoam mailer with a frozen kool-pak and cushioning.
- Replace lid on the styrofoam/cardboard box; close and securely tape the cardboard box shut.
- Attach the WSLH address label to the package:
  
  State Lab - Virology  
  465 Henry Mall  
  Madison, WI 53706  

- Attach the “**Biological substance, Category B / UN 3373**” label to the package.
- Attach your return address label
  - Include the name and telephone number of the person who knows the content of the package (required) with the return address

Shipping Arrangements:

- The WSLH has a contract with Dunham Express for shipment of specimens to the WSLH, with charges billed to the WSLH. **You are not required to ship via Dunham Express unless you wish to have the transport charges billed to the WSLH.**
- Specimens will be picked up during regular working hours, but you must confirm the time with the Dunham Express office in your area.
- Specimens will be delivered to the WSLH the following day, except Friday pick-ups. **If you must ship on Fridays or on the day before a holiday, please include an extra kool-pak®.**
- All package preparation should be completed before the courier arrives.
- Contact the Dunham Express office in your area (see list below);
  - Appleton area: Call 920-722-6360  
  - Duluth, MN area: Call 218-727-3755  
  - Eau Claire area: Call 715-874-4595  
  - LaCrosse area: Call 608-779-4588  
  - Madison area: Call 608-242-1000  
  - Milwaukee area: Call 414-435-0002  
  - Niagara area: Call 715-251-1909  
  - Wausau area: Call 715-355-0400
- Give the office the following information:
  - The State Lab-Virology account number: 7274  
  - Account name: State Lab - Virology  
  - Your name and phone number  
  - Your pickup address, including other location information (e.g., room number)  
  - The destination: State Lab - Virology, 465 Henry Mall, Madison, WI 53706  
  - Shipment description, if asked: Viral specimens for overnight delivery

**NOTE: THIS ACCOUNT IS FOR INFLUENZA SURVEILLANCE SPECIMENS ONLY. Funding is not available for transport of other samples. Transport charges may be billed to the user if these account numbers are used for samples other than influenza surveillance.**

**REQUESTS FOR SPECIAL PICK-UP OR DELIVERY MUST BE APPROVED BY WSLH.**
**Patient Information**

<table>
<thead>
<tr>
<th>Name (Last, First):</th>
<th>(Your Institution’s Agency Number If Known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>(Your Institution’s Name)</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td>(Your Institution’s Address)</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Gender: M F</td>
</tr>
<tr>
<td>Occupation:</td>
<td>(City, State, Zip Code)</td>
</tr>
<tr>
<td>Your Patient ID Number (optional):</td>
<td></td>
</tr>
<tr>
<td>Health Care Provider Full Name:</td>
<td></td>
</tr>
<tr>
<td>Your Specimen ID Number (optional):</td>
<td></td>
</tr>
</tbody>
</table>

**Submitter Information**

<table>
<thead>
<tr>
<th>WSLH Use Only Study: VI SURV-ENHANCED</th>
<th>WSLH Use Only Bill To: (WSLH Account # 74201)</th>
</tr>
</thead>
</table>

**Reason for submission:**

- [ ] Outbreak Investigation (name & location) ________________________________
- [ ] Swine Contact
- [ ] Avian Influenza Surveillance
- [ ] Other ________________________________

**Date Collected:** Specimen Type:

- [ ] Other
- [ ] Combined Throat/Nasopharynx Swab
- [ ] Nasopharynx Swab (in VTM)
- [ ] Throat Swab (in VTM)

**Date of Onset:**

<table>
<thead>
<tr>
<th>General Symptoms</th>
<th>Respiratory Symptoms</th>
<th>Digestive Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia</td>
<td>Conjunctivitis</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>Ear Pain</td>
<td>Nausea / Vomiting</td>
</tr>
<tr>
<td>Fever</td>
<td>Nasal Congestion</td>
<td>CNS</td>
</tr>
<tr>
<td>Headache</td>
<td>Nasal Discharge</td>
<td>Encephalopathy</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>Pharyngitis</td>
<td>Delirium</td>
</tr>
<tr>
<td>Malaise</td>
<td>Hoarseness</td>
<td>Meningismus</td>
</tr>
<tr>
<td>Myalgia</td>
<td>Cough (circle one)</td>
<td>productive / nonproductive / barking</td>
</tr>
<tr>
<td>Photophobia</td>
<td>Crackles</td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td>Dyspnea</td>
<td></td>
</tr>
<tr>
<td>Mouth Lesions</td>
<td>Wheeze</td>
<td></td>
</tr>
</tbody>
</table>

**Vaccination History (Influenza):** Was patient vaccinated?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

**If Yes, Date Vaccinated: / /**

**Travel History (Places and dates):**

**Was patient hospitalized?**  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

**If Yes, where: ____________________________________________**

**WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY**

**WSLH Test Code: To Be Determined On Receipt**
The Wisconsin Laboratory Messaging System provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

**Emergency WSLH Contact:** Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at **608-263-3280** (our emergency answering service).

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**GRAM STAIN FUNDAMENTALS - 2013:**

We try to rotate the location of the Gram stain workshop each year so that the workshop is accessible to laboratorians in all regions of the state. **We are pleased to announce that this year’s Gram stain workshop “Gram Stain Fundamentals – 2013” will be held on July 17, 2013 at the Southwest Wisconsin Technical College in Fennimore, WI.** Please use the following link to our webpage to access the workshop brochure: [http://www.slh.wisc.edu/outreach-data/event-detail.php?id=231](http://www.slh.wisc.edu/outreach-data/event-detail.php?id=231). On the webpage, just click on the word “Registration” to register for the workshop.

**Class size is limited to 16, so please don’t wait to register.** Once we reach the workshop capacity, a wait list will be started. We will use the wait list to fill any cancellations. This ½ day workshop is intended for new microbiologists who do not have a lot of experience performing Gram stains and for generalists who rotate into microbiology and want to brush up on their Gram staining skills.

**Help Needed:**

Whether or not you plan to attend the Gram stain workshop, we need your help obtaining great slides for the workshop. We need 20 to 25 methanol or heat fixed clinical slides from your interesting cases. Workshop attendees appreciate slides with a single pathogen from sterile sources (i.e. blood, CSF, joint fluid), but they also learn a great deal from slides where the pathogen(s) is/are mixed with normal flora (i.e. sputums, BALs, wounds, tissues). Yeast, molds, anaerobes, unusual organisms and organisms that mimic possible bioterrorism agents are all organisms that attendees love to see. Please send your slides, the method of fixation, and your reported results to the WSLH, Attn: Erin Bowles - Workshop Materials, 465 Henry Mall, Madison, WI 53706. You may use Dunham standard overnight delivery (account 7263) to transport the slides. **We thank you in advance for your help making the workshop a success!**

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**DON’T WAIT, REGISTER NOW FOR THE PACKAGING AND SHIPPING WORKSHOPS:**

Please be aware that the WSLH is no longer providing updated training materials for packaging and shipping. This is your opportunity to obtain free training for clinical laboratory employees who have not had any prior training in packaging and shipping. We don’t know when this opportunity for free training will be available again.

- **We have reached capacity at the Wausau workshop.** A wait list has been started. **There is still room at the Oconomowoc workshop.** If you are a clinical laboratorian who needs your initial packaging and shipping training, **please register now!** We will be opening the Oconomowoc workshop to local public health department staff.
- Please note that NLTN is handling the registration for the workshops.
- Also note that only lunch will be provided at the workshop. (See the attached flier for complete information and registration directions.)

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**EMERGING AVIAN INFLUENZA A (H7N9) VIRUS:**

Please see the attached CDC Key Points document summarizing the available information regarding this emerging virus.
INTERESTING ARTICLES: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


CDC analyzed data from the National Notifiable Diseases Surveillance System (NNDSS) for the period 1998–2011. This report describes the results of that analysis, which indicated that the incidence of reported coccidioidomycosis increased substantially during this period, from 5.3 per 100,000 population in the endemic area (Arizona, California, Nevada, New Mexico, and Utah) in 1998 to 42.6 per 100,000 in 2011. Health-care providers should be aware of this increasingly common infection when treating persons with influenza-like illness or pneumonia who live in or have traveled to endemic areas.

Here is the link to the complete article: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6212a1.htm?s_cid=mm6212a1_w


Q fever, a zoonotic disease caused by the bacterium Coxiella burnetii, can cause acute or chronic illness in humans. Transmission occurs primarily through inhalation of aerosols from contaminated soil or animal waste. No licensed vaccine is available in the United States. Because many human infections result in nonspecific or benign constitutional symptoms, establishing a diagnosis of Q fever often is challenging for clinicians. This report provides the first national recommendations issued by CDC for Q fever recognition, clinical and laboratory diagnosis, treatment, management, and reporting for health-care personnel and public health professionals. The guidelines address treatment of acute and chronic phases of Q fever illness in children, adults, and pregnant women, as well as management of occupational exposures.

Here is the link to the complete article: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6203a1.htm?s_cid=rr6203a1_w

Advance for Medical Laboratory Professionals – “The Healthcare Systems Perfect Storm”, April 1, 2013, by Douglas Beigel

You hear the term "perfect storm" a lot. It typically means that a unique alignment of circumstances has occurred, one which has the potential to produce major changes in an existing status quo. The nation's healthcare system -- and with it, the clinical laboratory community -- has entered its own perfect storm period.

Here is the link to the complete article: http://laboratorian.advanceweb.com/Features/Articles/The-Healthcare-Systems-Perfect-Storm.aspx

DID YOU KNOW... ??????

The Coordinating Council on the Clinical Laboratory Workforce (CCCLW) “face of the laboratory” poster is now available at the CCCLW web site. This downloadable poster is being offer as a first step from CCCLW in their public relations campaign. CCCLW encourages all laboratories to utilize these posters in public areas to promote the profession and our professionals.

The link is: http://www.ccclw.org/recruitingresources.html#Poster

- There is the choice of an 8.5 x 11 flyer and an 11 x 17 poster.
- Each download has three different faces with the same text.
- They are available to use as part of a Medical Laboratory Professionals Week promotion.
“PROVIDING QUALITY LABORATORY SERVICES” WORKSHOP:~~~~~~~~~~~~~~~~~~~~~~~~

We are excited that so many of you have registered to attend the “Providing Quality Laboratory Services” workshop on May 1, 2013 at the Wintergreen Resort and Conference Center in Wisconsin Dells, WI. We hope to fill the room to capacity. If you haven’t registered yet, we encourage you to do so soon. The workshop is open to all clinical laboratory professionals. While the primary focus of the workshop is on issues specific to providing quality laboratory services in the microbiology laboratory, some topics will be applicable to the general laboratory. This will be an interactive workshop where the audience will be encouraged to participate in the discussion by sharing their thoughts and asking questions. We look forward to seeing you there!

Here is the link to the workshop brochure and registration: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=230

WCLN LABORTORY SURVEY: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Now that the CDC has issued a revised definition of a Clinical Sentinel Laboratory, we need your help to identify which Wisconsin clinical laboratories meet the revised definition. We also need to confirm that the contact information we have in our database for each laboratory is accurate.

We will be emailing a short survey to the primary contact at each Wisconsin laboratory. You will be asked to enter your laboratory identification number on the 1st page of the survey. We will include that number in our email. Once you enter the number, the contact information for your laboratory will fill in on the survey. Please check this information carefully and answer the survey questions. The survey will allow you to make changes to any incorrect information. The survey should take no more than 5 minutes to complete.

We truly appreciate your help in updating our records. Maintaining an accurate database is an essential component of our laboratory emergency response communication system.

DON’T WAIT – REGISTER NOW FOR 2013 WSLH AUDIOCONFERENCES:~~~~~~~~~~~~~~~~~~~~

This audio conference will provide an overview of terminology and concepts that will be discussed in more depth at the “Providing Quality Laboratory Services” workshop and is highly recommended for all attending the workshop.

☐ “Quality Assurance Planning: A Practical Approach to Quality Management Systems”

Date: Wednesday April 10, 2013, 12:00 noon – 1:00 PM

Speakers: John Shalkham, M.A., SCT(ASCP), Director, Office of Quality Assurance, Wisconsin State Laboratory of Hygiene, Clinical Assistant Professor, University of Wisconsin-Madison

Description: Quality Assurance Plans are a vital component of effective laboratory service. The Microbiology laboratory must adapt the Quality Assurance Plan to include concepts such as Quality System essentials and Quality Management Systems. This presentation reviews the terminology associated with Quality Laboratory Service and reviews the construction and/or update of a QA plan.

Registration: Register at our website: http://www.slh.wisc.edu/outreach-data/event-detail.php?id=229

Contact Person __________________________ Email ___________________________
Institution ___________________________ City/State ___________________________
Telephone ___________________________ Fax ___________________________

Key Points: Avian Influenza A (H7N9) Virus

Situation Summary

- The World Health Organization (WHO) has reported several human infections with avian influenza A (H7N9) viruses in China. The first cases were announced by WHO on April 1, 2013. Updates on additional cases and the ongoing epidemiological investigation are being posted on the WHO website.
- This is the first time this avian influenza A subtype (H7N9) has been detected in humans.
- Infections so far have resulted in severe respiratory illness and, in some cases, death.
- According to WHO, no human-to-human transmission has been identified at this time.
- The cases do not have a known epidemiological link to one another.
- The source of the infection is unknown at this time.
- An investigation by Chinese health authorities is ongoing to determine the source of infection and detect any additional cases.
- The sequences of these viruses are posted and publicly available in GISAID.
- Novel influenza A infections in humans are events of public health concern.
- CDC expects to receive the H7N9 virus from China.

What CDC Is Doing

- CDC is following this situation closely and coordinating with domestic and international partners, including CDC China and the World Health Organization.

- CDC is taking routine preparedness measures, including.
  
  o CDC is taking the earliest steps needed to develop a candidate vaccine virus.
  
  o CDC also is reviewing posted genetic sequencing of the new H7N9 viruses and assessing possible implications in terms of the viruses’ transmissibility and severity.

  o Some of the genetic changes already noted have been associated with increased transmissibility of other avian influenza viruses to humans from animals in the past.

  o CDC has begun modifying the primers and probes in test kits so that this specific virus can be easily identified.
CDC also is planning to evaluate the susceptibility of these viruses to treatment with licensed influenza antiviral drugs, such as oseltamivir (commercially known as Tamiflu®) and zanamivir (Relenza®).

So far, all three viruses seem to be susceptible to oseltamivir and zanamivir, but they are resistant to the adamantanes.

CDC also is gathering more information to make a more thorough public health risk assessment. This is an evolving situation and there is still much to learn.

- CDC will issue guidance to clinicians and public health department for testing of novel influenza A H7N9.
- CDC will provide updated information as it becomes available.
- This information is available on the CDC website at http://www.cdc.gov/flu/avianflu/h7n9-virus.htm.

**Background**

- Nine potential subtypes of H7 viruses are known (H7N1, H7N2, H7N3, H7N4, H7N5, H7N6, H7N7, H7N8, and H7N9).
- Most H7 viruses identified worldwide in wild birds and domestic poultry are low pathogenic avian influenza A (LPAI) viruses. LPAI viruses generally cause mild illness in birds, and some birds may not have symptoms.
- H7 virus infection in humans is uncommon, but has been documented in persons who have direct contact with infected birds, especially during outbreaks of H7 virus among poultry. Illness in humans may include conjunctivitis and/or upper respiratory tract symptoms.
- In humans, LPAI (H7N2, H7N3, H7N7) virus infections have caused mild to moderate illness.
- HPAI (H7N3, H7N7) virus infections have caused mild to severe and fatal illness in humans.
- The H7N9 viruses recently reported in China are the first known human cases of influenza infection with this subtype.
- To date, there have been no human infections with H7N9 in the United States or other countries.
- Avian influenza A (H7N9) viruses have been identified in birds in North America. Wild waterfowl and shore birds may carry the virus during migrations and may introduce it to domestic poultry. However, the North American lineage of H7N9 is different from the Eurasian lineage of these viruses currently circulating in China.
- The threat to humans from the North American lineage of H7N9 viruses is low.
Avian flu viruses do not normally infect humans. However, sporadic human infections with avian flu do occasionally occur.

Most commonly, human cases of avian influenza happen in people with direct exposure to infected poultry.

While most instances of human infection with animal influenza viruses do not result in human-to-human transmission, each case should be fully investigated to be sure that such viruses are not spreading among humans and to limit further exposure of humans to infected animals, if infected animals are identified.

For more information about avian influenza, visit the CDC website at http://www.cdc.gov/flu/avianflu/index.htm.

Links to Additional Information


- The Chinese Center for Disease Control and Prevention has posted a Q&A document related to this situation. It is available at http://www.chinacdc.cn/en/ne/201303/t20130331_79282.html.

Description
This intermediate-level, one-day program provides a comprehensive overview of regulations applicable to packaging and shipping laboratory specimens. Lectures, demonstrations, and group exercises will be used to provide instruction on complying with international, federal, and local transportation regulations. Participants will be tested on their knowledge of the regulations and receive documentation of attendance and testing.

Audience
This program is designed for laboratorians who package, ship, and transport Division 6.2 hazardous materials such as patient specimens and cultures.

Objectives
At the conclusion of this program, the participant will be able to:

- Classify, mark, label, and document Division 6.2 hazardous materials (UN3373, UN2814, and UN2900) properly for transport by land, air, and United States postal service.
- Outline DOT training requirements, including the responsibilities mandated for testing and documentation.
- Choose the most appropriate DOT exception to use when transporting patient specimens by motor vehicle.

Faculty
Patricia Payne, Ph.D., MT(ASCP), President, JBM Associates
JBM Associates, Inc. consults with the Association of Public Health Laboratories (APHL) to develop and conduct training on regulations that affect the transport of Division 6.2 hazardous materials. Since 2002, Dr. Payne has been providing training and consultation to public health and clinical laboratories throughout the United States.

Locations
April 16, 2013
ProHealth Care - Oconomowoc Memorial Hospital
Oconomowoc, WI

April 18, 2013
Aspirus Wausau Hospital/Aspirus Reference Laboratory
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Agenda
8:00 a.m. Registration and Pre-test
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1:00 p.m. Exceptions for Motor Vehicle Transport
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Continuing Education
The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 7.0 contact hours.

Registration
Register FREE at: www.aphl.org/courses/Pages/015-13.aspx
Registration closes seven days prior to each seminar.

- If you have difficulty with the online registration process, please email registrar@aphl.org or call 240.485.2727.
- Upon receipt of your registration, a confirmation letter including address and directions to each site will be sent by email.
- For more information, email seminar@aphl.org.

Special Needs
Individuals seeking special accommodations should submit their request in writing to customersupport@aphl.org. Please allow sufficient time for APHL to make arrangements, which is normally at least three weeks prior to start date of the course. For more information call 800-536-6586.

This project is funded 100% by Federal funds. APHL received $1.4 million this fiscal year for NLTN program support.
Wisconsin Laboratory Messaging System  
March 21, 2013

The Wisconsin Laboratory Messaging System by the Wisconsin State Laboratory of Hygiene provides laboratory updates and alerts to designated contacts at clinical laboratories statewide.

**Emergency WSLH Contact:** Contact the Wisconsin State Laboratory of Hygiene for emergencies 24 hours/day, 7 days/week, at 608-263-3280 (our emergency answering service).

Please share this message with those responsible for training at your facility. If you would like us to change the emergency contacts for your facility that are currently in our database, please contact WCLN@mail.slh.wisc.edu with your name, title, facility and city, email address and the changes you would like us to make.

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**WORLD TB DAY:**

World TB Day, March 24, 2013

On March 24, 1882, Dr. Robert Koch announced the discovery of *Mycobacterium tuberculosis*, the bacteria that cause tuberculosis (TB). During this time, TB killed one out of every seven people living in the United States and Europe. Dr. Koch’s discovery was the most important step taken toward the control and elimination of this deadly disease.

In 1982, a century after Dr. Koch's announcement, the first World TB Day was sponsored by the World Health Organization (WHO) and the International Union Against Tuberculosis and Lung Disease (IUATLD). The event was intended to educate the public about the devastating health and economic consequences of TB, its effect on developing countries, and its continued tragic impact on global health.

Today, World TB Day is commemorated across the globe with activities as diverse as the locations in which they are held. But more can be done to raise awareness about the effects of TB. Among infectious diseases, TB remains the second leading killer of adults in the world, with 1.5 million TB-related deaths in 2010.

Until TB is controlled, World TB Day won’t be a celebration. But it is a valuable opportunity to educate the public about the devastation TB can spread and how it can be stopped.

We can only reach the goal of TB elimination by working together to detect, treat, and prevent this disease. The fight to stop TB will only be successful if local, state, national, and international partners from all sectors of our society join resources and collaborate to find solutions.

Our united effort is needed to reach those at highest risk for TB and to identify and implement innovative strategies to improve testing and treatment among high-risk populations.

CDC and its domestic and international partners, including the National TB Controllers Association, Stop TB USA, and the global Stop TB Partnership are taking many steps to stop further spread of TB and to reduce the overall burden of the disease. Efforts range from developing new treatment regimens and increasing the capacity of health professionals to provide adequate treatment, to issuing new recommendations for improved testing and treatment for U.S. immigrants.

For more information:
- [http://www.cdc.gov/tb/events/WorldTBDay/resources.htm](http://www.cdc.gov/tb/events/WorldTBDay/resources.htm)
- [http://stoptbusa.org/](http://stoptbusa.org/)
- [http://www.stoptb.org/events/world_tb_day/2013/](http://www.stoptb.org/events/world_tb_day/2013/)
We want to thank all of you who responded to the CDC mandated, unannounced, timed emergency response test of our communications system! We would like to share the results with you. Please take the time to read this entire message, discuss the results with your staff and contact Erin Bowles at 608-890-1616 or erin.bowles@slh.wisc.edu if you have any questions or comments you would like to share regarding the exercise.

As the coordinating laboratory for the WCLN, the WSLH is expected to ensure the capability for timely communications among the WSLH and the WCLN members in an emergency situation. The federal funding we receive for emergency preparedness and response is dependent on our ability to meet CDC defined benchmarks. The ability to demonstrate timely communications during an emergency response exercise is one of the benchmarks.

On Monday February 25, 2013 at 7:00 PM the WSLH conducted an emergency response test of the Wisconsin Clinical Laboratory Network (WCLN) communication system. This was an exact repeat of the test we conducted on December 3, 2012. At that time our performance did not meet the CDC benchmark and we identified several gaps in performance. We repeated the test to see if we could improve our response by decreasing the time it took for 90% of laboratories to respond to the test message.

After the December 3, 2012 emergency response exercise, clinical and public health laboratories were asked to evaluate their performance and make modifications that would help them improve their response time. Additionally, all laboratories that did not respond to the test in December 2012 were contacted by phone and asked what could be done to improve their performance. Many laboratories responded by updating contacts and/or increasing the number of emergency contacts. As a result, when the test was repeated on February 25, 2013, 497 individuals from 159 clinical and public health laboratories were sent the emergency response message, rather than 457 individuals from 141 laboratories, as was done in December.

**Exercise Design:**

- **WCLN laboratories** were notified by e-mail and/or broadcast fax that the WSLH was conducting an emergency response test.
- **Laboratories were asked to respond to the message immediately**, either by faxing, or emailing a response to the WSLH at WCLN@mail.slh.wisc.edu.
- **Laboratories were asked to include the following items in their response:**
  - To whom was this message addressed
  - Laboratory name & city
  - Date and time test message was received
  - Responders name
  - Date and time you are responding

**Exercise Results:**

<table>
<thead>
<tr>
<th>Responded Within</th>
<th>2013 2nd Shift Results n (% of Institutions)</th>
<th>2012 2nd Shift Results n (% of Institutions)</th>
<th>2011 1st Shift Results n (% of Institutions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>55 (34.6%)</td>
<td>42 (29.8%)</td>
<td>96 (60.0%)</td>
</tr>
<tr>
<td>2 hours</td>
<td>72 (45.3%)</td>
<td>55 (39.0%)</td>
<td>111 (69.4%)</td>
</tr>
<tr>
<td>3 hours</td>
<td>80 (50.3%)</td>
<td>59 (41.8%)</td>
<td>121 (75.6%)</td>
</tr>
<tr>
<td>4 hours</td>
<td>84 (52.8%)</td>
<td>60 (42.6%)</td>
<td>126 (78.8%)</td>
</tr>
<tr>
<td>8 hours</td>
<td>84 (52.8%)</td>
<td>61 (43.3%)</td>
<td>148 (92.5%)</td>
</tr>
<tr>
<td>12 hours</td>
<td>99 (62.3%)</td>
<td>82 (58.2%)</td>
<td>148 (92.5%)</td>
</tr>
<tr>
<td>24 hours</td>
<td>146 (91.8%)</td>
<td>129 (91.5%)</td>
<td>148 (92.5%)</td>
</tr>
<tr>
<td>48 hours</td>
<td>152 (95.6%)</td>
<td>133 (94.3%)</td>
<td>148 (92.5%)</td>
</tr>
<tr>
<td>72 hours</td>
<td>152 (95.6%)</td>
<td>134 (95.0%)</td>
<td>148 (92.5%)</td>
</tr>
<tr>
<td>No Response at &gt;72 hours</td>
<td>7 (4.4%)</td>
<td>7 (5.0%)</td>
<td>12 (7.5%)</td>
</tr>
</tbody>
</table>
I want to thank and acknowledge the 55 laboratories who responded to the exercise within 1 hour. This response is terrific! We are very happy to see improvement in the number of laboratories who responded each hour for the first four hours leading to > 50% of labs responding within 4 hours. This is a definite improvement from the December 2012 emergency response test.

However, as you can see in the “Exercise Results” table above, there remains a significant increase in response time when the test is conducted during an off-shift. Of note are the following items from the February 2013 exercise:

- From 4 to 8 hours there were no additional laboratories who responded to the exercise.
- At 8 hours, only 52.8% of laboratories had responded.
- It still took 24 hours for >90% of laboratories to respond.
- At 72 hours there were still 7 (4.4%) laboratories that hadn’t responded.

We still have a lot of room for improvement to meet CDC’s expectation. We continue to need your help with the following items to make this expectation a reality:

- Please notify the WSLH when your contact information changes (i.e. personnel changes, telephone or fax # changes, etc.) so our database is current.
- Please read the emergency message thoroughly and provide all the requested information in your reply.
- Respond by fax or by email to WCLN@mail.slh.wisc.edu. This email address is monitored by multiple individuals and thus provides redundancy for our WSLH emergency response.
- Please inform off-shift personnel that when it is requested they must respond immediately to an emergency message. It is not acceptable to leave it for someone else to do at a later time.
- If you are not a 24/7 facility, please work out a plan which allows some department that is staffed 24/7 within the facility to respond directly, or to notify the lab on-call person so that the on-call person can respond.
- Clinic laboratories that are not 24/7, but are part of a centralized 24/7 microbiology system, please develop an internal notification system whereby the central microbiology laboratory immediately communicates any messages to all other sites within the system.

Thank you again for your participation in this exercise and for your efforts to provide exceptional laboratory emergency response for the residents of Wisconsin.

LINK TO CDC BIOSAFETY GUIDELINES FOR SUSPECT NOVEL CORONAVIRUS: ~~~~~~~~~~~

There have been no reported cases of the novel coronavirus in the U.S., however, with today’s global travel the CDC has issued the following biosafety guidance for laboratories:

DON’T WAIT, REGISTER NOW FOR THE PACKAGING AND SHIPPING WORKSHOPS: ~~~~~~~

Please be aware that the WSLH is no longer providing updated training materials for packaging and shipping. This is your opportunity to obtain free training for clinical laboratory employees who have not had any prior training in packaging and shipping.

- The maximum capacity for each workshop is 24, so don’t delay in registering for the workshop. We are near capacity at the Wausau workshop. A wait list will be started for each workshop once we reach capacity.
- Please note that NLTN is handling the registration for the workshops.
- Also note that only lunch will be provided at the workshop. (See the attached flier for complete information and registration directions.)
NEEDED – INTERESTING GRAM STAIN SLIDES FOR 2013 GRAM STAIN WORKSHOP:

We are busy making plans for this year’s Gram stain workshop and will be ready to open registration and announce the details soon. **We need your help** providing the attendees with great clinical specimen Gram stains to work with during the workshop. Please send us 20 to 25 interesting Gram stain slides that are either heat or methanol fixed. Include with the slides your Gram stain result and what method of fixation you used. Use Dunham standard overnight delivery (account 7263) and address the package “Attention: Erin Bowles - workshop materials”. As always, your help is greatly appreciated.

“PROVIDING QUALITY LABORATORY SERVICES” DOCUMENTS & WORKSHOP:

The quality resource documents have been mailed out and should have been received in your laboratory. We hope that you will find the documents useful in your endeavors to provide quality laboratory services.

In return for the documents, there is an expectation that someone from your laboratory will take advantage of the free corresponding training and register to attend the WSLH “Providing Quality Laboratory Services” workshop on May 1, 2013 at the Wintergreen Resort and Conference Center in Wisconsin Dells, WI.

The workshop is open to all clinical laboratory professionals. While the primarily focus of the workshop is on issues specific to providing quality laboratory services in the microbiology laboratory, some topics will be applicable to the general laboratory. This will be an interactive workshop where the audience will be encouraged to participate in the discussion by sharing their thoughts and asking questions. We look forward to seeing you there!

Here is the link to the workshop brochure and registration:

DON’T WAIT – REGISTER NOW FOR 2013 WSLH AUDIOCONFERENCES:

This audio conference will provide an overview of terminology and concepts that will be discussed in more depth at the “Providing Quality Laboratory Services” workshop and is highly recommended for all attending the workshop.

☐ **“Quality Assurance Planning: A Practical Approach to Quality Management Systems”**

**Date:** Wednesday April 10, 2013, 12:00 noon – 1:00 PM  
**Speakers:** John Shalkham, M.A., SCT(ASCP), Director, Office of Quality Assurance, Wisconsin State Laboratory of Hygiene, Clinical Assistant Professor, University of Wisconsin-Madison  
**Description:** Quality Assurance Plans are a vital component of effective laboratory service. The Microbiology laboratory must adapt the Quality Assurance Plan to include concepts such as Quality System essentials and Quality Management Systems. This presentation reviews the terminology associated with Quality Laboratory Service and reviews the construction and/or update of a QA plan.

**Registration:** Register at our website: [http://www.slh.wisc.edu/outreach-data/event-detail.php?id=229](http://www.slh.wisc.edu/outreach-data/event-detail.php?id=229)

Contact Person ______________________________ Email ________________________________  
Institution ______________________________ City/State ______________________________  
Telephone ______________________________ Fax ______________________________
The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

For a complete list of courses, visit: www.laboratorytraining.org

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**Packaging and Shipping: Division 6.2 Materials**

April 16, 2013 — Oconomowoc, WI

or

April 18, 2013 — Wausau, WI

Sponsored by Wisconsin State Laboratory of Hygiene and National Laboratory Training Network

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**Description**

This intermediate-level, one-day program provides a comprehensive overview of regulations applicable to packaging and shipping laboratory specimens. Lectures, demonstrations, and group exercises will be used to provide instruction on complying with international, federal, and local transportation regulations. Participants will be tested on their knowledge of the regulations and receive documentation of attendance and testing.

**Audience**

This program is designed for laboratorians who package, ship, and transport Division 6.2 hazardous materials such as patient specimens and cultures.

**Objectives**

At the conclusion of this program, the participant will be able to:

- Classify, mark, label, and document Division 6.2 hazardous materials (UN3373, UN2814, and UN2900) properly for transport by land, air, and United States postal service.
- Outline DOT training requirements, including the responsibilities mandated for testing and documentation.
- Choose the most appropriate DOT exception to use when transporting patient specimens by motor vehicle.

**Faculty**

Patricia Payne, Ph.D., MT(ASCP), President, JBM Associates

JBM Associates, Inc. consults with the Association of Public Health Laboratories (APHL) to develop and conduct training on regulations that affect the transport of Division 6.2 hazardous materials. Since 2002, Dr. Payne has been providing training and consultation to public health and clinical laboratories throughout the United States.

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April 16, 2013

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Oconomowoc, WI

April 18, 2013

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Wausau, WI

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Course # 588-015-13, 588-016-13

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