

**Wisconsin State Laboratory of Hygiene
Board of Directors Meeting
April 29th, 2014
1:00 P.M – 4:00 P.M.
2601 Agriculture Drive
Madison, WI 53718**

**APPROVED MINUTES
February 18th, 2014**

- MEMBERS PRESENT:** Jeffery Kindrai (Chair), Barry Irmen (Vice-Chair), John R. Sullivan, Susan Buroker, Charles Warzecha (DPH representative for Karen McKeown), Darryll Farmer, Darrell Bazzell, Dr. Robert Corliss and Dr. Charles Brokopp.
- WSLH STAFF PRESENT:** Dr. Pete Shult, Dr. Daniel Kurtycz, Kristine Hansbery, Steve Marshall, Jan Klawitter, Jim Sterk, Marie Ruetten, David Webb, Miel Barman, Steve Strebel, Rebecca Adams, and Nathaniel Javid
- DNR STAFF PRESENT:** Steve Geis
- GUESTS PRESENT:** None

Chair Jeffery Kindrai called the meeting to order at 1:10 P.M.

Item 1. APPROVAL OF MINUTES

Approve the minutes of the November 5th, 2013 board meeting as submitted. Chair Jeffery Kindrai made a motion to approve, seconded by Susan Buroker. The motion passed on a unanimous vote.

Item 2. REORGANIZATION OF AGENDA

Dr. Brokopp mentioned that Dr. Pete Shult may be running late. Therefore, we may need to re-arrange the agenda for his presentation.

Item 3. PUBLIC APPEARANCES

There were no public appearances.

Item 4. BOARD MEMBERS' MATTERS

Jack Sullivan asked Dr. Brokopp if he could send him a report on the current vacancies at the WSLH. Jeffery Kindrai mentioned that this information will be useful to the entire Board. Dr. Brokopp responded that we will have an update on vacancies at the next Board meeting in April.

Item 5. SCIENTIFIC PRESENTATIONS

1) WI Occupational Injury Statistics, Rebecca Adams, Wisconsin State Laboratory of Hygiene

Rebecca Adams presented an overview on occupational fatalities and injuries in Wisconsin from the Bureau of Labor and Statistics (BLS) for the year 2012. In the United States in 2012, there were 4,383 fatalities and 2.9 million total injuries with 905,000 injuries involving lost work time. In Wisconsin in 2012, there were 114 fatalities and 84,600 total injuries with 23,600 involving lost work time. Overall, Wisconsin's fatalities and injuries increased by 28% compared to 2011. Data include paid workers, volunteer workers, and the self-employed. The cases reviewed focus on injuries, not deaths from natural causes. In Wisconsin, most injuries were transportation incidents, followed by violence, contact with objects or equipment, and falls or slips. Work fatalities due to violence include homicide, suicide, and animal attacks. In Wisconsin, violent incidents doubled from 2011 and homicides quadrupled. There were also five suicides and eight multiple shooting fatalities.

Ms. Adams next discussed the survey of occupational injuries and illnesses. This survey was established in 1973 as a way to collect information on how people are getting hurt in the workplace. The Bureau of Labor and Statistics is responsible for collecting this information. In the United States, 200,000 establishments are randomly sampled including 6,000 from Wisconsin. All industries, sectors, and sizes are sampled, excluding small farms, mining, and railroad. Wisconsin is below the national average for nonfatal occupational injuries in all categories except sprains/strains/tears/fractures. Ms. Adams also presented a comparison of occupational injury rates in Wisconsin by industry including nursing and residential care, agriculture, manufacturing, and construction. In 2012, there was an overall decrease in injuries in manufacturing and construction compared to 2011.

Susan Buroker asked Ms. Adams how they gain compliance from companies to respond to the surveys. Ms. Adams responded that they give companies plenty of lead-time, and are flexible and encouraging. Responses to the surveys are mandatory.

2) Vaccine Preventable Disease Update & CDC Services, Dr. Pete Shult, Wisconsin State Laboratory of Hygiene

Dr. Pete Shult, Director of the WSLH's Communicable Disease Division, presented to the Board on vaccine preventable diseases (VPDs) and gave an update on services provided to the Centers for Disease Control (CDC). The WSLH is a CDC reference laboratory for vaccine preventable diseases. This has been an active time for VPDs in the U.S. There has been an increasing trend of pertussis and influenza. Vaccination is the main way to control influenza. Because the influenza virus changes rapidly, a different vaccine will be produced every year. However, vaccines are not 100% effective due to the ever-changing microbial target of some VPDs. People choosing to opt out of vaccination also contribute to the spread of VPDs. Dr. Shult mentioned some diseases that have been eliminated in the U.S: polio, measles, and rubella. Diseases that are contained but still frequently cause outbreaks in the U.S. are mumps, varicella, and pertussis. Vaccines are available and surveillance is required for VPDs caused by rotavirus, *S. pneumonia*, *N. meningitidis*, *H. influenzae*, *Influenza*.

Dr. Shult next discussed what public health laboratory capabilities are needed in order to combat VPDs. In 2009, APHL received funding from the American Recovery and Reinvestment Act that allowed for surveys and in-person meetings to discuss how we can improve laboratory capability and capacity in response to VPDs. The group recognized that there is not enough capacity or capability in existing public health laboratories. Even the CDC had their own capacity problems. To remedy this, the CDC has reached out to public health laboratories, including the WSLH, for support. The group determined that we need to perform surveillance testing, training, proficiency testing, and new method development and testing. Ultimately, the group focused on a "shared services" model in which states access expertise, services, and testing capability of other states within the region through a defined process. This model has been defined as "public health reference centers." For influenza, we have three: the WSLH, Utah, and California. The WSLH is one of four laboratories that are providing some measure of these shared resources. The WSLH is the only laboratory that tests the complete panel for respiratory viruses and bacteria including a proficiency testing program. The capabilities and capacities the WSLH provides serve not only the CDC, but other state and local public health laboratories that do not have their own complete capabilities and capacities.

Dr. Shult next highlighted some of the other key efforts involving the WSLH. For example, the WSLH helped the CDC during the government shutdown, which happened to be a critical time for influenza at the CDC. The WSLH was able to seamlessly culture 100-150 extra specimens, characterize them, and send them to the CDC. The WSLH

has been involved in out-of-state outbreaks and has developed two molecular performance evaluation panels that will go out this spring.

In summary, the outcomes to date for the WSLH's role as a VPD reference lab include: 1) all benchmark performance criteria have been met or exceeded, 2) great interactions with CDC SMEs, 3) Developing ELR and HL7 reporting capabilities, 4) Very positive reviews of our performance evaluation panels, 5) Seamless outbreak responses, 6) WI has directly benefited from enhanced capabilities. Ultimately, the "VPD Reference Laboratory" concept works well.

Item 6. FISCAL YEAR 2014 SECOND QUARTER REPORT

1) Marie Ruetten, Wisconsin State Laboratory of Hygiene

Marie Ruetten, Financial Manager, WSLH, presented the FY2014 second quarter report to the Board. For total support and revenue, the WSLH is at \$21,936,912 and currently under variance by \$112,772. For expenses, the WSLH is approximately \$500,000 under budget for salaries and fringes and approximately \$400,000 over budget on supplies and services. Overall, year-to-date expenses are \$21,832,027 making the WSLH under budget by \$652,843.

The comparative income statement shows that revenue increased by 2.1% from December 31, 2012 to December 31, 2013. Expenses also increased by 10.2% from December 31, 2012 to December 31, 2013. Grant funding is down compared to the previous year, but the remaining revenues have sustained. Expenses, supplies and services, salaries, and bad debt expenses are up. The available working capital is up by \$173,533 at \$8,653,120 on December 31, 2013 compared to \$8,479,587 on June 30, 2013.

Although the WSLH has a cash balance of \$12,076,516 they have various obligations totaling \$10,312,372. This gives a remaining unrestricted cash balance of \$1,764,144.

Item 7. CONTRACTS REPORT

1) Dr. Charles Brokopp, Director, Wisconsin State Laboratory of Hygiene

Dr. Brokopp presented the contract's report to the Board. Dr. Brokopp referred the Board to the packet for more information on WSLH contracts. Some of the contracts are with the Alaska Department of Environmental Conservation, Georgia Tech, Avatar, and the Wisconsin Department of Health Services (DHS).

Item 8. DIRECTOR'S REPORT

1) Dr. Charles Brokopp, Director, Wisconsin State Laboratory of Hygiene

Dr. Brokopp provided the Director's Report to the Board. The next Board meeting will be on Tuesday April 29th during which our preliminary FY15 budget will be presented. Dr. Brokopp mentioned that we've had a number of norovirus outbreaks recently, along with influenza and measles that Dr. Pete Shult has already discussed. Dr. Brokopp mentioned that the WSLH has recently reviewed their continuity of operations plan (COOP), to help us determine how our laboratory would continue in the event of an emergency and if the WSLH would need to relocate. Dr. Brokopp mentioned that the WSLH has a new website that went live several weeks ago. He also mentioned that the WSLH tested over 3,248 water supplies in Wisconsin from October 1 to December 31, 2013. Of these, 77 systems were contaminated.

Dr. Brokopp asked each WSLH division director to highlight some of their division's major accomplishments over this past year. Dr. Shult mentioned that CDD has made significant upgrades to their diagnostic capabilities by validating and bringing on board MALDI-TOF, Luminex, Genmark, and MAC diagnostic PCR. CDD has also made ongoing preparations for the move to the WSLH/DATCP co-located lab. CDD was also awarded funding for Oregon Child Absenteeism due to Respiratory Disease Study (ORCHARDS), which is a collaborative project with the UW School of Medicine & Public Health, Dane County Local Health Department, Oregon Wisconsin School District, and the WSLH. There is a three year grant to enable these groups to assist with early detection of various VPDs. This program allows the WSLH to follow up with children who are ill in the Oregon, WI school district and perform a greater measure of surveillance. The CDD division also successfully passed their CAP and Select Agent inspections and has maintained their status as a Tier-1 LRN Reference Laboratory.

Dr. Brokopp next asked Dave Webb, Interim Director of the Environmental Health Division (EHD), to present. The WSLH-EHD was the only laboratory in the country requested by the CDC to produce and distribute reference materials for Lewisite. The WSLH Chemical Emergency Response group also received an award from the Wisconsin Association of Hazardous Materials Responders (WAHMR). The EHD also brought online a method to quantify Shiga Toxigenic E. coli (STEC), a toxin that makes some sick from E. coli O157:H7. The EHD has also been working on a well assessment project for the WI-DNR for quicker and more useful tests including a crypto/giardia method. The EHD established collaboration with USGS via a new state-of-the-art instrument to significantly expand trace level metals and mercury research. The EHD also began to move into the new clean room for the trace element work and research.

Dr. Brokopp next asked Steve Strebel, Director of the Occupational Health Division (OHD), to present. The Wisconsin Occupational Health Laboratory (WOHL) recently went through a week-long American Industrial Hygiene Association (AIHA) onsite accreditation visit. WisCon completed 656 workplace evaluations in FY13, exceeding

their goal by 9%. The OHD presented their data and expertise at various venues including the Worker's Compensation Bureau Director's meeting, Occupational Surveillance Advisory Group quarterly meeting, and the BLS Work Injury and Illness Recordkeeping workshop in LaCrosse. Lastly, the WSLH OHD published a brochure: "Occupational Injuries, Illness and Fatalities in Wisconsin for 2012" in both English and Spanish.

Dr. Brokopp requested Dr. Daniel Kurtycz, Director of the Disease Prevention Division, to provide their update. Dr. Kurtycz authored cytologic guidelines for the diagnosis of pancreatic cancer by ultrasound guided fine needle aspiration. Dr. Jennifer Laffin, Director of the Cytogenetics Program, is leading efforts to establish a collaborative genomics laboratory at the UW. Two American Board of Medical Genetics fellowships in cytogenetics and molecular genetics are supported by the WSLH and UW Pediatrics. Lastly, a \$402,772 grant from the Legacy of Angels Foundation supports a collaborative cystic fibrosis research project using next generation sequencing.

Lastly, Dr. Brokopp asked Kris Hansbery, Director of the Laboratory Improvement Division (LID), for her update. Kris mentioned that the LID has successfully moved to their new location at 2601 Agriculture Drive and their new computer system was launched. LID Proficiency Testing (PT) staff, Amanda Weiss and Mike Argall represented WSLH PT at MEDLAB in Dubai. This has cemented the relationship with the Arab Ministry of Health and has already resulted in added laboratories from this region. From this, LID-PT experienced an influx of off-shore distributors interested in marketing WSLH PT products in Portugal, South Africa, and South America. Lastly, WSLH PT is working closely with public relations staff to define "best marketing practices" to expand the program more effectively.

Dr. Brokopp shifted the presentation to an update on WSLH Forensic Toxicology. Since 2006, there has been an increase in alcohol and drug testing. With this increase, we've experienced an unacceptable increase in turn-around-times (TAT). In 2011, the WSLH put together an OWI Task Force to develop recommendations to ameliorate this problem. Some solutions include promoting the use of videoconferencing instead of in-person meetings, encouraging breath alcohol testing, stopping further drug testing when THC or cocaine is confirmed, partnering with the state crime lab, seeking grant funding, and conducting a LEAN Six Sigma quality improvement project. Dr. Brokopp pointed to Dave Webb for an update on the progress of the project. Dave mentioned that the WSLH performs roughly 18,000 alcohol and 3,600 drug cases a year. TAT for alcohol has decreased from ten to three days, with a goal of fourteen days. TAT for drugs has decreased from twelve - fifteen months to four - five months, with a goal of two to three months. These successes are attributed to enhanced work flows, better reporting, new staff, and cancelling further testing once a restricted substance is confirmed. Dave also took this opportunity to thank Alice Gustafson, Nevin Olson and James Thompson from the UW Administrative Process Redesign Office for their assistance with the special LEAN project. Dave also thanked Laura Liddicoat, Dan McManaway, Amy Miles, Kristin Drewieck, Ed Oliver, Miel Barman, and John Shalkham for their input on the quality improvement project. Lastly, Dave mentioned that Amy Miles is the new manager of

WSLH forensic toxicology, replacing Pat Harding who retired in December 2012. Amy will be starting in mid-March 2014 and the EHD is very excited to have her in this capacity.

Dr. Brokopp next gave the Board an update on some recent newborn screening press and a resulting College of American Pathologists (CAP) inspection. Ninety-nine percent of NBS specimens arrive at the WSLH from hospitals and birthing centers throughout the state within four days. We are always looking for ways to improve newborn screening. There has been recent press, largely from the Milwaukee Journal Sentinel, focusing on how quickly specimens are collected at the hospital and sent to the WSLH for testing. The articles discussed the delays in transit times of specimens from collection at the hospital to the time they are received at the WSLH. This raised questions of responsibility and the role of the hospital versus the screening laboratory during the pre-analytical stage of the specimen. A review of NBS at the WSLH by the College of American Pathologists (CAP) and the Center for Medicare and Medicaid Services (CMS) resulted from the press coverage. In response to CAP's new regulations about notifying them of any adverse media attention, the WSLH policy was revised to comply with CAP's standards. The WSLH received notice of renewal of full accreditation from CAP on February 16th. The CMS inspection followed the CAP inspection. The WSLH provided their response to CMS on January 15, 2014 with a follow up report to be sent by February 21, 2014. The WSLH revised its competency assessment policy, enhanced tracking and follow up processes used to document, investigate and correct any lapse in quality performance, and will provide hospitals with a monthly report on NBS specimens received. The CMS inspector also asked the WSLH to notify the hospital whenever they did not receive a specimen. The WSLH has no way of knowing whether or not a specimen has been sent unless they receive some notification from the hospital. The WSLH is optimistic about the prospects for improving NBS and has already seen significant improvements from hospitals in transit times of specimens based in part on the quality assurance reports provided.

Dr. Brokopp mentioned that we have three current vacancies on our Board. Names have been submitted to the Governor's office for appointment. A decision from the Governor's office has not yet been made. Dr. Brokopp mentioned that the WSLH has another vacancy for the private environmental testing laboratory seat. The WSLH received recommended names from the DNR, but the individuals declined.

Item 9. ELECTION OF OFFICERS FOR 2014

1) Chair Jeffery Kindrai, Wisconsin State Laboratory of Hygiene Board of Directors

Jeffery Kindrai held the election of officers for this next term. The Board has nominated Barry Irmen for the position of Chair, Dr. Robert Corliss for the position of Vice-Chair, and Dr. Charles Brokopp for the position of Secretary. Chair Jeffrey Kindrai put forward

the motion, seconded by Jack Sullivan. The motion passed unanimously on a voice vote.

Jeffery Kindrai made a motion to adjourn meeting at 4:00 P.M. on **Chair Barry Irmen's** behalf, who left early. **Darryll Farmer** seconded the motion. The motion passed unanimously and the meeting was adjourned.

Respectfully submitted by:

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

Charles D. Brokopp, DrPH
Secretary, Wisconsin State Laboratory of Hygiene Board of Directors