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
April 3, 2015

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 others who may be interested and 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.

LAST CHANCE TO REGISTER FOR THE “CHALLENGES IN ANTIMICROBIAL SUSCEPTIBILITY TESTING – 2015” WORKSHOP: ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Registration ends 4/7/15! Hurry up and make your plans to join your colleagues on 4/15/15 at the Glacier Canyon Conference Center at the Wilderness Resort in Wisconsin Dells, WI. This is your opportunity to ask questions and learn more about antimicrobial susceptibility testing (AST). The workshop is suitable for all laboratory professionals with some prior training in antimicrobial susceptibility testing; however, we strongly recommend that someone with the authority to make changes to improve the quality of testing in your laboratory attends the workshop.

If you received CLSI AST documents, someone from your facility must attend the workshop. If no one from your facility has registered to attend the workshop, I will be contacting you.

For more details about the workshop, here is a link to the webpage where you will find the link to registration and the workshop brochure: http://www.slh.wisc.edu/event/wcln-audio-conference-challenges-in-antimicrobial-susceptibility-testing-2015/.

A limited number of rooms at a rate of $70.00 have been set aside for those of you who want to travel to Wisconsin Dells and stay overnight prior to the workshop. Call 800-867-WILD (9453) for reservations and reference group number 484738. If there are any problems ask for Megan Purcell who is the event manager for the workshop.

YOU CAN’T BEAT FREE, HANDS-ON PACKAGING AND SHIPPING TRAINING: ~~~~~~~~~~~~~

DOES YOUR LABORATORY SEND OR RECEIVE PACKAGES CONTAINING CLINICAL SAMPLES OR BACTERIAL ISOLATES?

Come on WCLN laboratorians, register now! I need to fill these classes and you need to have employees who are trained in packaging and shipping!

This is your chance to send up to two individuals from your laboratory for FREE training in packaging and shipping. This is one of the essential components required for an individual to be certified in packaging and shipping.

- Dr. Pat Payne is an expert in packaging and shipping regulations. Here is your opportunity to ask questions and receive answers from an expert (which is something you can’t do with an on-line certification course). Dr. Payne covers all of the various packaging and shipping regulations (DOT, IATA, and US Postal Service), so that no matter what you ship and by whom, you will learn how to categorize and package and ship your specimens/isolates correctly and safely.

- Large fines for improper packaging and shipping can be imposed if you do not comply with the regulations.

- Laboratory biosafety, including packaging and shipping, is being closely watched at a federal level and lapses are being exposed.

- Future funding for this type of hands-on workshop is uncertain, so don’t hesitate, or think that you can wait and send someone next year. Register now and help us fill both workshops!
AUDIENCE:

- If you have new employees who haven’t received any prior training in packaging or shipping, or if you have an individual designated as your packaging and shipping trainer, this workshop is for them.

REGISTRATION:

- Registration is now open for the co-sponsored WSLH and Association of Public Health Laboratories (APHL) Packaging and Shipping workshops in May.

  - The workshops are on the following dates:
    - 5/5/15 at ProHealth Care – Oconomowoc Memorial Hospital in Oconomowoc
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  - Don’t delay, space is limited! Each class is limited to only 24 individuals.

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- Registration is being handled by APHL.
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Please see the attached flyer for details.

REGISTRATION NOW OPEN FOR THE 25th VIROLOGY CONFERENCE:

Registration for the “25th Virology Conference” is now open. For more information and to register for the conference, go to the following webpage: [http://www.slh.wisc.edu/event/wslh-25th-annual-wisconsin-virology-conference/](http://www.slh.wisc.edu/event/wslh-25th-annual-wisconsin-virology-conference/).

INTERESTING READING:


  The Ebola virus circulating in humans in West Africa is undergoing relatively few mutations, none of which suggest that it is becoming more severe or transmissible, according to a National Institutes of Health study in Science. The study compares virus sequencing data from samples taken from patients in Guinea (March 2014), Sierra Leone (June 2014) and Mali (November 2014).


  Even in the age of AIDS, avian flu and Ebola, methicillin-resistant Staphylococcus aureus, better known as MRSA, is terrifying. The superbug, which is resistant to conventional antibiotics because of their overuse, shrugs at even the deadliest weapons modern medicine offers. The Centers for Disease Control and Prevention estimated MRSA contributed to the deaths of more than 5,000 people in the United States in 2013.


  Genetic sequencing of a virus found in respiratory secretions of children in California and Colorado who suffered from paralysis or muscle weakness last fall reveals that they were infected with a mutated strain of enterovirus D68 that is closer to polio than other strains common in previous years.
Here is the link to the complete article: http://www.washingtonpost.com/news/to-your-health/wp/2015/03/30/link-found-between-children-with-paralysis-and-polio-like-strain-of-enterovirus-d68-study-says/

DID YOU KNOW... ????

Children’s Hospital of Wisconsin is the MLO 2015 Lab of the Year

Congratulations to all the laboratory employees at Children’s Hospital of Wisconsin for this recognition of the exceptional care they provide to the children of Wisconsin.

See the article: http://www.mlo-online.com/articles/201504/2015-lab-of-the-year-childrens-hospital-of-wisconsin.php

TIME TO REGISTER FOR THE APRIL WCLN AUDIO CONFERENCE:~~~~~~~~~~~~~~~~~~~~~~~~

“Improving the Culture of Laboratory Biosafety”

Date: Wednesday April 29, 2015, 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, Madison, WI

Erin Bowles, B.S., MT(ASCP), Clinical Laboratory Network Coordinator, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, Madison, WI

Description: Several issues with lapses in laboratory biosafety and biosecurity at top level federal laboratories over the past year have focused the nation's attention on biosafety and biosecurity. Federal funding is being directed to public health to provide training and resources that will help improve the culture of biosafety and biosecurity in U.S. laboratories. We will share the plans that we have outlined for the next 3 years for our Wisconsin laboratories as we attempt to improve the culture of biosafety in our Wisconsin clinical and public health laboratories.

Registration: Here is the link to the web-page for on-line registration:


Or fax this registration form to 608-265-9091.

Contact Person __________________________________________ Email ____________________________

Institution ______________________________ City/State ______________________________

Telephone ______________________________ How many will attend________________________
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](http://www.laboratorytraining.org).

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**Packaging and Shipping: Division 6.2 Materials**  
May 5, 2015 — Oconomowoc, WI  
May 7, 2015 — Weston, WI

**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. Participants meet Department of Transportation (DOT) training requirements upon satisfactory course completion and documentation of OSHA blood borne pathogen or other safety training and security training.

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

**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) and dry ice 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 Division 6.2 materials 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**  
May 5, 2015  
Oconomowoc Memorial Hospital  
Oconomowoc , WI

May 7, 2015  
Weston Regional Medical Center  
Weston, WI

Course # 588-015-15, 588-016-15

**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m.</td>
<td>Registration and Pre-test</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>Overview of National and International Regulations and Training Requirements</td>
</tr>
<tr>
<td>9:30 a.m.</td>
<td>Classification (Land, Air, Mail)</td>
</tr>
<tr>
<td>10:00 a.m.</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 a.m.</td>
<td>Classification Continued</td>
</tr>
<tr>
<td>10:45 a.m.</td>
<td>Packaging, Labeling, Marking, and Documentation</td>
</tr>
<tr>
<td>11:45 a.m.</td>
<td>Emergency Response Information</td>
</tr>
<tr>
<td>12:15 p.m.</td>
<td>Lunch (provided)</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>Exceptions for Motor Vehicle Transport</td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td>Case Studies</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 p.m.</td>
<td>Review, Question and Answer Period</td>
</tr>
<tr>
<td>3:45 p.m.</td>
<td>Competency Exam and Evaluations</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>Adjourn</td>
</tr>
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**Special Needs**  
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Please see the attached flyer for details.

CHANGE TO MUMPS TESTING:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

We will no longer be performing additional influenza and RVP testing on patient specimens submitted for mumps testing that test negative for mumps. Please discontinue sending a nasopharyngeal swab for this additional testing as the Wisconsin Division of Public Health (WDPH) has completed their surveillance program. If a clinician is suspicious of mumps and wants mumps PCR testing performed, submit only a buccal specimen to the WSLH for mumps PCR testing. We ask that you please share this information with your clinicians.

INTERESTING READING:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

❖ The Scientist – “CDC Scores Poorly on Biosafety”, By Jeff Akst, March 25, 2015

“Safety is not integrated into strategic planning and is not currently part of the US Centers for Disease Control and Prevention (CDC) culture, enterprise-wide.” This is the conclusion of a new report evaluating the federal agency's internal protocols.

Here is the link to the complete article:
http://www.the-scientist.com/?articles.view/articleNo/42532/title/CDC-Scores-Poorly-on-Biosafety/

❖ World Health Organization (WHO) – “Guidelines for the Prevention, Care and Treatment of Persons With Chronic Hepatitis B Infection”, March 2015

Hepatitis B infection is caused by the hepatitis B virus (HBV), an enveloped DNA virus that infects the liver, causing hepatocellular necrosis and inflammation. HBV infection can be either acute or chronic, and the associated illness ranges in severity from asymptomatic to symptomatic, progressive disease. Chronic hepatitis B (CHB) – defined as persistence of hepatitis B surface antigen (HBsAg) for six months or more – is a major public health problem.

Here is the link to the WHO guidance:
http://apps.who.int/iris/bitstream/10665/1/9789241549059_eng.pdf?ua=1&ua=1


The increased availability and rapid adoption of culture-independent diagnostic tests (CIDTs) is moving clinical detection of bacterial enteric infections away from culture-based methods. These new tests do not yield isolates that are currently needed for further tests to distinguish among strains or subtypes of Salmonella, Campylobacter, Shiga toxin–producing Escherichia coli, and other organisms. Public health
surveillance relies on this detailed characterization of isolates to monitor trends and rapidly detect outbreaks; consequently, the increased use of CIDTs makes prevention and control of these infections more difficult.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6409a4.htm?s_cid=mm6409a4_e

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

**CDC Offers Free Email Subscription Service!**

Sign up for CDC products such as MMWR, Health Care News, Vital Signs and a large number of products across CDC from the Centers and Divisions which can be delivered to your email box automatically.

Have fun shopping: http://www.cdc.gov/Other/emailupdates/

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- **“Improving the Culture of Laboratory Biosafety”**
  - **Date:** Wednesday April 29, 2015, 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, Madison, WI
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10:00 a.m. Break
10:15 a.m. Classification Continued
10:45 a.m. Packaging, Labeling, Marking, and Documentation
11:45 a.m. Emergency Response Information
12:15 p.m. Lunch (provided)
1:00 p.m. Exceptions for Motor Vehicle Transport
1:30 p.m. Case Studies
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Topics

- Emergence of Avian Influenza H5 in the US
- Ebola Hospital Preparedness
- Emerging Arboviruses: Dengue and Chikungunya
- School-based Respiratory Surveillance Program
- Rabies Virus
- Influenza Vaccine Efficacy

Date: Thursday June 25, 2015

Location: LOWELL CENTER UW-EXTENSION
610 Langdon Street
Madison, WI 53703

Speakers
- Hon Ip, PhD, National Wildlife Health Research Center
- Katelyn Harms, MPH, Meriter Hospital
- Jim Kazmierczak, DVM, WI Dept. of Public Health
- Maureen Landsverk, RN, UW Dept. of Family Medicine
- Pete Shult, PhD, WSLH
- Jim Powell, MS, WSLH
- Kellie Kostopoulos, MT(ASCP), Meriter Laboratories
- Mary Wedig, BS, WSLH

Location Details

The LOWELL CENTER is located on the UW-Madison campus at 610 Langdon Street. Public Parking is available at 415 N. Lake Street

Lodging

Lowell Center [http://conferencing.uwex.edu/ lodging.cfm](http://conferencing.uwex.edu/lodging.cfm)
Concourse Hotel [http://www.concoursehotel.com/](http://www.concoursehotel.com/)

Contact: Erik Reisdorf
erik.reisdorf@slh.wisc.edu
Wisconsin Laboratory Messaging System
March 13, 2015

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2. Have been designated as packaging and shipping trainers for their laboratory.

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CLSI AST DOCUMENTS:

- Please remember to look through the CLSI documents before the AST workshop on 4/15/15 so that you can bring any questions you may have about the documents to the workshop.
- Additionally, please take note of any changes that you make in your laboratory AST based on the guidance provided in the documents and send a short e-mail to erin.bowles@slh.wisc.edu telling me how you applied the information from the guidance documents in your laboratory.

UPDATED SUBMISSION CRITERIA FOR SUSPECT CRE:

Please note that as of January 2015, the WSLH has updated our submission criteria for suspect Carbapenem-Resistant Enterobacteriaceae (CRE).

Prevalence for KPC and NDM continues to remain low in Wisconsin, yet statewide surveillance is ongoing and remains important because these organisms are more difficult to treat, are associated with higher mortality, and lead to lengthy hospital stays and significant healthcare costs.

Previous WSLH submission criteria required that a suspect CRE isolate be resistant to a third generation cephalosporin and/or non-susceptible to a carbapenem. The WSLH surveillance has been expanded due to recently updated guidance from the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare
Safety Network (NHSN). Our WSLH updated submission criteria include the following changes:

1) **Any Enterobacteriaceae** that is non-susceptible to any Carbapenem (Ertapenem, Imipenem, Meropenem or Doripenem), or

2) **Any Proteus, Providencia and Morganella** that are non-susceptible to Meropenem, Doripenem or Ertapenem

**NOTE:** Because *Proteus, Providencia and Morganella* species show elevated MICs to Imipenem from mechanisms other than a carbapenemase, the Imipenem MIC should not be considered when submitting an isolate to WSLH. Nationwide surveillance conducted by CDC has shown that prevalence of carbapenemases in these organisms continues to remain very low.

If your laboratory suspects you have identified a CRE isolate, please submit the isolate to the WSLH at your earliest convenience. Include a copy of the susceptibility profile obtained in your laboratory along with the WSLH requisition form CDD-A. Indicate test MP00681 on the CDD-A requisition form. If you have any questions, please contact the WSLH Bacteriology laboratory at 608-263-3421.
Packaging and Shipping: Division 6.2 Materials  
May 5, 2015 — Oconomowoc, WI  
May 7, 2015 — Weston, WI

**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. Participants meet Department of Transportation (DOT) training requirements upon satisfactory course completion and documentation of OSHA blood borne pathogen or other safety training and security training.

**Audience**

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

**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) and dry ice 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 Division 6.2 materials 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**

May 5, 2015  
Oconomowoc Memorial Hospital  
Oconomowoc, WI

May 7, 2015  
Weston Regional Medical Center  
Weston, WI

**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m.</td>
<td>Registration and Pre-test</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>Overview of National and International Regulations</td>
</tr>
<tr>
<td>9:30 a.m.</td>
<td>Classification (Land, Air, Mail)</td>
</tr>
<tr>
<td>10:00 a.m.</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 a.m.</td>
<td>Classification Continued</td>
</tr>
<tr>
<td>10:45 a.m.</td>
<td>Packaging, Labeling, Marking, and Documentation</td>
</tr>
<tr>
<td>11:45 a.m.</td>
<td>Emergency Response Information</td>
</tr>
<tr>
<td>12:15 p.m.</td>
<td>Lunch (provided)</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>Exceptions for Motor Vehicle Transport</td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td>Case Studies</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 p.m.</td>
<td>Review, Question and Answer Period</td>
</tr>
<tr>
<td>3:45 p.m.</td>
<td>Competency Exam and Evaluations</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>Adjourn</td>
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</table>

**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/015-15.aspx](http://www.aphl.org/courses/Pages/015-15.aspx)  
Registration closes: One week prior to course date.

- 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 seminar@aphl.org. Please allow sufficient time for NLTN to make arrangements, which is normally at least three weeks prior to start date of the course. For more information call 800-536-6586.

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

This project is funded 100% by Federal funds. APHL received $1.8 million this year for NLTN program support.

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](http://www.laboratorytraining.org)
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 others who may be interested and 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.

**TIME TO REGISTER FOR THE “CHALLENGES IN ANTIMICROBIAL SUSCEPTIBILITY TESTING – 2015” WORKSHOP:** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

You don’t want to miss the “Challenges in Antimicrobial Susceptibility Testing – 2015” workshop! Registration for the workshop is now open, so hurry up and make your plans to join your colleagues on 4/15/15 at the Glacier Canyon Conference Center at the Wilderness Resort in Wisconsin Dells, WI. For more details about the workshop, here is a link to the webpage where you will find the link to registration and the workshop brochure: [http://www.slh.wisc.edu/event/wcln-audio-conference-challenges-in-antimicrobial-susceptibility-testing-2015/](http://www.slh.wisc.edu/event/wcln-audio-conference-challenges-in-antimicrobial-susceptibility-testing-2015/).

The workshop is suitable for all laboratory professionals with some prior training in antimicrobial susceptibility testing; however, we strongly recommend that someone with the authority to make changes to improve the quality of testing in your laboratory attends the workshop.

**CLSI AST DOCUMENTS HAVE BEEN SHIPPED:** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The CLSI antimicrobial susceptibility testing (AST) guidance documents were shipped via UPS and if you haven’t already received them, they should be delivered to the laboratories that requested them this week. The documents were addressed to the attention of the individual who requested them. Please contact me if you do not receive your documents.

- Please look through the documents before the workshop, so that if you have any questions about the guidance in the documents, you can ask them at the workshop.

- Additionally, please take note of any changes that you make in your laboratory AST based on the guidance provided in the documents and then send me a short e-mail telling me how you applied the information from the guidance documents in your laboratory. I must provide this information in my final report for the grant.

**UPDATED SUBMISSION CRITERIA FOR SUSPECT CRE:** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Please note that as of January 2015, the WSLH has updated our submission criteria for suspect Carbapenem-Resistant Enterobacteriaceae (CRE).

Prevalence for KPC and NDM continues to remain low in Wisconsin, yet statewide surveillance is ongoing and remains important because these organisms are more difficult to treat, are associated with higher mortality, and lead to lengthy hospital stays and significant healthcare costs.

Previous WSLH submission criteria required that a suspect CRE isolate be resistant to a third generation cephalosporin and/or non-susceptible to a carbapenem. The WSLH surveillance has been expanded due to recently updated guidance from the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN). Our WSLH updated submission criteria include the following changes:

1) **Any Enterobacteriaceae** that is non-susceptible to any Carbapenem (Ertapenem, Imipenem, Meropenem or Doripenem), or

2) **Any Proteus, Providencia and Morganella** that are non-susceptible to Meropenem, Doripenem or Ertapenem
NOTE: Because *Proteus, Providencia and Morganella* species show elevated MICs to Imipenem from mechanisms other than a carbapenemase, the Imipenem MIC should not be considered when submitting an isolate to WSLH. Nationwide surveillance conducted by CDC has shown that prevalence of carbapenemases in these organisms continues to remain very low.

If your laboratory suspects you have identified a CRE isolate, please submit the isolate to the WSLH at your earliest convenience. Include a copy of the susceptibility profile obtained in your laboratory along with the WSLH requisition form CDD-A. Indicate test MP00681 on the CDD-A requisition form. If you have any questions, please contact the WSLH Bacteriology laboratory at 608-263-3421.

**SAVE THE DATE:**

The WSLH and the Association of Public Health Laboratories (APHL) will be hosting two one day Packaging and Shipping workshops in May. The workshops are on 5/5/15 at ProHealth Care – Oconomowoc Memorial Hospital in Oconomowoc and on 5/7/15 at The Diagnostic and Treatment Center in Weston. The workshops are for clinical laboratory professionals who:

1. Have had no previous training in packaging and shipping.
2. Have been designated as packaging and shipping trainers for their laboratory and are due for refresher training.

Flyers will be available shortly, so please watch for further upcoming information. Registration will be handled by APHL. Each class is limited to only 24 individuals. **Registration will be limited to only 2 people from any laboratory facility**, to allow as many facilities as possible to take advantage of this free training opportunity.

**INTERESTING READING:**

  
  After nearly eight centuries of accusing the black rat for spreading the bubonic plague, scientists say they have compelling evidence to exonerate the much-maligned rodent. In the process, they’ve identified a new culprit: gerbils.


- **Bloomberg News** – “*Swine Flu Surge in India Fuels Concern About Resistant Strains*”, By Ketaki Gokhale, February 25, 2015
  
  A surge in swine flu infections has killed more than 800 people in India and is challenging health workers, who say the virus is harder to treat than the version that caused a global pandemic in 2009.


- **CDC Newsroom** – “*Nearly Half a Million Americans Suffered From Clostridium difficile Infections in a Single Year*”, February 25, 2015
  
  *Clostridium difficile* (*C. difficile*) caused almost half a million infections among patients in the United States in a single year, according to a study released today by the Centers for Disease Control and Prevention (CDC).

  Here is the link to the study: [http://www.cdc.gov/media/releases/2015/p0225](http://www.cdc.gov/media/releases/2015/p0225)

  
  Changes in the epidemiology of *Clostridium difficile* infections have occurred since the emergence of the North American pulsed-field gel electrophoresis type 1 (NAP1) strain, which has been responsible for geographically dispersed hospital-associated outbreaks. In the United States, hospitalizations for *C. difficile* infection among non-pregnant adults doubled from 2000 through 2010 and were projected to continue to increase in 2011 and 2012.

USA Today – “Deadly Bacteria Release Sparks Concern at Louisiana Lab”, By Allison Young, March 2, 2015

A dangerous, often deadly, type of bacteria that lives in soil and water has been released from a high-security laboratory at the Tulane National Primate Research Center in Louisiana. Officials say there is no risk to the public. Yet despite weeks of investigation by multiple federal and state agencies, the cause of the release and the extent of the contamination remain unknown.

Here is the link to the article: http://www.usatoday.com/story/news/2015/03/01/tulane-primate-bio-lab-bacteria-release/24137053/

NEW REGION 7 LABTAG REPRESENTATIVE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Tim Block is the new LabTAG representative for Region 7. Tim is a graduate of UW-La Crosse. After graduation he was lucky to start his career at Consultants Laboratory in Fond du Lac where he worked as a generalist in Hematology, Blood Bank, and Microbiology. After 2 ½ great years, he moved to Milwaukee and took a position with the Wheaton Healthcare system in the centralized Microbiology department where he worked as a bench technologist, lead technologist, and eventually the department supervisor. In 2008, an opportunity closer to home presented itself, and he took a position as the Microbiology Technical Specialist at St. Joseph’s Hospital in West Bend. Tim currently holds the positon of Laboratory Supervisor at St. Joseph’s, and continues to act as the Microbiology Technical Specialist for the Community Division of Froedtert and The Medical College of Wisconsin. In this role he has the opportunity to work with some very talented people, and he looks forward to expanding on those relationships as well as building new ones.

Tim and his family have settled in Hartford, where they enjoy spending time with family and friends. When Tim is not on vacation at Disney World, his family’s favorite destination, his children keep him occupied with activities such as swimming, baseball, football, basketball, band, chorus, and theatrical performances. Every spring a little known disease call Fishing Pox infects Tim. The only known treatment is found in the trout streams of Southwestern Wisconsin. Tim also enjoys golfing and he has become an avid home brewer.

DID YOU KNOW… ??????

South Central Association for Clinical Microbiology (SCACM) is pleased to announce a free audio conference on April 28, 2015!

"IQCP- What Does it Mean for You?"

The "Individualized Quality Control Plan" (IQCP) is the CMS Clinical Laboratory Improvement Amendments (CLIA) Quality Control (QC) policy that will be a QC option for clinical laboratories. The concepts for IQCP are a compilation of many of the activities currently undertaken in laboratories to ensure quality test results for patients. IQCP permits the laboratory to customize its QC plan according to sample type, test method, laboratory environment, and personnel competency. CMS will require IQCP (or default CLIA QC) be in place by January 1, 2016 and members of the clinical laboratory community must be prepared for these new regulations.

Program Objectives:
1. Understand QC regulations for laboratory testing beginning January 1, 2016.
2. Understand the requirements necessary for the development of an IQCP.
3. Develop an IQCP for several laboratory testing systems.

Register at http://www.scacm.org/sctele.htm
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 others who may be interested and 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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**REGISTRATION IS NOW OPEN FOR THE “CHALLENGES IN ANTIMICROBIAL SUSCEPTIBILITY TESTING – 2015” WORKSHOP:**

We are happy to announce that the registration for the “Challenges in Antimicrobial Susceptibility Testing – 2015” workshop is now open. As we’ve mentioned previously in our “Save the Date” announcement, the workshop is on 4/15/15 at the Glacier Canyon Conference Center at the Wilderness Territory in Wisconsin Dells, WI. For more details, please see the workshop brochure that has been attached to the end of this message.

We hope that you will be as excited as we are once you look at the brochure. We have a full agenda of really great and timely topics and lots of wonderful speakers. We hope that many of you will find a way to attend the workshop and join in the discussion. The workshop is suitable for all laboratory professionals with some prior training in antimicrobial susceptibility testing; however, we strongly recommend that someone with the authority to make changes to improve the quality of testing in your laboratory attends the workshop.

**CLSI AST DOCUMENTS:**

I have received the CLSI Antimicrobial Susceptibility Testing (AST) guidance documents that were ordered for clinical laboratories that requested them. I hope to get the documents in the mail and out to the clinical laboratories sometime next week, so if you did order the documents, please watch for them to be delivered within the next few weeks. I will include a brochure for the workshop with the documents to remind labs that receive the documents to register at least one individual from their laboratory for the workshop.

Please keep in mind that sometime in the future I will also be asking the laboratories that received the CLSI documents to send me an email letting me know how you used the CLSI AST documents to improve the quality of the AST you perform in your laboratory. This is information that is required in my final report for the grant funding.

**IMPORTANT MEASLES TESTING REMINDERS:**

We want to remind laboratories of a few important items that will help us to provide the best service regarding measles testing.

- Measles is a reportable disease, so when your laboratory receives an order for measles testing, you must report the suspect case to either local or state public health.
- Measles testing should not be sent out of state to your routine reference laboratory, but should be performed in WI at the Wisconsin State Laboratory of Hygiene (WSLH).
- To receive measles testing at no charge, please note on the requisition form which public health department approved the measles testing.
- Please include on the laboratory requisition form any immunization history that is known regarding when the patient received MMR vaccine.
- Currently any measles testing that is received Monday – Friday by 10:00 AM at the WSLH will be tested that day. Any specimens received after 10:00 AM will be tested the following day, with the exception of Fridays when specimens received after 10:00 AM will be tested on Monday.
Measles testing on Saturday is only performed only at the request of the WDPH Immunization Program staff.

All measles results (both positive and negative) are reported in WEDSS so they are available to both local and state public health partners for any necessary follow-up action.

A positive measles PCR test result that is reported by the WSLH does not distinguish the vaccine strain from the wild strain of measles.

The Centers for Disease Control and Preventions (CDC) has requested the WSLH to submit all measles specimens that are suspected to be positive with the vaccine strain of measles, due to recent immunization, to the CDC for genotyping.

All rash illness is not caused by measles!

CHANGES TO MYCOBACTERIAL DRUG SUSCEPTIBILITY TESTING AT NATIONAL JEWISH:

Please use the link provided below to view a letter listing changes that have been made to testing and pricing at National Jewish Health.


INTERESTING READING:

- Reuters – “Exclusive: CDC installing cameras in labs in agency-wide safety push”, By Julie Steenhuisen, January 29, 2015
  The U.S. Centers for Disease Control and Prevention (CDC) has introduced camera monitoring of workers in its highest-level biosafety laboratories as it seeks to restore public faith in its procedures after a series of mishaps, agency officials tell Reuters.
  Here is the link to the article: http://www.reuters.com/article/2015/01/29/us-usa-cdc-safety-idUSKBN0L21LL20150129

- 60 Minutes – “ZMapp and the fight against Ebola”, By Bob Simon, February 15, 2015
  The worst Ebola outbreak on record has killed 9,000 in West Africa. But all it took was a few Ebola patients in the United States to show how unprepared we were here, particularly because there weren't any approved vaccines or drugs available to fight the disease.
  Now, more than a year after the epidemic hit, clinical trials are at last underway in West Africa. One of the drugs to be tested is called ZMapp and it was used last year to treat nine patients. Only nine because that's all the ZMapp there was at the time...hardly enough to make a dent in the epidemic. So the question now is: Will we be prepared for the next one?
  Here is the link to the story: http://www.cbsnews.com/news/zmapp-and-the-fight-against-ebola/

  A federal investigator who visited the Tulane National Primate Research Center (TNPRC) in late January as part of the response to the November 2014 Burkholderia pseudomallei infections of two macaques may have been exposed to the bacterium.
  One person in the investigation team fell ill with nonspecific symptoms. An antibody test was performed and results on February 7, 2015 indicated possible current or prior exposure to the bacteria. The individual has a history of travel that could have resulted in exposure to this organism, and is doing well at present.
  Here is the link to the article: http://outbreaknewstoday.com/burkholderia-pseudomallei-at-the-tulane-national-primate-research-center-88230
DID YOU KNOW… ???????

New CDC Webpage!

“Laboratory Safety at CDC”

The CDC is committed 24/7 to saving lives and protecting people. CDC’s guiding principles for laboratory work are to ensure the safety of all staff and the community and be as transparent as possible about our work as we conduct high-quality scientific research to protect people in this country and around the world. CDC has created this laboratory safety site as the portal to keep the public informed of our laboratory safety efforts.

For more information see: http://www.cdc.gov/about/lab-safety/index.html
“Challenges in Antimicrobial Susceptibility Testing – 2015”
A WCLN Workshop for Wisconsin Clinical Laboratory Professionals

Conference Date:
April 15, 2015

Conference Location:
Glacier Canyon Conference Center at the Wilderness Territory
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 workshop; commercial product solicitation or demonstration will not be included.

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

Special Thanks:
This workshop has been made possible through the receipt of an APHL CLIA Training Grant. We thank APHL for the funding that made the purchase of the CLSI documents and this workshop possible.

Fax Registration Form:
Fax to:
WCLN-Workshop
Fax: 608-265-9091
Before April 8, 2014

Participant Name
Facility/Agency Name
Street Address
City
State Zip
Telephone
Participant’s Email Address

465 Henry Mall
Madison, WI 53706
Program:
The workshop will focus on the challenges that laboratories face in performing quality antimicrobial susceptibility testing (AST) and will provide guidance in meeting those challenges. Workshop speakers will emphasize why the continuing emergence of antimicrobial resistance poses a threat to public health. Guest pharmacists will discuss the role of antimicrobial stewardship programs and provide an introduction to pharmacokinetics and pharmacodynamics. The role of multiplex testing, changes in the 2015 CLSI antimicrobial susceptibility performance guidance documents and the creation and sustainment of a statewide antibiogram project will also be explored.

Faculty:
Margaret Cook, Pharm.D., (BCPS), Clinical Specialist, Department of Pharmacy, Aurora St. Luke's Medical Center
Michael Costello, Ph.D., MT(ASCP) Technical Director of Microbiology, ACL Laboratories
Tom Dilworth, Pharm.D., (BCPS), Clinical Pharmacy Supervisor, Wheaton Franciscan Healthcare - St. Francis
Paul Hutson, Pharm.D., RPh(WI), Professor and Senior Associate Dean of Academic Affairs, UW Madison School of Pharmacy
Erik Munson, Ph.D., D(ABMM), Technical Director of Microbiology, Wheaton Franciscan Laboratory
Ray Podzorski, Ph.D., D(ABMM), Clinical Microbiologist, Department of Pathology, Waukesha Memorial Hospital

Faculty (cont.):
Valerie Ravenna, Pharm.D., (BCPS), Pharmacy Coordinator- Infectious Diseases for Aurora Health Care
Dave Warshauer, Ph.D., D(ABMM), Deputy Director, Communicable Diseases Division, WSLH

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

Agenda:
7:30 Check-in and Refreshments
8:00 Introductions and Pre-Test
8:15 Emerging Resistance Overview
8:30 Antimicrobial Stewardship and Emerging Resistance: Perspectives from Two Health Care Systems
10:15 Break
10:30 Introductory Pharmacodynamics and Pharmacokinetics
11:30 Statewide Antibiogram Project
12:00 Lunch
12:45 Performing and Reporting Dose Dependent Susceptibilities
1:30 The Role of Multiplex Testing in AST and Antimicrobial Stewardship
2:15 Break
2:30 Carbapenem Resistance Surveillance
3:30 Open Forum – Clinical Laboratory AST Issues Q & A and Post-Test
4:00 Adjourn

Registration Deadline:
April 8, 2015

Registration Information:
There is no fee for this workshop, but pre-registration before April 8, 2015 is required. A reminder letter of registration for the workshop will be sent via e-mail prior to the conference date.

To Register Online:
• Register online at the WSLH website: http://www.slh.wisc.edu/event/wcln-audio-conference-challenges-in-antimicrobial-susceptibility-testing-2015/
• Click on the words “Register Now” and complete the short registration form.
• A confirmation of registration will be sent immediately via e-mail
• If you do not receive immediate e-mail confirmation, please e-mail WCLN@mail.slh.wisc.edu.

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

Target Audience:
This workshop is intended for Wisconsin laboratory professionals who wish to increase their knowledge of antimicrobial susceptibility testing

No Fee:
This workshop is offered at no charge to participants, with lunch and breaks provided.
Wisconsin Laboratory Messaging System  
January 28, 2015

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 others who may be interested and 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.

Patients Presenting with Parotitis

In our last message we attached a letter from the Wisconsin Division of Public Health discussing the fact that some patients with influenza were presenting with parotitis, a symptom that has typically been associated with mumps. Unfortunately, there now seems to be some confusion regarding what specimens should be collected and submitted when a patient presents with parotitis and the clinicians suspects the patient may have mumps.

When a patient presents with parotitis and the clinician suspects that the patient may have mumps, please proceed as follows:

- Collect a buccal swab for mumps PCR testing and place in viral transport media. Label as a buccal swab.
- Collect a nasopharyngeal (NP) swab for influenza/RVP PCR testing and place in viral transport media. Label as a NP swab.
- Complete the WSLH requisition “CDD form A” by marking both mumps testing and influenza testing and writing “parotitis” on the form.
- Contact your local public health department to inform them you have a suspect mumps case. Testing must be approved by local or state public health for fee exempt testing to be performed at the WSLH.

Interesting Reading:

- The Seattle Times – “Undisclosed superbug sickened dozens at Virginia Mason”, By JoNel Aleccia, January 21, 2015
  
  An outbreak of drug-resistant superbugs spread by contaminated medical scopes infected at least 32 patients at Virginia Mason Medical Center in Seattle between 2012 and 2014, new reports show.
  
  Here is the link to the article: http://seattletimes.com/html/localnews/2025515506_endoscopeoutbreakxml.html

- NBC News – “Canadian Infected With Deadly Strain of Bird Flu”, By Maggie Fox, January 27, 2015
  
  A Canadian woman who recently traveled to China has been diagnosed with H7N9 bird flu, an often deadly strain that's infected close to 500 people in China, officials said Monday. The woman's male traveling companion has flu-like symptoms and may also be infected, health officials in British Columbia said.
  
  Here is the link to the article: http://www.nbcnews.com/health/health-news/canadian-infected-deadly-strain-bird-flu-n293991
The Changing Landscape of Stool Parasite Diagnosis and Surveillance

While traditional diagnostic methods remain a key component of stool parasite detection, laboratories have altered their test algorithm to include rapid methods and multi-target molecular assays. The importance of the traditional diagnostic methods as well as the implementation of newer technologies will be discussed. In many cases, implementation of newer technologies adversely affects both the detection of less common parasites and reportable disease surveillance. Resources for full identification and confirmation of all parasites are available and will be highlighted.

Registration:

Here is the link to the web-page for on-line registration:

Or fax this registration form to 608-265-9091.

Contact Person ______________________________
Email ______________________________

Institution ______________________________
City/State ______________________________

Telephone ______________________________
How many will attend ______________________________
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 others who may be interested and 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.

MESSAGE FROM WDPH – IS IT MUMPS OR IS IT INFLUENZA?

Please see the attached message from the Wisconsin Division of Public Health (WDPH) regarding suggested collection of specimens and testing on patients presenting with parotitis.

REMEMBER TO USE ACCOUNT #7271 WHEN USING DUNHAM FOR TRANSPORT:

- Remember that the WSLH Communicable Disease Division now has only a single account number 7271 for you to use when transporting specimens to the WSLH via Dunham Express.
- Please make sure that you share this important change with the staff that work in your send-outs area and perform packaging and shipping at your facility.
- Do not use account number 7271 for Newborn Screening specimens. Newborn Screening Laboratory will continue to have a separate account number with Dunham Express for transportation of Newborn Screening specimens.

NEW LABTAG REPRESENTATIVE FOR REGION 6:

We wanted to let you know a little bit more about the new LabTAG representative from Region 6, Karen Siebers.

Karen began her career as a Medical Technologist in 1978 at ThedaCare Labs - Appleton (formerly known as Appleton Medical Center), where she worked the first couple of years as a generalist, rotating through several areas of the laboratory. In 1980 Karen started her career as a microbiologist, working part time at first and eventually becoming a full time microbiologist in 1995. During her career she has worked closely with Infectious Disease Physicians, participating as a member of both the Infection Prevention Committee, and the Antibiotic Stewardship Committee. Several of the hospitals within the ThedaCare health system refer their microbiology to Thedacare Labs – Appleton, so Karen finds that the workload is never dull!! The microbiology lab is staffed by a team of ten microbiologists. The work team consists of Karen, another senior technologist and some newer technologists who love microbiology. When Karen isn’t at work she enjoys bird watching. She has been to Costa Rica twice on tours with her bird club friends, but she knows lots of great spots in Wisconsin for bird watching too!

If you are a laboratory in Region 6 and would like Karen to bring to LabTAG an idea for a project or training, or a concern about a challenge that your laboratory is facing, please email her at karen.siebers@thedacare.org. Alternatively, you can contact me directly at erin.bowles@slh.wisc.edu.

INTERESTING READING:

- Morbidity and Mortality Weekly Report (MMWR) – “Notes from the Field: Acute Flaccid Myelitis Among Persons Aged ≤21 Years — United States”, Weekly, January 9, 2015 / 63(53);1243-1244

CDC is working with healthcare professionals and state and local health departments to investigate reports of children across the United States who developed a sudden onset of weakness in one or more arms or
legs with MRI scans that show an inflammation predominantly of the gray matter—nerve cells—in the spinal cord. This illness is now being referred to as acute flaccid myelitis.

Here is a link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6353a3.htm?s_cid=mm6353a3_w

For more information on acute flaccid myelitis see:

- **Centers for Disease Control and Prevention (CDC) – “National and State Healthcare Associated Infections”, Progress Report, January 2015**

According to a report released today by the CDC, progress has been made in the effort to eliminate infections that commonly threaten hospital patients. However, additional work is needed to continue to improve patient safety. CDC’s Healthcare-associated Infections (HAI) progress report is a snapshot of how each state and the country are doing in eliminating six infection types that hospitals are required to report to CDC.

Here is a link to the report: http://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf

- **World Health Organization (WHO) – “One Year Into the Ebola Epidemic: A Deadly, Tenacious and Unforgiving Virus”, Global Alert and Response, January 2015**

One year after the 1st Ebola cases surfaced in Guinea, WHO has published a series of 14 papers that take an in-depth look at West Africa’s 1st epidemic of Ebola virus disease. The papers look at how West Africa’s epidemic of Ebola virus disease has evolved over the past year, giving special attention to the situation in Guinea, Liberia, and Sierra Leone. The success stories in Senegal, Nigeria, and likely Mali are described to show what has worked best to limit onward transmission of Ebola following an imported case and bring the outbreak to a rapid end.

Here is a link to the report: http://www.who.int/csr/disease/ebola/one-year-report/ebola-report-1-year.pdf?ua=1


Could genetically modified bacteria escape from a laboratory or fermentation tank and cause disease or ecological destruction? This is not known to have occurred. But two groups of scientists reported on Wednesday that they had developed a complex technique to prevent it from happening.

Here is a link to the complete article:

- **SHOTS Health News From NPR – “Scientists Give Genetically Modified Organisms A Safety Switch”, By Richard Harris, January 21, 2015**

National Public Radio (NPR) also covered the story.

Researchers at Harvard and Yale have used some extreme gene-manipulation tools to engineer safety features into designer organisms.

Here is a link to the complete article:
DID YOU KNOW… ?????

Have you visited CDC TRAIN?

Bookmark this Link. http://www.cdc.gov/labtraining/

Check out these courses on the CDC TRAIN website:

1. Basic Microbiology – This course will be very helpful to new hires that have a Microbiology degree but have limited clinical practice. These six e-learning modules cover the basics in handling and working with clinical microbiology specimens.

2. Biological Terrorism Training for Sentinel Labs – This is a six module course that features the most common BT agents. The course includes case studies, real-life scenarios and reference links that will be helpful to any laboratorian.

3. Pack and Shipping Division 6.2 Materials – This intermediate course is newly updated. It includes numerous job aids that will be helpful for the staff involved with packing and shipping these materials.

TIME TO REGISTER FOR THE FEBRUARY WCLN AUDIO CONFERENCE:

“*The Changing Landscape of Stool Parasite Diagnosis and Surveillance*”

Date: Wednesday February 11, 2015, 12:00 noon – 1:00 PM

Speakers: Timothy Monson, M.S., Supervisor, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, WI

Ann Valley, B.S., Advanced Microbiologist and Parasitology Team Lead, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, WI

Description: While traditional diagnostic methods remain a key component of stool parasite detection, laboratories have altered their test algorithm to include rapid methods and multi-target molecular assays. The importance of the traditional diagnostic methods as well as the implementation of newer technologies will be discussed. In many cases, implementation of newer technologies adversely affects both the detection of less common parasites and reportable disease surveillance. Resources for full identification and confirmation of all parasites are available and will be highlighted.

Registration: Here is the link to the web-page for on-line registration:

Or fax this registration form to 608-265-9091.

Contact Person ______________________________ Email ________________________________

Institution _______________________________ City/State ________________________________

Telephone _______________________________ How many will attend ______________________
Date: January 20, 2015

To: Wisconsin Health Care Providers, Local Health Departments, Tribal Clinics, Clinical Laboratories

From: Jeffrey P. Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases and Emergency Response

Pete Shult, PhD, Director, Communicable Disease Division and Emergency Laboratory Response, Wisconsin State Laboratory of Hygiene

Re: New testing recommendations for individuals with parotitis

It has been recently noted within Wisconsin and neighboring states that some individuals with signs and symptoms of parotitis have negative diagnostic tests for mumps, but positive tests for influenza or parainfluenza viruses. Because of the serious nature of influenza and this unusual manifestation, the Wisconsin Division of Public Health (DPH) and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting that an additional specimen be submitted for influenza and other respiratory pathogen testing from individuals with parotitis to better understand this manifestation of influenza and determine its prevalence.

Therefore, for patients with parotitis without a known cause, two separate specimens should be collected for testing at the WSLH that will be conducted fee-exempt:

For mumps testing, a buccal swab should be collected for polymerase chain reaction (PCR) testing.* The swab should be collected as soon as possible (preferably within 3 days of parotitis onset and not more than 9 days of parotitis onset) for the best opportunity to detect mumps virus.

For influenza and other respiratory pathogen testing (which is part of the respiratory virus PCR panel) either a nasopharyngeal (preferred) or an oropharyngeal swab should be collected.

Additional information from the WSLH regarding testing and specimen collection for mumps can be found at: http://www.slh.wisc.edu/mumps-testing-guidance/

*Note: Although serology was once recommended as an acceptable test for mumps diagnosis, the reported rates of false positive and false negative results, particularly among MMR-vaccinated individuals, have made interpretation difficult. As a result, the WSLH does not perform IgM or IgG testing for mumps and continues to recommend PCR as the preferred diagnostic test for mumps.
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 others who may be interested and 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 2015!**

In looking ahead to 2015, it is hard not to reflect a bit on the challenges we faced in 2014 and I think the Ebola outbreak immediately comes to mind for many of us. I know many of you spent countless hours reading guidance materials and developing Ebola action plans. We tried to aid in that process wherever we could by sharing information and providing guidance and I want to thank all of you for your efforts in preparing your laboratory staff to care for a possible Ebola patient. I think all the hard work has made us much more prepared to respond not only to Ebola, but to any other emerging infectious disease.

Now that 2015 has arrived, we find ourselves in the middle of a particularly nasty influenza season in which a drifted Influenza A H3N2 is the predominant strain causing severe illness, especially in the elderly. We know that influenza and other respiratory virus testing is keeping you busy, as it is us. Thank you for the surveillance and outbreak specimens and data that you submit to us, which helps us to determine what pathogens are in the community making people ill.

Whatever else lies ahead in 2015, we plan to continue to partner with you to strengthen and improve our Wisconsin Clinical Laboratory Network. We look forward to workshops and meetings when we can meet face to face to share information and camaraderie. If you have any suggestions for educational activities, please send them to WCLN@slh.wisc.edu.

I was looking at the New Year’s letter I sent out last year, which talked about New Year’s Resolutions and I had to laugh because I mentioned that one of the WSLH resolutions for 2014 was to move to our new building without any interruption of service. Well, that still hasn’t happened, but if and when it does in 2015, we resolve to do so without any interruption of service.

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

Sincerely,

Erin Bowles

**ATTENTION - WSLH HOLIDAY OBSERVANCE:**

Please note that the WSLH will be closed Monday, January 19, 2015 in observance of the Martin Luther King Jr. holiday.
IMPORTANT CHANGE WHEN USING DUNHAM FOR TRANSPORT:

- Please be aware that the WSLH Communicable Disease Division now has only a single account number for you to use when transporting specimens to the WSLH via Dunham Express.

- Effective immediately, please use account # 7271 for all specimens coming to the WSLH Communicable Disease Division for any type of testing or surveillance. This includes, virology, TB, bacteriology, outbreaks, etc.

- We hope that this will make it easier for the individuals who work in your send-outs area and perform packaging and shipping at your facility. Please make sure that you share this important change with those individuals.

- The WSLH Newborn Screening Laboratory will continue to have a separate account number with Dunham Express for transportation of Newborn Screening specimens. Please make sure you continue to use the Newborn Screening account number for those specimens.

INFLUENZA SURVEILLANCE UPDATES:

- Please continue to submit the following specimens for influenza surveillance:
  - If you are seeing large numbers of hospitalized influenza patients, only submit a sampling of influenza positive specimens from patients hospitalized for influenza illness (3-5 per week).
  - Submit specimens from any influenza related deaths, especially from pediatric patients.
  - Submit specimens from patients with an international travel history.
  - Also, if you perform subtyping on Influenza A for both pandemic H1N1 and H3N2 and are unable to subtype the specimen, we ask you to send us those specimens.

Due to our increased work volume and efforts to conserve our supplies, please be aware that we are prioritizing our influenza and RVP testing and that we may not be able to test all of the surveillance specimens we receive, or we may hold some of the surveillance specimens that we receive for testing at a later time.

BORDETELLA TESTING:

We want to remind you that with the increased incidence of pertussis across the country, the Wisconsin Division of Public Health (WDPH) and the Centers for Disease Control and Prevention (CDC) are asking that healthcare providers obtain Bordetella culture specimens, in addition to specimens for PCR. The WSLH needs your isolates so that the strains can be characterized to detect antigenic changes, changes in virulence, etc. We provide transport media for culture in our collection kits and we would like providers to submit the additional swab for culture. There is no charge for the Bordetella culture. If you can communicate this information to your physicians, it will be greatly appreciated.

ABSOLUTE LAST CHANCE TO REQUEST CLSI AST DOCUMENTS!!

Thanks to those of you who have already contacted me to have the WSLH purchase the three CLSI Antimicrobial Susceptibility Testing (AST) documents (M100-S25, M02-A12 and M07-A10) for your laboratory.

I have received requests for documents from the following laboratories:

- ACL Central Lab – West Allis
- Amery Regional Medical Center
- Aspirus Medford Hospital
- Aspirus Wausau Hospital
- Baldwin Area Medical Center
- Bay Area Medical Center
- Beaver Dam Reference Lab
- Bellin Hospital
- Beloit Hospital
Burnett Medical Center
Columbia St. Mary's Hospital
Columbus Community Hospital
Community Memorial Hospital – Menomonee Falls
Cumberland Memorial Hospital
Consultants Laboratory of Wisconsin – Fond du Lac
Crossing Rivers Health
Dean Clinic
Dynacare Laboratory
Fort Healthcare
GHC-SCW
Good Samaritan Health Center
Grant Regional Health Center
Gundersen Boscobel Area Hospital and Clinics
Gundersen St. Joseph’s Hospital and Clinics
Hayward Hospital
Holy Family Memorial Hospital
Langlade Hospital
Marshfield Clinic – Eau Claire Center
MCHS – Eau Claire Hospital
MCHS – La Crosse
Memorial Hospital of Lafayette County
Mercy Hospital and Trauma Center
Meriter Laboratories
Memorial Medical Center – Ashland
Memorial Medical Center - Neillsville
Ministry Door County
Monroe Clinic
Moreland Medical Center
Osceola Medical Center
Our Lady of Victory Hospital
ProHealth Care Labs – Waukesha Memorial Hospital
Reedsburg Area Medical Center
Southwest Health Center
Spooner Health System
Sacred Heart Hospital
Sauk Prairie Healthcare
St. Croix Regional Medical Center
St. Elizabeth Hospital
St. Mary’s Hospital
St. Vincent Hospital
St. Joseph’s Hospital – West Bend
ThedaCare Laboratories – Appleton Medical Center
Tomah Memorial Hospital
United Hospital System
Upland Hills Health
UW Hospital and Clinics
Vernon Memorial Hospital
Wheaton Franciscan Labs at St. Francis
Zablocki VA Medical Center

If you do not see your facility on this list and would like the WSLH to purchase the CLSI AST documents for your laboratory, email me immediately at erin.bowles@slh.wisc.edu. I will be placing the order next week and cannot change the order to purchase additional copies once it is sent in.

**PLEASE NOTE:**

- Laboratories requesting the AST documents are expected to send at least one individual to participate in the AST workshop
Additionally, laboratories requesting the AST documents will be asked to submit a brief note detailing how the documents have been used in their laboratory. This information is required as part of the final report for the grant funding.

LABTAG REPRESENTATIVES:

Please join me in applauding the following individuals who have volunteered their time and expertise and will be joining the WSLH Laboratory Technical Advisory Group (LabTAG):

- Region 5 LabTAG Representative – There were no applicants to fill the open Region 5 LabTAG position. Therefore, Frances Spray-Larson from Fort Healthcare in Fort Atkinson has agreed to serve another 3 year term as the Region 5 representative.
- Region 6 LabTAG Representative – The new LabTAG representative for Region 6 is Karen Siebers from ThedaCare – Appleton Medical Center. Karen is replacing Beverly Doriott.
- Region 7 LabTAG Representative – The new LabTAG representative for Region 7 is Tim Block from St. Joseph’s Hospital in West Bend. Tim is replacing Raymond Podzorski, who will remain on LabTAG as an at-large LabTAG member.

MUMPS TESTING:

The WSLH has been notified of a mumps serologic testing delay at CDC due to lack of appropriate antigen to conduct IgM testing. The WSLH will continue to perform IgG testing and send specimens to the CDC for IgM testing; however, they will not be tested until the end of February. PCR has been the preferred diagnostic test for mumps for some time though, especially in light of this delay, we strongly encourage providers to collect buccal swabs for PCR testing when mumps virus infection is suspected. Buccal swabs should be sent to WSLH for mumps PCR testing.

INTERESTING ARTICLES:

- **FDA News Release** – “FDA Grants First CLIA Waiver for Nucleic Acid-based Flu Diagnostic Test”, January 6, 2015
  
  The U.S. Food and Drug Administration today granted the first waiver to allow a nucleic acid-based test, the Alere i Influenza A & B test, to be used in a greater variety of health care settings. The test was previously only available for use in certain laboratories.

  Here is a link to the complete article: [http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm429127.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm429127.htm)

- **COPAN Press Release** – “Nasopharyngeal Swab Specimen Collection”
  
  With flu season in full swing, COPAN announced that it will launch the first in a series of free educational videos, as part of COPAN’s ongoing commitment to demonstrate best practices for specimen collection. The first video in the series features nasopharyngeal swab specimen collection using flocked swabs and viral transport media.

  Here is a link to the video: [http://vimeo.com/115295584](http://vimeo.com/115295584)

  
  The annual fight to keep the flu under control starts here. Doctors are studying nose and throat swabs from flu sufferers sent from laboratories around the world, from Texas to the Solomon Islands. They are trying to predict which flu viruses will be most potent and common and should be included in the vaccine.

  Here is a link to the complete article: [http://www.wsj.com/articles/the-making-of-a-flu-vaccine-1419268276](http://www.wsj.com/articles/the-making-of-a-flu-vaccine-1419268276)

- **The Wichita Eagle** – “Officials Investigate New Virus Linked to Death of Bourbon County Resident”, By Kelsey Ryan, Updated Dec. 23, 2014
  
  State and federal health officials are investigating a never-before-seen virus possibly linked to the death of a resident of Bourbon County over the summer. Health officials don’t know for sure how Bourbon virus – named after the county in southeast Kansas – is spread, but they think it may be through ticks or other insects.

  Here is a link to the complete article: [http://www.kansas.com/news/local/article4821663.html](http://www.kansas.com/news/local/article4821663.html)

Researchers studying Ebola in a highly secure laboratory mistakenly allowed potentially lethal samples of the virus to be handled in a much less secure laboratory at the Centers for Disease Control and Prevention in Atlanta, agency officials said Wednesday. One technician in the second laboratory may have been exposed to the virus and about a dozen other people have been assessed after entering the facility unaware that potentially hazardous samples of Ebola had been handled there.

Here is a link to the complete article: http://www.washingtonpost.com/national/health-science/cdc-reports-potential-ebola-exposure-in-atlanta-lab/2014/12/24/f1a9f26c-8b8e-11e4-8ff4-fb93129c9c8b_story.html?wpisrc=al_national


The decades-long drought in antibiotic discovery could be over after a breakthrough by US scientists. Their novel method for growing bacteria has yielded 25 new antibiotics, with one deemed “very promising”. The last new class of antibiotics to make it to clinic was discovered nearly three decades ago.

Here is a link to the complete article: http://www.bbc.com/news/health-30657486

IMPORTANT - UPDATED WSLH TRAVEL HISTORY FORM!

Effective January 6, 2015, the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security (DHS) removed Mali from the list of Ebola-affected nations for which recent travelers are subject to enhanced visa and port-of-entry screening. There are currently no active Ebola cases in Mali and 42 days have passed since the last known Ebola patient in Mali had contact with someone who was not wearing personal protective equipment.

Healthcare providers and partners asking patients about recent travel in Africa may therefore stop including Mali in their inquiries. Mandatory screenings and monitoring remain in place for travelers from Guinea, Liberia, and Sierra Leone. Therefore, the WSLH has recently updated our Travel History form removing Mali from the list of West African countries that are of concern for Ebola. The updated form may be found on our Communicable Diseases Forms webpage at http://www.slh.wisc.edu/clinical/diseases/forms/

CDC NEWS:

- The CDC has released their list of the top 10 most challenging public health threats and other related issues from 2014. How does it compare with your list? .
  - Ebola
  - Fighting antibiotic resistance
  - Detection of enterovirus – D68
  - MERS
  - HIV/AIDS pandemic
  - Elimination of polio
  - Laboratory safety
  - Cardiovascular disease
  - Smoking
  - Drug overdoses

Here is a link to the article: http://bioprepwatch.com/news/cdc-lists-its-10-top-public-health-concerns-from-2014/340321/

- A recent increase in demand for personal protective equipment (PPE) has caused delays for some products ordered by U.S. hospitals for Ebola preparedness. Across the United States, availability for these products varies by product type and model, manufacturer, distributor, and geographic region. According to the Centers for Disease Control and Prevention (CDC), there are a number of options available for hospitals needing to increase their PPE supplies despite manufacturer shortages and delays. To provide state health departments and hospitals with more information on how to increase PPE supply, CDC has issued guidance that summarizes the current U.S. PPE supply situation and provides recommendations for ways healthcare facilities can increase PPE as part of their Ebola preparedness planning efforts.
Here is the link to the resource: [http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/supplies.html](http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/supplies.html)

- The CDC has issued a health alert update regarding treatment of patients with influenza with antiviral Medications. You can access the alert at: [http://emergency.cdc.gov/han/han00375.asp](http://emergency.cdc.gov/han/han00375.asp)

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

**Are You Ready for IQCP?**

If your Individual Quality Control Plan (IQCP) is still in development or if you have not yet begun, BioRad Laboratories, Inc. has partnered with Clinical Lab Products to offer a free recorded webinar on this topic. This webinar will provide attendees with a brief overview of the risk management principles that are the foundation of the IQCP program and move rapidly to focus on practical aspects of developing an IQCP. The panel of experts will discuss how labs can impose objectivity on a seemingly subjective process, perform risk assessment without reinventing the wheel and effectively monitor their quality control procedures.

Registration is free and the recorded webinar can be viewed at: [http://info.biорad.com/index.php/email/emailWebview?mkttok=3RkMMJWWf9wsRoku6%2FBcO%2FhmjTEU5z170slUK%2Bzhokz2EFye%2BLIHETpodcMTcpnMb3YDBGceEJhgyQJxPr3HK9INzt1xRhLgAQ%3D%3D](http://info.biорad.com/index.php/email/emailWebview?mkttok=3RkMMJWWf9wsRoku6%2FBcO%2FhmjTEU5z170slUK%2Bzhokz2EFye%2BLIHETpodcMTcpnMb3YDBGceEJhgyQJxPr3HK9INzt1xRhLgAQ%3D%3D)

**LAST CHANCE TO REGISTER FOR THE JANUARY WCLN AUDIO CONFERENCE:~~~~~~~~~~~**

- **“Bloodborne Parasites: A New Perspective on Some Old Nemeses”**

  **Date:**       Wednesday January 14, 2015, 12:00 noon – 1:00 PM

  **Speakers:**  Timothy Monson, M.S., Supervisor, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, WI

  Ann Valley, B.S., Advanced Microbiologist and Parasitology Team Lead, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, WI

  **Description:** Clinical laboratorians are tasked with detecting bloodborne parasites on a regular basis. On the rare occurrence when bloodborne parasites are found, prompt identification is critical for effective patient management. Over time, the names of the bloodborne parasites encountered by clinical laboratorians in WI have stayed relatively consistent while methods for diagnosis and identification of those bloodborne nemeses have been evolving. In this session, bloodborne parasites likely to be seen in WI will be discussed. Identifying characteristics, conventional and newer molecular diagnostic methods and the importance of patient history will be highlighted. Due to the rarity of many of these parasites, it’s important to be aware of diagnostic resources available for them and the local and national surveillance efforts underway to better understand them.

  **Registration:** Here is the link to the web-page for on-line registration: [http://www.slh.wisc.edu/event/wcln-audio-conference-bloodborne-parasites-a-new-perspective-on-some-old-nemeses/](http://www.slh.wisc.edu/event/wcln-audio-conference-bloodborne-parasites-a-new-perspective-on-some-old-nemeses/)

  Or fax this registration form to 608-265-9091.

  **Contact Person ___________________________ Email ___________________________**

  **Institution ___________________________ City/State ___________________________**

  **Telephone ___________________________ How many will attend ___________________________**
Wisconsin Laboratory Messaging System
December 18, 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 others who may be interested and 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.

WSLH 2014 HOLIDAY SCHEDULE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Please note the 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.

<table>
<thead>
<tr>
<th>Holidays</th>
<th>Specimen Receiving</th>
<th>Customer Service</th>
<th>Clinical Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, Dec. 24, 2014</td>
<td>Christmas Eve</td>
<td>6:45 AM – 11:45 AM</td>
<td>Closed</td>
</tr>
<tr>
<td>Thursday, Dec. 25, 2014</td>
<td>Christmas Day</td>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>Wednesday, Dec. 31, 2014</td>
<td>New Year’s Eve</td>
<td>6:45 AM – 11:45 AM</td>
<td>Closed</td>
</tr>
<tr>
<td>Thursday, Jan. 1, 2015</td>
<td>New Year’s Day</td>
<td>Closed</td>
<td>Closed</td>
</tr>
</tbody>
</table>
INFLUENZA SURVEILLANCE:~

We have been receiving many calls regarding what specimens does the Wisconsin State Laboratory of Hygiene (WSLH) want sent to us for influenza surveillance. Now that the prevalence of influenza is rising rapidly, the positive predictive value of the rapid test kits is high. Those of you using rapid influenza detection test kits for influenza testing; there is no need to send us your positives for confirmation.

Please do submit the following specimens for influenza surveillance:

- A sampling of influenza positive specimens from patients hospitalized for influenza illness.
- Influenza positive specimens from patients with an international travel history.
- Also, if you perform subtyping on Influenza A for both pandemic H1N1 and H3N2 and are unable to subtype the specimen, we ask you to send us those specimens.

NATIONWIDE LISTERIA OUTBREAK:~

Wisconsin, several other states and the Center for Disease Control and Prevention (CDC) have detected a nationwide Listeria outbreak. Public health officials are working hard to identify the source of the outbreak, but no source has been identified at this time. It is crucial that you submit any Listeria isolates you detect and identify to the WSLH as quickly as possible, so that the WSLH can determine whether they are a part of this outbreak and WI epidemiologists can continue their investigation efforts to identify the source of the outbreak. As you may remember from the Listeria outbreak in cantaloupe a few years ago, Listeria can cause serious illness and even death. There are multiple deaths already associated with this current outbreak. Thank you in advance for your help in stopping this outbreak and others that may occur in the future!

LAST CHANCE TO REQUEST CLSI AST DOCUMENTS:~

The WSLH has received a grant that will allow us to purchase and provide laboratories that perform antimicrobial susceptibility testing with the three CLSI Antimicrobial Susceptibility Testing (AST) documents that will be updated in 2015 (CLSI documents M100-S25, M02-A12 and M07-A10). The WSLH will also be hosting a corresponding AST workshop on April 15, 2015 at Glacier Canyon Conference Center in Wisconsin Dells. Please save that date on your calendars!

Laboratories must request the documents to receive them. If your laboratory performs in-house AST testing and would like these AST documents, please send an email requesting the AST documents to erin.bowles@slh.wisc.edu by January 5, 2015.

Note: We will not be able to honor late requests for the CLSI AST documents.

PLEASE NOTE:

- Laboratories requesting the AST documents are expected to send at least one individual to participate in the AST workshop
- Additionally, laboratories requesting the AST documents will be asked to submit a brief note detailing how the documents have been used in their laboratory. This information is required as part of the final report for the grant funding.

NEW WI DHS EBOLA GUIDANCE DOCUMENT:~

The Wisconsin Department of Health Services has issued a new guidance document “Wisconsin Ebola Guidance Overview” for local public health agencies. We have posted the document on our WSLH Ebola website at http://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/.

EMERGENCY CONTACTS:~

As you continue to work on and complete your Ebola plans, please remember that Ebola is only one of many threats that we must be prepared to encounter. If a new threat should emerge, will we be able to contact you? Is the contact information for your facility correct, or have you had changes to your personnel, your address, your phone or fax numbers, or your email addresses? Please contact Erin Bowles at erin.bowles@slh.wisc.edu with any changes and help us to stay connected to you.
INTERESTING ARTICLES:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

🔹 Morbidity and Mortality Weekly Report (MMWR) – “Outbreak of Cryptosporidiosis Among Responders to a Rollover of a Truck Carrying Calves — Kansas, April 2013”, Weekly, December 19, 2014 / 63(50);1185-1188

In April 2013, the Thomas County Health Department notified the Kansas Department of Health and Environment's Infectious Disease Epidemiology and Response section (KDHE) of two cases of cryptosporidiosis among emergency responders to a tractor-trailer rollover. The truck was carrying approximately 350 preweaned Holstein calves. An outbreak investigation was led by KDHE with assistance from the county health department; six cases of cryptosporidiosis were identified among the 15 emergency responders. No additional primary cases with this exposure or secondary cases were identified. Disease was associated with carrying calves and contact with fecal matter.

Here is a link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6350a1.htm?s_cid=mm6350a1_e


CDC collects, compiles, and analyzes data on influenza activity year-round in the United States (http://www.cdc.gov/flu/weekly/fluactivitysurv.htm). The influenza season generally begins in the fall and continues through the winter and spring months; however, the timing and severity of circulating influenza viruses can vary by geographic location and season. Influenza activity in the United States increased starting mid-October through December. This report summarizes U.S. influenza activity* during September 28–December 6, 2014.

Here is a link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6350a2.htm?s_cid=mm6350a2_e


In August 2013, the County of San Diego Health and Human Services Agency was notified of a fatal case of rat-bite fever (RBF) in a previously healthy male, aged 10 years, who owned pet rats. Two days before his death, the patient experienced rigors, fevers, vomiting, headaches, and leg pains. His physician noted a fever of 102.6°F (39.2ºC), documented a normal examination, diagnosed viral gastroenteritis, and prescribed anti-nausea medication. During the next 24 hours, the patient experienced vomiting and persistent fever. He was confused and weak before collapsing at home.

Here is a link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6350a8.htm?s_cid=mm6350a8_e

IMPORTANT - UPDATED WSLH CDD-A REQUISITION FORM!~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The WSLH has recently made updates to our CDD-A (Bacteriology, Mycobacteriology, Parasitology and Virology) requisition form. A new LIMS system is in place at WSLH and test codes have been updated to reflect those changes. We have also merged the Invasive Bacteria Laboratory Surveillance (IBLS) form and the CDD-A requisition form into a single form. DO NOT use an old IBLS requisition form, but rather USE the updated CDD-A requisition form for all IBLS submissions to the WSLH.

Please discard all outdated WSLH CDD-A requisition forms and order new forms at no cost by contacting Mike Hawk in the WSLH Clinical Orders Department at 608-265-2966, or calling Customer Service at 800-862-1013.
“Bloodborne Parasites: A New Perspective on Some Old Nemeses”

Date: Wednesday January 14, 2015, 12:00 noon – 1:00 PM

Speakers: Timothy Monson, M.S., Supervisor, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, WI

Ann Valley, B.S., Advanced Microbiologist and Parasitology Team Lead, Communicable Disease Division, Wisconsin State Laboratory of Hygiene, WI

Description: Clinical laboratorians are tasked with detecting bloodborne parasites on a regular basis. On the rare occurrence when bloodborne parasites are found, prompt identification is critical for effective patient management. Over time, the names of the bloodborne parasites encountered by clinical laboratorians in WI have stayed relatively consistent while methods for diagnosis and identification of those bloodborne nemeses have been evolving. In this session, bloodborne parasites likely to be seen in WI will be discussed. Identifying characteristics, conventional and newer molecular diagnostic methods and the importance of patient history will be highlighted. Due to the rarity of many of these parasites, it’s important to be aware of diagnostic resources available for them and the local and national surveillance efforts underway to better understand them.

Registration: The webpage for this training event is still being developed, but we hope to have it competed shortly.

Until then, here is the direct link to on-line registration: http://www.surveygizmo.com/s3/1939048/BloodborneParasites.

Or fax this registration form to 608-265-9091.

Contact Person ______________________________ Email ___________________________
Institution _______________________________ City/State _______________________
Telephone _________________________________ How many will attend__________________
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 others who may be interested and 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.

**SUMMARY OF THE EBOLA TESTING PROCESS:**

We hope that many of you were able to view the Wisconsin Department of Health Services (WI DHS) Ebola Webinar on December 2, 2014 when Dr. Peter Shult reviewed the collection, packaging, transportation and reporting process that will occur when specimens from a suspect Ebola patient are approved for testing by the Wisconsin Division of Public Health (WDPH) and submitted to the WSLH for testing.

If you were unable to view the webinar, the archived webcast and the slides for the presentation are available at: [http://www.dhs.wisconsin.gov/communicable/DiseasePages/ebolawebcasts.htm](http://www.dhs.wisconsin.gov/communicable/DiseasePages/ebolawebcasts.htm).

The following is a summary of the information given during the webinar:

1. When a suspect Ebola patient is identified at your healthcare facility, immediately contact the WDPH to discuss the case. **The persons responsible for contacting WDPH should be identified in your facility's Ebola plan.** (Call 608-267-9003 during office hours (M-F, 7:45 a.m. – 4:30 p.m.) and 608-258-0099 after hours and weekends.)

2. The WDPH in consultation with the Centers for Disease Control and Prevention (CDC) and the clinicians providing care at your healthcare facility will determine whether or not Ebola testing will be performed at the WSLH.

3. If Ebola testing is approved by the WDPH and the CDC, the WDPH will notify the WSLH that Ebola testing needs to be performed. **(Note: Testing will be performed 24/7 at the WSLH at the direction of the WDPH.)**

4. The WDPH will arrange for transportation of the specimens by the Wisconsin State Patrol.

5. Collect whole blood in **two plastic EDTA tubes with a minimum volume of 4 ml each** for Ebola testing.

6. Decontaminate the outside of each EDTA tube with a bleach wipe or other disinfectant effective against nonenveloped viruses.

7. Place each decontaminated EDTA tube in a separate small biohazard bag containing absorbent material.

8. Decontaminate the outside of each biohazard bag with a bleach wipe or other disinfectant effective against nonenveloped viruses.

9. Hand the decontaminated biohazard bags containing the specimens to someone **outside** of the patient room who is certified to package and ship Category A specimens.

10. Complete packaging of the specimens as a “Suspect Category A Infectious Substance”. A cool pack must be included in the package with the specimens to keep the specimens cool.

**NOTE:** Only the EDTA tubes and biohazard bags containing absorbent material should be stored or taken into the patient room. NO OTHER COMPONENTS OF THE CATEGORY A SHIPPER SHOULD ENTER THE PATIENT ROOM, as the specimens will be handled and transported by individuals who will not be wearing personal protective equipment (PPE).
11. The specimens must be accompanied by the following 4 forms:

- **CDC submission form CDC 50.34** [link](http://www.cdc.gov/laboratory/specimen-submission/form.html)  
  (NOTE: This form needs to be filled out on-line. Once the form is completed, click the printer icon on the PDF toolbar at the top. A barcode will be automatically generated on the form. You can then save the form and print it to accompany the specimens.)

- **CDC Viral Special Pathogens Branch submission form** [link](www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf)

- **WSLH Requisition Form CDD-A**: Under “Other Test” write Ebola PCR

- **Chain-of-Custody form**:
  - The form may be provided by the Wisconsin State Patrol when they arrive to transport the package.
  - The form can also be found on the WSLH Ebola webpage: [link](http://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/)

12. The WSLH will perform testing using the DoD/CDC Ebola Zaire Real-time RT-PCR Assay. (Note: The submitting laboratory will not be charged for testing.)

13. Test results should be available within 4 to 6 hours of receipt of the specimen at the WSLH.

14. The WSLH will call the results to the WDPH.

15. The WDPH will take the lead and report results to the CDC, the healthcare provider, and the local public health department.

16. The WSLH will report the results by both phone and fax to the submitting laboratory once the WDPH and the CDC have determined the appropriate course of action.

- **Positive Results** - Positive results will be reported as presumptive, but are considered actionable. The second specimen sent to the WSLH will be forwarded to the CDC for confirmation of results and further testing.

- **Negative Results** - WDPH will consult with the CDC to interpret the results and determine if Ebola testing needs to be repeated. (Note: If the initial specimen is negative for Ebola and was collected <72 hours after the onset of symptoms, new specimens should be collected and Ebola testing should be repeated 48 hours after the first test.)

**REMINDER:** If your laboratory is planning to perform the BioFire Film Array Ebola assay, we ask you to please notify the WSLH of your plans.

**REQUEST YOUR AST DOCUMENTS AND SAVE THE DATE FOR THE AST WORKSHOP:**

As we announced in our last Wisconsin Laboratory Message, the WSLH has received a grant the will allow us to purchase and provide laboratories that perform antimicrobial susceptibility testing with the three CLSI Antimicrobial Susceptibility Testing (AST) documents that will be updated in 2015 (CLSI documents M100-S25, M02-A12 and M07-A10). The WSLH will also be hosting a corresponding AST workshop on April 15, 2015 at Glacier Canyon Conference Center in Wisconsin Dells. Please save that date on your calendars!

**Laboratories must request the documents to receive them.** If your laboratory performs in-house AST testing and would like these AST documents, please send an email requesting the AST documents to [erin.bowles@slh.wisc.edu](mailto:erin.bowles@slh.wisc.edu) by January 1, 2015.

**PLEASE NOTE:**

- Laboratories requesting the AST documents are expected to send at least one individual to participate in the AST workshop
- Additionally, laboratories requesting the AST documents will be asked to submit a brief note detailing how the documents have been used in their laboratory. This information is required as part of the final report for the grant funding.
The Centers for Disease Control (CDC) has recently issued a Health Advisory regarding the potential for circulation of drifted Influenza A (H3N2). It is attached to the end of this message.

**INTERESTING ARTICLES:**

- **COLA White Paper:** “*Integrating Laboratories into the PCMH Model of Health Care Delivery*”
  Those of you who enjoyed the discussion on Patient-Centered Care at the 2014 Regional Meetings may find this document interesting.
  
  Here is the link to the document:

- **Morbidity and Mortality Weekly Report (MMWR) – “Clinical Inquiries Regarding Ebola Virus Disease Received by CDC — United States, July 9—November 15, 2014”**, Early Release, December 5, 2014 / 63(Early Release);1-5
  
  Since early 2014, there have been more than 6,000 reported deaths from Ebola virus disease (Ebola), mostly in Guinea, Liberia, and Sierra Leone (1). On July 9, 2014, CDC activated its Emergency Operations Center for the Ebola outbreak response and formalized the consultation service it had been providing to assist state and local public health officials and health care providers evaluate persons in the United States thought to be at risk for Ebola. During July 9–November 15, CDC responded to clinical inquiries from public health officials and health care providers from 49 states and the District of Columbia regarding 650 persons thought to be at risk. Among these, 118 (18%) had initial signs or symptoms consistent with Ebola and epidemiologic risk factors placing them at risk for infection, thereby meeting the definition of persons under investigation (PUIs).
  
  Here is a link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1205a1.htm?s_cid=mm63e1205a1_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1205a1.htm?s_cid=mm63e1205a1_e)

- **The New York Times – “Superbugs’ Kill India’s Babies and Pose an Overseas Threat”** by Gardiner Harris, December 3, 2014
  
  Amravati, India — A deadly epidemic that could have global implications is quietly sweeping India, and among its many victims are tens of thousands of newborns dying because once-miraculous cures no longer work.
  
  Here is a link to the complete article: [http://www.nytimes.com/2014/12/04/world/asia/superbugs-kill-indias-babies-and-pose-an-overseas-threat.html?_r=0](http://www.nytimes.com/2014/12/04/world/asia/superbugs-kill-indias-babies-and-pose-an-overseas-threat.html?_r=0)

  
  On June 27, 2014, the Florida Department of Health in Miami-Dade County was notified by the Florida Poison Information Center Network of a patient with travel to Southeast Asia who was suspected of having chikungunya virus infection. After further investigation and additional testing, it was determined that the patient had not recently traveled to an endemic area, and this case was confirmed as the first locally acquired chikungunya case in the continental United States.
  
  Here is a link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6348a4.htm?s_cid=mm6348a4_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6348a4.htm?s_cid=mm6348a4_e)

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Please consider volunteering to become a LabTAG member! We have extended the application deadline another week until 4:00 PM on December 15, 2014.

- We are looking for volunteers from HRSA Regions 5, 6 & 7 who would like to become members (3-year term) of the Wisconsin Clinical Laboratory Technical Advisory Group (“LabTAG”) beginning in January 2015. See the following link to our WCLN webpage for the mission, objectives, and member expectations of LabTAG: [http://www.slh.wisc.edu/wcln-surveillance/wcln/labtag/](http://www.slh.wisc.edu/wcln-surveillance/wcln/labtag/).

- If you are interested in volunteering or nominating someone for this opportunity, please complete the following form and FAX to 608-265-9091 or Email to: erin.bowles@slh.wisc.edu by December 15, 2014.

Please check the appropriate box below and provide the requested information if you are interested in becoming the LabTAG representative for Region 5, 6, or 7:

(Mark the box for the region you are from)

- LabTAG clinical laboratory representative from HRSA Region 5
  (You must be employed by a clinical laboratory in Adams, Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, La Fayette, Marquette, Richland, Rock, or Sauk County.)

- LabTAG clinical laboratory representative from HRSA Region 6
  (You must be employed by a clinical laboratory in Calumet, Green Lake, Outagamie, Waupaca, Waushara, or Winnebago County.)

- LabTAG clinical laboratory representative HRSA Region 7
  (You must be employed by a clinical laboratory in Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, or Waukesha 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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LAST CHANCE TO REGISTER FOR THE DECEMBER WSLH AUDIOCONFERENCE:~~~~~~~~~~~

☐ “Emerging and Re-emerging Pathogens”

Date: Wednesday December 10, 2014, 12:00 noon – 1:00 PM

Speakers: David Warshauer, Ph.D., D(ABMM), CDD Deputy Director, Communicable Disease Division, Wisconsin State Laboratory of Hygiene

Description: What are some of the pathogens that are emerging or re-emerging as threats to our health? This presentation will highlight some of the new and emerging agents of disease, as well as review some of the agents that we continually struggle to battle against that continue to be isolated as causes of illness.

Registration: We do not have on-line registration open at this time. Please fax this registration form to 608-265-9091.

Contact Person __________________________________________ Email ______________________________

Institution __________________________________________ City/State ______________________________

Telephone ______________________________ How many will attend___________________

DID YOU KNOW… ???????

Packaging and Shipping Division 6.2 Materials:
What the Laboratorian Should Know — 2014 (NEW Online Course Now Available)

Individuals who perform any duties related to packaging and shipping Division 6.2 Materials must receive training on a recurring basis. This eLearning course will assist laboratorians or others who package or ship laboratory materials to meet that requirement. Additionally, the course will inform supervisors or other employers of their responsibilities regarding certification of employees.

This course is intended to assist with meeting training requirements and will assist individuals seeking either initial certification or recertification.

COMPLIMENTARY REGISTRATION

- Locate the course online at www.cdc.gov/labtraining.
- Follow the link to register for the course in TRAIN.
- Once you have registered, you will receive a detailed confirmation letter by email.
- If you have difficulty with the online registration process, please email labtraining@cdc.gov.
- For additional program information, email labtraining@cdc.gov or call (404) 498-6022.

Sponsored by the Centers for Disease Control and Prevention and National Laboratory Training Network

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Sponsored by the Centers for Disease Control and Prevention and National Laboratory Training Network
CDC Health Advisory Regarding the Potential for Circulation of Drifted Influenza A (H3N2) Viruses

CDC is reminding clinicians of the benefits of influenza antiviral medications and urging continued influenza vaccination of unvaccinated patients this influenza season.

Summary

Influenza activity is currently low in the United States as a whole, but is increasing in some parts of the country. This season, influenza A (H3N2) viruses have been reported most frequently and have been detected in almost all states.

During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and more mortality have been observed, especially among older people, very young children, and persons with certain chronic medical conditions compared with seasons during which influenza A (H1N1) or influenza B viruses have predominated.

Influenza viral characterization data indicates that 48% of the influenza A (H3N2) viruses collected and analyzed in the United States from October 1 through November 22, 2014 were antigenically "like" the 2014-2015 influenza A (H3N2) vaccine component, but that 52% were antigenically different (drifted) from the H3N2 vaccine virus. In past seasons during which predominant circulating influenza viruses have been antigenically drifted, decreased vaccine effectiveness has been observed. However, vaccination has been found to provide some protection against drifted viruses. Though reduced, this cross-protection might reduce the likelihood of severe outcomes such as hospitalization and death. In addition, vaccination will offer protection against circulating influenza strains that have not undergone significant antigenic drift from the vaccine viruses (such as influenza A (H1N1) and B viruses).

Because of the detection of these drifted influenza A (H3N2) viruses, this CDC Health Advisory is being issued to re-emphasize the importance of the use of neuraminidase inhibitor antiviral medications when indicated for treatment and prevention of influenza, as an adjunct to vaccination.

The two prescription antiviral medications recommended for treatment or prevention of influenza are oseltamivir (Tamiflu®) and zanamivir (Relenza®). Evidence from past influenza seasons and the 2009 H1N1 pandemic has shown that treatment with neuraminidase inhibitors has clinical and public health benefit in reducing severe outcomes of influenza and, when indicated, should be initiated as soon as possible after illness onset. Clinical trials and observational data show that early antiviral treatment can:

- shorten the duration of fever and illness symptoms;
- reduce the risk of complications from influenza (e.g., otitis media in young children and pneumonia requiring antibiotics in adults); and
reduce the risk of death among hospitalized patients.

**Background**

As of November 22, influenza activity has increased slightly in most parts of the United States. Surveillance data indicate that influenza A (H3N2) viruses have predominated so far, with lower levels of detection of influenza B viruses and even less detection of H1N1 viruses. During the week ending November 22, 1,123 (91.4%) of the 1,228 influenza-positive tests reported to CDC were influenza A viruses and 105 (8.6%) were influenza B viruses. Of the 85 influenza A (H3N2) viruses collected by U.S. laboratories and antigenically or genetically characterized at CDC since October 1, 2014, 44 (52%) are significantly different (drifted) from A/Texas/50/2012, the U.S. H3N2 vaccine virus. Drifted H3N2 viruses were first detected in late March 2014, after World Health Organization (WHO) recommendations for the 2014-2015 Northern Hemisphere vaccine had been made in mid-February. At that time, a very small number of these viruses had been found among the thousands of specimens that had been collected and tested, but these viruses have become more predominant over time. Most of the drifted H3N2 viruses are A/Switzerland/9715293/2013 viruses, which is the H3N2 virus selected for the 2015 Southern Hemisphere influenza vaccine. These drifted viruses will likely continue to circulate in the United States throughout the season. All influenza viruses tested for resistance to neuraminidase inhibitors this season have shown susceptibility to both oseltamivir and zanamivir. Given the likelihood that the drifted influenza A (H3N2) viruses will continue to circulate this season, CDC is issuing the following recommendations to remind clinicians of CDC’s guidance for the use of influenza antiviral medications.

**Recommendations for Health Care Providers**

- Clinicians should encourage all patients 6 months and older who have not yet received an influenza vaccine this season to be vaccinated against influenza. There are several influenza vaccine options for the 2014-15 influenza season (see [http://www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)).

- Clinicians should encourage all persons with influenza-like illness who are at high risk for influenza complications (see list below) to seek care promptly to determine if treatment with influenza antiviral medications is warranted.

**Summary of CDC Recommendations for Influenza Antiviral Medications for the 2014-2015 Season:**

**Influenza Vaccination**

Clinicians should continue to vaccinate patients who have not yet received influenza vaccine this season.

**Antiviral Use**

Clinical benefit is greatest when antiviral treatment is administered early. When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might still have some benefits in patients with severe, complicated, or progressive illness and in hospitalized patients when started after 48 hours of illness onset.

Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for any patient with confirmed or suspected influenza who:

- is hospitalized;
- has severe, complicated, or progressive illness; or
- is at higher risk for influenza complications. This list includes:
children aged younger than 2 years;

- adults aged 65 years and older;

- persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);

- persons with immunosuppression, including that caused by medications or by HIV infection;

- women who are pregnant or postpartum (within 2 weeks after delivery);

- persons aged younger than 19 years who are receiving long-term aspirin therapy;

- American Indians/Alaska Natives;

- persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and

- residents of nursing homes and other chronic-care facilities.

Clinical judgment, on the basis of the patient’s disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for high-risk outpatients. **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.**

Oseltamivir is approved for treatment of influenza in persons aged two weeks and older, and for chemoprophylaxis to prevent influenza in people one year of age and older, while zanamivir is approved for treatment of persons seven years and older and for prevention of influenza in persons five years and older. Because high levels of resistance to adamantane antiviral medications continue to be observed among circulating influenza A viruses, adamantanes (rimantadine and amantadine) are not recommended for treatment or prevention of influenza.

Antiviral treatment also can be considered on the basis of clinical judgment for any previously healthy, symptomatic outpatient who is not considered “high risk” with confirmed or suspected influenza, if treatment can be initiated within 48 hours of illness onset.

**Special Considerations for Institutional Settings**

Use of antiviral chemoprophylaxis to control outbreaks among high risk persons in institutional settings is recommended. An influenza outbreak is likely when at least two residents are ill within 72 hours, and at least one has laboratory confirmed influenza. When influenza is identified as a cause of a respiratory disease outbreak among nursing home residents, use of antiviral medications for chemoprophylaxis is recommended for residents (regardless of whether they have received influenza vaccination) and for unvaccinated health care personnel. For newly-vaccinated staff, antiviral chemoprophylaxis can be administered up to two weeks (the time needed for antibody development) following influenza vaccination. Chemoprophylaxis may also be considered for all employees, regardless of their influenza vaccination status, if the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine. Antiviral chemoprophylaxis should be administered for a minimum of two weeks, and continue for at least seven days after the last known case was identified.
To reduce the substantial burden of influenza in the United States, CDC continues to recommend a three-pronged approach:

(1) **influenza vaccination.** The influenza vaccine contains three or four influenza viruses depending on the influenza vaccine—an influenza A (H1N1) virus, an influenza A (H3N2) virus, and one or two influenza B viruses. Therefore, even if vaccine effectiveness is reduced against drifted circulating viruses, the vaccine will protect against non-drifted circulating vaccine viruses. Further, there is evidence to suggest that vaccination may make illness milder and prevent influenza-related complications. Such protection is possible because antibodies created through vaccination with one strain of influenza viruses will often “cross-protect” against different but related strains of influenza viruses;

(2) **use of neuraminidase inhibitor medications when indicated for treatment or prevention.** Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for any patient with confirmed or suspected influenza who: is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. Antiviral chemoprophylaxis should be used for prevention of influenza when indicated for institutional influenza outbreaks, and may be considered for those who have contraindications to influenza vaccination. CDC recommends antiviral chemoprophylaxis for a minimum of two weeks, and continuing for at least seven days after the last known case was identified.

(3) **use of other preventive health practices that may help decrease the spread of influenza,** including respiratory hygiene, cough etiquette, social distancing (e.g., staying home from work and school when ill, staying away from people who are sick) and hand washing.

**For More Information:**

- Influenza Vaccines Available in United States, 2014–15 Influenza Season
  [http://www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)

- Information for healthcare professionals on the use of influenza antiviral medications:

- Summary of Influenza Antiviral Treatment Recommendations for clinicians:
  [http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#summary](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#summary)

- Diagnostic Testing for Influenza:
  [http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#diagnostic](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#diagnostic)

- Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities:
  [http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)

*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, HAN coordinators, and clinician organizations.
Wisconsin Laboratory Messaging System  
November 24, 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 others who may be interested and 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.

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

Although the winter cold and snow has arrived early this year and despite the threat of outbreaks such as Ebola and EV-D68, Thanksgiving is a time to give thanks for the many blessings in our lives. I know that I am truly grateful to live in a country with a strong public health infrastructure. I feel confident that working together, with the support and help of all of our public and private healthcare partners, we will be able to safely provide compassionate care to any Ebola patient that requires care in Wisconsin. I know that in addition to planning for Ebola, many laboratories have been dealing with a great deal of change over the past year and change is not always easy. Laboratories have faced changes in staff and technology, in how they will be reimbursed for services, and in the merging of laboratory services within healthcare systems. In the end, I believe that we will emerge stronger and more dedicated to our profession as laboratory professionals. Thanks to all of you for your unceasing commitment to caring for the citizens of Wisconsin. 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.

<table>
<thead>
<tr>
<th>WSLH 2014 Thanksgiving Schedule</th>
<th>Clinical Support Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Receiving</td>
<td>Closed</td>
</tr>
<tr>
<td>Customer Service</td>
<td>Closed</td>
</tr>
<tr>
<td>Clinical Orders</td>
<td>Closed</td>
</tr>
<tr>
<td>Thursday, Nov. 27, 2014</td>
<td>Thanksgiving</td>
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**EBOLA VIRUS DISEASE (EVD) UPDATES:**

We are completing some guidance for laboratories regarding submission of samples to the WSLH for Ebola RT-PCR testing. We are planning to present the guidance at the Wisconsin Department of Health Services (WI DHS) webinar on Tuesday 12/2/14 at 2:00 PM. Dr. Peter Shult will be participating in the webinar to answer your laboratory questions. In the meantime, please see the WI DHS Situational Report attached to the end of this message for the most current information regarding Ebola preparation and surveillance in WI. We are also attaching an Ebola memo from WI DHS that was sent out today.

Links to both upcoming and previous WI DHS webcasts can be found at: [http://www.dhs.wisconsin.gov/communicable/diseasepages/ebolawebcasts.htm](http://www.dhs.wisconsin.gov/communicable/diseasepages/ebolawebcasts.htm).

**PLEASE NOTE:** If your laboratory is planning to perform the BioFire Film Array Ebola assay in addition to the RT-PCR Ebola testing that we will perform at the WSLH, we ask you to please notify the WSLH of your plans.

**WSLH RECEIVES GRANT TO PROVIDE AST DOCUMENTS AND AST WORKSHOP:**

The WSLH is pleased to announce that we will be able to purchase and provide laboratories with the three CLSI Antimicrobial Susceptibility Testing (AST) documents that will be updated in 2015 (CLSI documents M100-S25, M02-A12 and M07-A10). The WSLH will also be hosting an AST workshop in the spring of 2015. The WSLH is able to provide the documents and the associated training event thanks to another Association of Public Health Laboratories (APHL) CLIA Training Grant. I want to thank Mike Helgesen at Holy Family Memorial Hospital in Manitowoc and Marydon McCreery at Beaver Dam Community Hospitals, Inc. for their help in writing supporting letters for the grant application.

- **Laboratories must request the documents to receive them.** If your laboratory performs in-house AST testing and would like these AST documents, please send an email requesting the AST documents to erin.bowles@slh.wisc.edu.
- Laboratories requesting the AST documents are expected to send at least one individual to participate in the AST workshop
- Additionally, laboratories requesting the AST documents will be asked to submit a brief note detailing how the documents have been used in their laboratory. This information is required as part of the final report for the grant funding.

**DETECTION OF VIM BETA-LACTAMASE IN PSEUDOMONAS AERUGINOSA:**

The Centers for Disease Control (CDC) has recently issued new guidance for the submission of *Pseudomonas aeruginosa* isolates suspected of harboring Verona-Integron-Endcoded Metallo-beta-lactamase (VIM).

**Isolates submitted for the study must meet the following new guidelines:**

- **Aztreonam** – Sensitive
- **Imipenem, Meropenem and Doripenem** – Intermediate or Resistance  
  *(Note: Ertapenem is not clinically significant for *P. aeruginosa*. CLSI breakpoints do not exist.)*
- **Ceftazidime** – Intermediate or Resistant
- **Piperacillin/tazobactam** – Intermediate or Resistant

At this time, there are no confirmed *Pseudomonas aeruginosa* harboring the VIM resistance mechanism in Wisconsin. The changes in the CDC guidelines are based on a nationwide antibiogram that was compiled from a large number of isolates that were tested and confirmed as harboring the VIM resistance mechanism.

The WSLH would like to thank all laboratories that have submitted isolates for the VIM study. Please continue to submit isolates that fit the new CDC guidelines. It is still required to attach a WSLH Requisition (CDD-A) and the susceptibility results from your laboratory with each isolate. CDC will not accept any isolate without attached susceptibility results. If you have any questions, please contact the WSLH Bacteriology laboratory at 608-263-3421.
RECRUITING LABTAG MEMBERS FOR REGIONS 5, 6, and 7:

Would you like to become more involved in our Wisconsin Clinical Laboratory Network (WCLN) and serve as a representative of the clinical laboratories in Wisconsin? Would you like to have a voice in determining WCLN educational offerings? Would you enjoy working with colleagues on projects that benefit all of the laboratories in Wisconsin?

❖ We are looking for volunteers from HRSA Regions 5, 6 & 7 who would like to become members (3-year term) of the Wisconsin Clinical Laboratory Technical Advisory Group (“LabTAG”) beginning in January 2015. See the following link to our WCLN webpage for the mission, objectives, and member expectations of LabTAG: http://www.slh.wisc.edu/wcln-surveillance/wcln/labtag/.

❖ If you are interested in volunteering or nominating someone for this opportunity, please complete the following form and FAX to 608-265-9091 or Email to: erin.bowles@slh.wisc.edu by December 8, 2014.

Please check the appropriate box below and provide the requested information if you are interested in becoming the LabTAG representative for Region 5, 6, or 7:

(Mark the box for the region you are from)

☐ LabTAG clinical laboratory representative from HRSA Region 5
   (You must be employed by a clinical laboratory in Adams, Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, La Fayette, Marquette, Richland, Rock, or Sauk County.)

☐ LabTAG clinical laboratory representative from HRSA Region 6
   (You must be employed by a clinical laboratory in Calumet, Green Lake, Outagamie, Waupaca, Waushara, or Winnebago County.)

☐ LabTAG clinical laboratory representative HRSA Region 7
   (You must be employed by a clinical laboratory in Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, or Waukesha 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.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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

**Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know — 2014 (NEW Online Course Now Available)**

Individuals who perform any duties related to packaging and shipping Division 6.2 Materials must receive training on a recurring basis. This eLearning course will assist laboratorians or others who package or ship laboratory materials to meet that requirement. Additionally, the course will inform supervisors or other employers of their responsibilities regarding certification of employees.

This course is intended to assist with meeting training requirements and will assist individuals seeking either initial certification or recertification. A series of exercises and case studies will allow participants the opportunity to expand their knowledge of the regulatory requirements, practice applying the regulations as they participate in realistic scenarios and properly document training as a part of the certification process their employers will complete.

The course contains numerous job aids which will assist in course completion and be useful as learners are called upon to perform the duties related to this course.

**COMPLIMENTARY REGISTRATION**
- Locate the course online at [www.cdc.gov/labtraining](http://www.cdc.gov/labtraining).
- Follow the link to register for the course in TRAIN.
- Once you have registered, you will receive a detailed confirmation letter by email.
- If you have difficulty with the online registration process, please email labtraining@cdc.gov.
- For additional program information, email labtraining@cdc.gov or call (404) 498-6022.

*Sponsored by the Centers for Disease Control and Prevention and National Laboratory Training Network*

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**REGISTER FOR THE UPCOMING DECEMBER WSLH AUDIOCONFERENCE!~~~~~~~~~~~~~~~**

- **“Emerging and Re-emerging Pathogens”**
  - **Date:** Wednesday December 10, 2014, 12:00 noon – 1:00 PM
  - **Speakers:** David Warshauer, Ph.D., D(ABMM), CDD Deputy Director, Communicable Disease Division, Wisconsin State Laboratory of Hygiene
  - **Description:** What are some of the pathogens that are emerging or re-emerging as threats to our health? This presentation will highlight some of the new and emerging agents of disease, as well as review some of the agents that we continually struggle to battle against that continue to be isolated as causes of illness.
  - **Registration:** We do not have on-line registration open at this time. **Please fax this registration form to 608-265-9091.**

  Contact Person ___________________________________ Email __________________________
  Institution _____________________________________ City/State ________________________
  Telephone ___________________________ How many will attend___________________
Ebola Situation Report

Overview

- There are no Ebola cases in Wisconsin at this time.

- As of November 19, 2014, eight people in Wisconsin currently meet the criteria for Ebola surveillance by the Wisconsin Department of Health Services (DHS). DHS has monitored a total of 63 people, 55 of whom have passed the 21-day incubation period for Ebola and no longer require monitoring.

- Beginning Monday, November 17, the Centers for Disease Control and Prevention (CDC) added Mali to the list of Ebola-affected countries (previously Guinea, Liberia and Sierra Leone) from which travelers will be screened for Ebola upon arrival into the United States and subsequently monitored for 21 days. Travelers will arrive at one of the five US airports currently conducting enhanced screening: New York - JFK; Newark; Atlanta-Hartsfield; Chicago - O'Hare; and Washington, DC - Dulles.

- CDC notifies DHS of all individuals traveling from the affected West African countries to Wisconsin, and DHS notifies the local public health agencies (LPHAs) where those individuals reside. These LPHAs are in daily communication with the travelers and are checking for the presence of fever or other symptoms. This active monitoring ensures that if these individuals become ill, they can be rapidly isolated and evaluated.

- In the event Ebola is diagnosed in the state, DHS will work with partners and the three designated health systems to care for patients, ensuring that each patient receives the best care while protecting healthcare workers and the general public.

What the Department of Health Services (DHS) is doing to prepare

- On Monday, November 3, DHS released a memo containing Guidance for Local Health Department Staff Regarding Direct Active Post-Arrival Monitoring of Travelers from West Africa. This guidance includes a new directive from the CDC requiring that persons who have been classified as either high or some risk experience daily direct active monitoring by the LHD. Direct active monitoring requires that a public health official personally observes the individual in question at least once a day as they check their temperature and review any symptoms.

- On Thursday, November 20, DHS sent out guidance to Wisconsin City and County Jails and Detention Facilities (through Local Health Agencies) with recommendations for screening for Ebola Virus Disease risk factors during intake at these facilities.

- DHS has established a three-level approach to categorizing healthcare facilities that may receive Ebola patients. Category one consists of treatment facilities; category two contains testing and early care
facilities; and category three are those facilities that will screen and transfer only. A similar strategy for categorizing the participation of EMS services in Ebola response is under development.

- DHS staff members tested the state’s Ebola Response Plan through a two-part tabletop exercise on November 5 and November 19, 2014.

- The Wisconsin Clinical Advisory Team, composed of representatives from several Wisconsin hospital systems, met for the third time to advise DHS in its ongoing work on Ebola, including identifying optimal personal protective equipment, care integration between hospitals, disposal of hazardous medical waste, and decontamination procedures.

- DHS hosted the seventh in a series of weekly webcasts on Tuesday, November 18. During this webinar, DHS staff briefly introduced the newly published DHS guidance on the decontamination, handling and transport of non-clinical Ebola waste, and staff from Public Health of Madison/Dane County and Dane County EMS spoke about local level coordination of Ebola readiness between public health, EMS and law enforcement. A recording of this webcast (and previous webcasts) can be found at: http://www.dhs.wisconsin.gov/communicable/diseasepages/ebolawebcasts.htm.

- A legal toolkit for local public health departments containing templates and communications around Ebola was disseminated via email to local health officers on Tuesday, November 18. An informational webcast on the toolkit and legal principles was given by Legal Counsel with the Department of Health Services Shelley Malofsky. A recording of the webcast can be found at: http://www.dhs.wisconsin.gov/communicable/diseasepages/ebolawebcasts.htm.

- DHS continues to assist all partners by receiving, tracking, and disseminating the most up to date guidance from other state and federal partners. Visit the DHS Ebola website for more information: http://www.dhs.wisconsin.gov/communicable/diseasepages/ebola.htm.

**Upcoming Ebola Outreach and Webinars**

- The next weekly webcast for Wisconsin’s Ebola response will be held on Tuesday December 2, 2014 at 2:00pm. A link for this webcast and previous webcasts can be found at: http://www.dhs.wisconsin.gov/communicable/diseasepages/ebolawebcasts.htm.

- A conference call on Caring for Patients with Ebola will be held by the Clinician Outreach and Communication Activity (COCA) out of CDC on Monday, November 24, 2014. Information on this call can be found at http://www.bt.cdc.gov/coca/calls/2014/callinfo_112414.asp.
TO: Directors, Local Health Departments, Tribal Health Agencies, Wisconsin Hospitals and Infection Preventionists  
FROM: James Kazmierczak, DVM, MS, State Public Health Veterinarian, Bureau of Communicable Diseases, Division of Public Health  
RE: WSLH is now approved to test for Ebola Virus  
DATE: November 24, 2014

The Wisconsin State Laboratory of Hygiene is now approved to perform the RT-PCR assay to detect Ebola Virus (EV). This is welcome news because in-state testing will reduce turnaround time for results by minimizing the amount of time the specimen spends in transit.

However, basic guidance regarding testing of patients for possible Ebola virus disease has not changed:

A. All laboratory tests for EV infection must be approved by both the Wisconsin Division of Public Health and the CDC. Testing for EV will only be considered in a person who has both consistent clinical symptoms and risk factors as follows:

   1) Clinical criteria, which include fever of greater than 100.4°F or 38.0° C, or other compatible symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage
   AND
   2) Epidemiologic risk factors sustained within 21 days before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; travel to an area where EV transmission is active (currently Liberia, Sierra Leone, Guinea, and Mali); participation in funeral rituals, or direct handling of bats or nonhuman primates from disease-endemic areas.

B. The healthcare facility should collect 2 whole blood specimens using 4mL PLASTIC EDTA tubes. Do NOT submit specimens in glass containers or in heparinized tubes. Specimens should be immediately stored and refrigerated or transported at 2-8°C on cold-packs.

C. Specimens must be packaged for transport as a Suspect Category A Infectious Substance. Each Category 2 hospital should have staff trained and certified in packaging these agents. Details can be found at www.cdc.gov/vhf/ebola/hcp/packaging-diagram.html.

D. Specimens must be accompanied by the following forms (just send 1 set of forms):

   • **CDC submission form CDC 50.34** www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf  (NOTE: This form needs to be filled out on-line. Once form is completed, click the printer icon on the PDF toolbar at the top. A barcode will be automatically generated on the form. You can then save the form and print it off to accompany the specimens.)

- MORE -
- **CDC Viral Special Pathogens Branch submission form**
- **WSLH requisition form CDD-A**
- **Chain of custody form** that will be provided by the Wisconsin State Patrol.

After consultation with DPH and approval of testing is granted:

A. Let the DPH epidemiologist know when the specimen would be ready for shipment at your facility.
B. DPH will contact Wisconsin State Patrol staff who have agreed to transport properly packaged specimens to the WSLH in Madison. Note that the State Patrol will not transport improperly packaged specimens.
C. When the trooper arrives to pick up the specimen, there will be a chain of custody form to sign when the handoff occurs.

Once the testing is completed, results will be transmitted immediately to the submitting laboratory, DPH, and CDC. Any positive result will be reported as presumptive positive and will be confirmed at the CDC. However, a positive result from the WSLH is actionable and the patient should be considered to be a true case while the CDC test is pending. A negative result will be reported as negative, with no confirmatory test performed at CDC.

It is important to understand that virus may not be detectable early in the course of the illness. For this reason, if a negative result is obtained on a specimen that was collected < 3 days after onset of symptoms, a later specimen would be needed to completely rule out Ebola virus infection.

Technical questions about the Ebola virus RT-PCR assay can be directed to the WSLH at 608-263-3280. Questions regarding patient triage and qualifications for being tested should go to the DPH, Bureau of Communicable Diseases at 608-267-9003.
Wisconsin Laboratory Messaging System
November 6, 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 others who may be interested and 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.

PLEASE PLAN TO ATTEND
EBOLA VIRUS DISEASE (EVD) AUDIO CONFERENCE

Attention - ALL laboratories in Wisconsin! This is an audio conference that you do not want to miss! We really want each laboratory in Wisconsin to register for this audio conference as we discuss what Wisconsin laboratories need to think about as you make “Your Laboratory Ebola Plan”. Don’t miss the latest updates on Ebola laboratory testing in Wisconsin. Come hear your colleagues from 3 laboratories in Wisconsin share an overview of their Ebola plans. This is your opportunity to ask any questions that you have about laboratory preparedness for the care of a patient with Ebola.

“Your Laboratory Ebola Plan” Audio Conference:

Date: Monday November 10, 2014, 12:00 noon – 1:30 PM (Note the extended time!)

Description: The WSLH will moderate a panel discussion to discuss any questions you may have about your laboratory plans for Ebola. Guest speakers from Froedtert Hospital (Dynacare Laboratory) in Milwaukee, Holy Family Memorial Hospital in Manitowoc, and UW Hospital and Clinics in Madison will each present a brief overview of their Ebola plans and then we will open the lines for your questions. Join us to learn more about what other clinical laboratories plan to do should Wisconsin see any cases of Ebola.

Registration: Here is the link to on-line registration:
or fax this completed form to: (608) 265-9091

Contact Person ___________________________________________ Email ___________________________
Institution ____________________________________________ City/State ____________________________
Telephone ___________________________________________ Fax ____________________________

GUIDANCE FOR THOSE CONSIDERING USE OF THE BIOFIRE EBOLA ASSAY:~~~~~~~~~~~~~~

Please see the attached guidance document at the end of this message that the Association for Public Health Laboratories (APHL) has put together for laboratories who would like to perform FDA authorized diagnostic testing assays for Ebola.

WSLH BLOODBORNE PATHOGENS TESTING:~~~~~~~~~~~~~~~~~~~~~~~~~

The completion of a travel history form is now mandatory for all blood smear analysis (e.g. testing for malaria and other bloodborne parasites) performed at the WSLH. Please also complete and submit this form when requesting testing for non-Ebola hemorrhagic diseases such as dengue, yellow fever, etc. Testing will NOT be performed until a completed travel history is received.

You can access the travel history form within the next few days on our WSLH Communicable Disease “Forms” webpage at: http://www.slh.wisc.edu/clinical/diseases/forms/.
Guidance for Clinical Laboratories Using FDA Authorized Diagnostic Assays for Ebola Virus Detection

Introduction

On October 25, 2014 the BioFire Defense “FilmArray Biothreat-E test” received Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA) for the presumptive detection of Ebola Zaire virus in whole blood or undiluted urine specimens. Prior to this, the only diagnostic tests available in the U.S. were the Department of Defense (DoD) EZ1 Real-time RT-PCR Assay (FDA EUA August 5, 2014) performed in select State and Local Public Health Laboratory Response Network (LRN) Reference Laboratories, and CDC developed assays and confirmatory methods. Two CDC developed assays, CDC Ebola Virus NP and VP40 Real-time RT-PCR Assays, received EUA on October 10, 2014. Several other companies are in different stages of completing their applications for EUA of a number of additional commercially available Ebola Virus Disease (EVD) assays.

Clinical laboratories considering implementation of commercially available EVD assays must remember the importance of connecting with Public Health authorities whenever EVD is suspected, the regulatory requirements for verification of assay performance before utilization for patient testing and to consider the risk/benefit of using this assay in their laboratory. This document is intended to provide laboratories with information to guide decisions on whether to implement any of the EVD in-vitro diagnostic assays available to clinical laboratories under EUA and includes a recommended algorithm for testing to support clinical and public health management of persons suspected to be infected with ebola virus. Clinical laboratories must consult with state or local Public Health partners both prior to testing and after testing to report results (both negative and positive) and determine next steps.

Considerations for Implementing Ebola Testing In Your Laboratory

- Use of EVD in-vitro diagnostic assays available under EUA requires Notification of Public Health. “Notification of Public Health: Local, state and national public health agencies (for example, county and state health departments or the U.S. Centers for Disease Control and Prevention (CDC) should be notified of any patient suspected to have Ebola Virus Disease (EVD). Confirmatory testing at the state/local public health laboratory or at CDC is necessary for positive detection results and may be necessary for negative detection results. Laboratories should consult with local, state or national public health officials on any positive detection OR no detection EVD test result on the need for additional testing and appropriate transportation of specimens.”

- In order to report patient results to clinicians and use results for patient management in compliance with the Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory
Guidance for Clinical Laboratories Using FDA Authorized Diagnostic Assays for Ebola Virus Detection

Improvement Amendments (CLIA) regulations, clinical laboratories are required to verify performance characteristics for the assay in their facilities. Verification materials (e.g. inactivated RNA) are available for purchase from companies such as Biodefense and Emerging Infections (BEI) Resources. However, the company may experience inventory issues due to high demand. If verification of performance characteristics is not performed laboratories will not be in compliance with CLIA regulations.

- Prior to implementing any assay, laboratories should conduct a Biosafety Risk Assessment to identify sources of risk and implement safety measures to mitigate them. Laboratories should be fully compliant with all recommended biosafety and personal protective equipment (PPE) standards and guidelines.

- Carefully review the Ebola virus assay product to ensure a full understanding of the approved intended use of the assay, result interpretation criteria, warnings and limitations.

- Laboratories should also be aware that Ebola virus is regulated as a select agent under federal regulations 42 CRF Part 73. The select agent regulations would not apply until the specimen that has tested presumptively positive using molecular methods has been proven to contain live-infectious Ebola virus by virus isolation at CDC. Viral culture, including culture on any rapid culture systems, should NOT be attempted in a clinical laboratory, under any circumstances on any specimen from an Ebola virus suspect. Laboratories should exercise caution and ensure that all specimens associated with Ebola cases are appropriately monitored. Upon successful isolation of Ebola virus at CDC, all primary specimens and samples at non select agent regulated laboratories must be transferred to a registered select agent facility or destroyed within 7 days.

- The use of commercially available EVD assays under EUA is only authorized for use with specimens from individuals with signs and symptoms of Ebola virus infection in conjunction with epidemiologic risk factors. These tests should not be used on patients that do not exhibit symptoms.

- Although commercially available EVD assays may be authorized for specimen types other than blood, collection of blood specimens at the initiation of testing is recommended. Blood specimens are required for confirmatory testing. Therefore, the use of blood specimens throughout the testing algorithm will provide the most efficient turnaround time.

- Test results are for the PRESUMPTIVE identification of Ebola Zaire virus. Confirmatory testing in consultation with public health authorities is required. Negative results do NOT preclude Ebola Zaire infection and should not be used as the sole basis for patient management or isolation decisions.

Additional Resources

BioFire Defense FilmArray Biothreat-E test

- Emergency Use Authorization

- Package Insert
Guidance for Clinical Laboratories Using FDA Authorized Diagnostic Assays for Ebola Virus Detection


Patient Evaluation

- Checklist for Evaluating Patients Under Investigation
- Algorithm for Evaluation of the Returned Traveler

Packaging and Shipping

- Interim Guidance for Specimen Collection, Transport, Testing and Submission
- Packaging and Shipping eLearning Course
  http://www.cdc.gov/labtraining/course_listing/packing_shipping.html

Personal Protective Equipment

- CDC Guidance on PPE
  http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

Risk Assessment

- Risk Assessment Template. While this template is designed for public health laboratories, clinical laboratories may find this tool useful in conducting risk assessment for their facilities.

Points of Contacts for Additional Questions

- CDC Emergency Operations Center: 770-488-7100
- State or Local Public Health Laboratory (find contact information at link below)
  http://www.aphl.org/AboutAPHL/memberlabs/Pages/default.aspx
Guidance for Clinical Laboratories Using FDA Authorized Diagnostic Assays for Ebola Virus Detection

Hospital Identifies Patient as Ebola Suspect Using [CDC Guidance](#) for Evaluating a Patient Under Investigation

Clinical Laboratory or Hospital Notifies State or Local Public Health Department

Confers with Public Health Experts to Determine Ebola Testing Needs

Testing Needed

Testing Not Needed

Multiple Blood Specimens Collected and Transported to Clinical Laboratory

Using Appropriate Biosafety Procedures Clinical Laboratory Packages and Ships Additional Specimens Using Appropriate [Guidance](#) to Designated Public Health LRN Reference Laboratory and/or CDC as Advised for Additional Testing.

Clinical Laboratory Tests Patient Specimen

Follows All Appropriate Biosafety Procedures as Identified During Laboratory Risk Assessment

Test Result Positive

Clinical Laboratory Notifies State or Local Public Health Department and CDC of Positive Test Result

Compare results with LRN Reference Laboratory or CDC results

State or Local Public Health Department in Consultation with CDC Determine Next Steps

Test Result Negative

Clinical Laboratory Notifies State or Local Public Health Department and CDC of Negative Test Result. Compare results with LRN Reference Laboratory or CDC results

Stop

Results Agree

Results Do Not Agree

State/ Local Public Health Department in Consultation with CDC Determine Next Steps. Retesting in 72 Hours May Be Indicated

State or Local Public Health Department in Consultation with CDC Determine Next Steps
Information on Testing When Public Health Officials Determine It Is Not Indicated

Testing performed on individuals who do not meet the intended use criteria as defined in FDA labeling or without consultation with public health is not advisable and carries inherent risk.

- Testing outside the approved parameters of the EUA is considered to be a test modification and the laboratory performing the testing is responsible for establishing and assuring the safety and efficacy of the test in the patient population being tested (e.g. asymptomatic individuals).
- A positive result in a patient who is at low risk for EVD may be a false positive and can cause undue public health concern.
- Patients without symptoms but with risk factors for EVD who are tested outside the recommended parameters of the assay may be overly assured by a negative result and not comply with federal or state Movement and Monitoring requirements or seek medical care if symptoms develop.
- Individuals with a travel history to West Africa may be at risk for other infectious diseases including malaria and other viral hemorrhagic diseases (Lassa Fever, Marburg). All risk factors must be assessed and testing for other conditions should be considered.
Wisconsin Laboratory Messaging System
October 24, 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 others who may be interested and 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.

EBOLA VIRUS DISEASE (EVD) – WHAT YOU NEED TO KNOW:~~~~~~~~~~~~~~~~~~~~~~~~

Ebola continues to be the topic that dominates our attention. Hopefully your laboratory is fully engaged with others in your facility to develop your Ebola Preparedness Plan. If the laboratory isn’t involved, get involved! Ebola isn’t going to be diagnosed without laboratory testing, and laboratory testing will be needed to support the management of suspect Ebola patients; therefore the laboratory must have a voice in the planning process.

Information about Ebola is changing rapidly. We suggest that you check the CDC Ebola webpages frequently for updates to guidance materials at http://www.cdc.gov/vhf/ebola/. At the WSLH we are trying to gather as much information on Ebola as possible. We then distill and relay the information and guidance that we feel impacts the laboratory.

❖ How is the WSLH sharing the information with the clinical labs?

- Wisconsin Clinical Laboratory Messages like this one are our routine method of communication with the clinical laboratories
- We are posting some general guidance on our WSLH website at http://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/
- Additionally, as you are making your Ebola plans we recommend that you use our WCLN listserv to ask questions and share plans with your WCLN colleagues. WSLH personnel will monitor questions and exchanges taking place on the listserv and provide feedback, recommendations and potential sources of information when relevant.
- We are planning an interactive Ebola audio conference for WCLN members on November 10, 2014. This is your chance to talk to colleagues and ask questions (See Audio Conference registration information later in this message.)

❖ Personal Protective Equipment (PPE):

One of the strongest recommendations over the past week has been the recommendation to make sure that all staff are trained in the use of PPE and that they practice proper donning and doffing of PPE repeated times until they become comfortable and proficient in the use of the PPE.

Recently the Centers for Disease Control and Prevention (CDC) modified its guidance regarding the use of PPE for those involved in direct patient care. CDC’s guidance for the use of PPE in the laboratory has not been modified. The WSLH recommends that each laboratory should determine the proper PPE for laboratory staff as part of your risk assessment. We caution against adding too much PPE, such as taping gloves to your gown. Too much PPE may make it physically difficult to perform testing safely, or it may make it difficult to remove your PPE safely. Once you determine what testing will be performed in your laboratory and how and where it will be performed, you can determine what PPE is essential to mitigate the risk of exposure for your laboratory staff.

❖ PPE Resources:

“Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)”
[http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)


**Risk Assessment and Laboratory non-Ebola Testing:**

Another question that is frequently being asked is “Can the WSLH provide guidance on what non-Ebola laboratory testing should be performed and whether it is safe to perform testing on routine laboratory equipment in the main laboratory?”

Unfortunately, we can’t give laboratories an exact list of tests that you should plan to perform. We also can’t tell you what testing can be safely done on your routine laboratory analyzers. This is because each Ebola patient will have different testing needs and each laboratory is unique. **This is why you must work with a team at your facility to perform a risk assessment for your facility, your laboratory, and your staff.** You must determine what the risks are at your facility and then find ways to avoid the risks or put measures in place to mitigate the risks. If you would normally refer this type of patient, or the patient’s laboratory testing to another facility, make sure you contact that routine partner and develop a plan with for how you will refer a suspect or confirmed Ebola patient for care or testing?

**Suspect Ebola Patient Testing Risk Assessment Resources:**

- **APHL** - “Template for Public Health Laboratory Risk Assessment for Ebola Virus Disease (EVD) Testing” (See the link to this document on our Ebola webpage. This document is labeled for public health laboratories but it may also be useful to clinical laboratories.)

- **CDC** - “How U.S. Clinical Laboratories Can Safely Manage Specimens from Persons Under Investigation for Ebola Virus Disease”

- **ASM** - “Interim Laboratory Guidelines for Handling/Testing Specimens from Cases or Suspected Cases of Hemorrhagic Fever Virus (HFV)”


**We have a suspect Ebola patient, who do I contact?**

If your facility identifies a suspect case of Ebola, immediately contact the Wisconsin Division of Public Health (WDPH). Use the emergency pager 608-258-0099 and tell the paging service you have a suspect Ebola patient. One of the epidemiologists from WDPH will quickly return your call and they will work with you and the CDC Emergency Operations Center (EOP) to determine whether testing for Ebola will be performed. Contact the CDC EOP at 770-488-7100. NO specimens will be accepted at the CDC for testing without prior consultation. Ultimately the CDC EOP will decide if diagnostic testing for Ebola will be performed and they will direct your laboratory where to send the specimen. Your laboratory may be directed to ship the specimen to the CDC, or to a nearby state public health lab for testing. **Do not send any specimens to the WSLH for Ebola testing, we do not have that testing capability.**

Please make sure that your local public health department and the WSLH are also notified that you have a suspect case of Ebola.
Packaging and Shipping of Suspect Ebola specimens to the CDC:
The WSLH is also receiving many questions about packaging & shipping suspect Ebola specimens and who is responsible for doing this.

Compliance with Regulations:
Each laboratory that packages and ships specimens is required to comply with DOT regulations when shipping by ground and IATA regulations when shipping by air. The regulations require each laboratory to have personnel certified in packaging and shipping for the types of specimens they ship. This information is not new and has been shared with the clinical laboratories for several years. **Suspect Ebola specimens should be shipped as a “Suspect Category A Infectious Substance”, so laboratories must have at least one person certified to package and ship Category A specimens.**

If you do not have staff who are trained and certified in packaging and shipping in your laboratory, please see our WSLH Ebola webpage at: [http://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/](http://www.slh.wisc.edu/clinical/diseases/ebola-virus-information-for-lab-professionals/). We have listed some vendors that provide training in packaging and shipping.

Your laboratory is responsible for certifying your staff in packaging and shipping. In addition to maintaining packaging and shipping training records, you must keep records that you have provided training on all the other necessary components that are required for packaging and shipping certification. These include general awareness, function specific, safety, security awareness, and in-depth security training. You must also provide documentation that your employee is competent in each area of training required for packaging and shipping certification. Retraining and competency in packaging and shipping and each of the other areas required for packaging and shipping certification must be completed and documented every 2 years and whenever changes to the regulations occur. Failure to comply with packaging and shipping regulations may result in large fines for your facility.

Specimen Transport:
- **FedEx will transport suspect Ebola specimens directly to the CDC.** They will transport a suspect specimen as long as the technical name you provide on both the package and the FedEx dangerous goods form is **“Suspect Category A Infectious Substance”**. Once the CDC performs testing and confirms that the patient has Ebola, FedEx will not transport any known Ebola specimens.
- If you need to ship specimens for further testing to the CDC on a confirmed Ebola patient, **World Courier is the only courier that will transport known Ebola specimens.** The closest World Courier office is in the Chicago area. You can set up an account with World Courier by contacting them at 800-221-6600.

Waste Management:
**Autoclave all Ebola infectious waste if your facility has the ability to do so.** Once autoclaved, Ebola infectious waste is no longer considered Category A waste and it can be disposed of in your routine biohazardous waste stream. If you are unable to autoclave your Ebola waste, you must package it according to DOT Category A regulations before the waste can be transported. There are DOT regulations that mandate the handling and transport of Category A infectious waste outside of your facility. Special permits must be acquired by a waste management company before they can transport Category A infectious waste. We recommend that you contact your waste management provider to determine what needs to be done at your facility to safely handle waste from an Ebola patient.

All waste from a suspect Ebola case, including all laboratory specimens and laboratory waste from the suspect Ebola case must be segregated from your routine biohazardous waste until you know whether or not the patient has Ebola. If the patient does not have Ebola you may discard all specimens and laboratory waste per your routine biohazardous waste procedures. If the patient is confirmed to have Ebola, then dispose of all specimens and waste as Category A infectious waste per the policy you have established with your waste management provider.

- Here is a link to DOT guidance for transport of Ebola contaminated items: [http://phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnext]
The Wisconsin Department of Health Services has also provided guidance in management of toilet waste water from an Ebola patient. (See the attached guidance at the end of this message.)

**INTERESTING ARTICLES:**


  On March 30, 2014, the Ministry of Health and Social Welfare (MOHSW) of Liberia alerted health officials at Firestone Liberia, Inc. (Firestone) of the first known case of Ebola virus disease (Ebola) inside the Firestone rubber tree plantation of Liberia. The patient, who was the wife of a Firestone employee, had cared for a family member with confirmed Ebola in Lofa County, the epicenter of the Ebola outbreak in Liberia during March–April 2014.

  Here is the link to the complete article:
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1021a1.htm?s_cid=mm63e1021a1_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1021a1.htm?s_cid=mm63e1021a1_e)

- **Summary of Presentation for IDWEEK by Bruce Ribner**

  Dr. Ribner led the team at Emory University that cared for two patients with Ebola virus disease (EVD) in August. In light of the recent Ebola cases in Dallas and Spain he agreed that a summary could be provided to assist ID specialists in their ongoing preparedness efforts.

  Here is the link to the complete article:

**WSLH BLOODBORNE PATHOGENS TESTING:**

Due to the similarity among symptoms of Ebola and other bloodborne parasitic infections (such as malaria or babesia) and other hemorrhagic diseases (such as dengue, Lassa, and yellow fever), and for the protection of WSLH CDD staff, we are requiring a patient travel history accompany all specimens submitted to the WSLH for this type of testing. **We will not perform any testing for malaria or other bloodborne parasites or serology testing for dengue, etc. until we receive a travel history and can confirm that there is no risk that the patient may have Ebola. Specimens that are received without a travel history will be held for testing until we receive a travel history from the submitting laboratory.**

**WISCONSIN MYCOBACTERIOLOGY LABORATORY NETWORK ANNUAL CONFERENCE:**

On Wednesday November 5, 2014 the WSLH is hosting our Wisconsin Mycobacteriology Laboratory Network Annual Conference at the Crowne Plaza in Madison, WI. We hope that all laboratories that perform mycobacteriology testing in house will attend the conference. Please see the attached brochure for detail about the conference. Please complete and submit your registration by October 31, 2014.
“Your Laboratory Ebola Plan”

Date: Monday November 10, 2014, 12:00 noon – 1:00 PM

Description: The WSLH will moderate a panel discussion to discuss any questions you may have about your laboratory plans for Ebola. Guest speakers from Froedtert Hospital (Dynacare Laboratory) in Milwaukee, Holy Family Memorial Hospital in Manitowoc, and UW Hospital and Clinics in Madison will each present a brief overview of their Ebola plans and then we will open the lines for your questions. Join us to learn more about what other clinical laboratories plan to do should Wisconsin see any cases of Ebola.

Registration: Here is the link to registration:

Contact Person ____________________________ Email ____________________________
Institution ________________________________ City/State __________________________
Telephone ________________________________ Fax ________________________________
INTERIM GUIDANCE ON THE SAFE DISPOSAL OF EBOLA PATIENT WASTE IN SANITARY SEWERS
October 21, 2014

In response to questions about the safe disposal of Ebola patient waste in sanitary sewer systems, the Wisconsin Department of Health Services (DHS) issues the following interim guidance to municipalities, wastewater treatment facilities and the public:

- Interim guidance from the Centers for Disease Control and Prevention (CDC) states that “sanitary sewers may be used for the safe disposal of Ebola patient waste. Sewage handling processes (e.g., anaerobic digestion, composting, and disinfection) in the United States are designed to inactivate infectious agents.”

- Some municipalities have asked DHS about additional precautions that can be taken to protect workers who have contact with wastewater before it reaches a wastewater treatment plant. In order to provide an additional layer of protection, DHS recommends pre-treatment of Ebola patient waste in a toilet bowl with one cup of bleach for at least five minutes prior to flushing. Pre-treatment of Ebola patient waste should only be done by individuals wearing appropriate personal protective equipment: http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html.

- Wastewater utility workers by the nature of their work are likely aware of the risk that pathogens in sewage pose and already take appropriate care to practice sound hygiene when handling sewage at any point in the treatment process. Nonetheless, to ensure worker safety, proper hygiene practices should be regularly reviewed as part of worker health and safety training.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Details</th>
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<tbody>
<tr>
<td>8:00</td>
<td>Registration and Coffee</td>
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</tr>
<tr>
<td>8:30</td>
<td>Welcome</td>
<td>Julie Tans-Kersten, MS, BS-MT (ASCP) TB Laboratory Program Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicable Disease Division (CDD), Wisconsin State Lab of Hygiene (WSLH)</td>
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<tr>
<td>8:45</td>
<td>State of the State</td>
<td>Philip Wegner, RN, MPH and Pa Vang, RN, TB Nurse Consultants, Wisconsin State TB Program, Wisconsin Division of Public Health (WDPH)</td>
</tr>
<tr>
<td>9:00</td>
<td>CDC Division of Tuberculosis Elimination</td>
<td>Cortney Stafford, MPH, MT (ASCP), Laboratory Consultant, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>9:30</td>
<td>Update on Drug Susceptibility Testing for MTBC</td>
<td>Dave Warshauer, PhD, Deputy Director, CDD, WSLH</td>
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<tr>
<td>10:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td>Tuberculosis Disease: Infection, Pathogenesis, Diagnosis, and Treatment</td>
<td>Dr. John Wilson, MD, Associate Professor of Medicine, Mayo Clinic Infectious Diseases</td>
</tr>
<tr>
<td>11:15</td>
<td>Validation of Cepheid GeneXpert® Assay for Detection of TB and Rifampin Resistance</td>
<td>Sanjib Bhattacharyya, PhD, Deputy Director, City of Milwaukee Health Department Laboratory</td>
</tr>
<tr>
<td>11:40</td>
<td>Laboratory Safety Refresher with Clickers</td>
<td>Julie Tans-Kersten, CDD, WSLH</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch (Provided by WSLH)</td>
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<tr>
<td>1:00</td>
<td>Validation of MALDI-TOF for Identification of Mycobacteria at WSLH</td>
<td>Don Busalacchi, BS, Microbiologist, CDD, WSLH</td>
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<tr>
<td>1:20</td>
<td>Epidemiology of Multi-Drug Resistant (MDR) TB in Wisconsin</td>
<td>Chris Wagner and Philip Wegner, RN, MPH, Wisconsin State TB Program, WDPH</td>
</tr>
<tr>
<td>1:45</td>
<td>Pre-XDR TB Case Study with Clickers</td>
<td>Julie Tans-Kersten, CDD, WSLH</td>
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<td>Public Health Department (TBA)</td>
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<tr>
<td>2:15</td>
<td>Case Study from the WI TB Program</td>
<td>Philip Wegner, RN, MPH and Pa Vang, RN, TB Nurse Consultants, Wisconsin State TB Program, Wisconsin Division of Public Health (WDPH)</td>
</tr>
<tr>
<td>2:40</td>
<td>Break</td>
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<tr>
<td>2:50</td>
<td>Case Study from Madison Dane County</td>
<td>Judy Rabinowitz, Public Health Nurse, Madison Dane County Public Health</td>
</tr>
<tr>
<td>3:10</td>
<td>Case Study from the State Laboratory</td>
<td>Youngmi Kim, Microbiologist, CDD, WSLH</td>
</tr>
<tr>
<td>3:30</td>
<td>Meeting Wrap-up</td>
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**CONFERENCE OBJECTIVES**

The Wisconsin Mycobacteriology Laboratory Network (WMLN) was formed to ensure consistent, high-quality laboratory services in support of the prevention and control of tuberculosis. The annual network conference is a forum for participants to share information and discuss issues related to maintaining statewide excellence in mycobacteriology testing.

**Presentation and Discussion Topics will include:**

- Activities at the Wisconsin Division of Public Health Tuberculosis Program
- Functions of CDC Division of TB Elimination
- Cepheid GeneXpert Testing
- TB Disease and treatment
- Drug-Resistant TB in Wisconsin
- Drug Susceptibility Testing for MTBC
- Identification of Mycobacteria using MALDI-TOF
- TB/Mycobacteriology case studies
REGISTRATION

Name(s):____________________________
___________________________________
___________________________________
___________________________________
Organization:________________________
___________________________________
Address:____________________________
___________________________________
___________________________________
Phone:______________________________
FAX:__________________________
E-mail:____________________________

Yes, I will participate in the WSLH-sponsored lunch

Dietary restrictions:______________

NOT ABLE TO ATTEND

Questions?
Please call Julie Tans-Kersten at (608) 263-5364 or email:
julie.tanskersten@slh.wisc.edu

If you have any special needs, please let us know how we may assist you.

DIRECTIONS

From Milwaukee and Southeast Wisconsin
- Take exit for 90/94 towards Wisconsin Dells.
- Take exit 135A from 90/94. This is 151 South (E. Washington Ave.)
- Travel south on East Washington Ave. for 0.8 miles.
- Turn right on Independence Lane.
- Turn right into the Crowne Plaza parking lot.

From Fond du Lac, Fox Cities, and Northeast Wisconsin
- 151 South becomes E. Washington Ave. (in Madison).
- After driving under 90/94, travel south on East Washington Avenue for 0.8 miles.
- Turn right on Independence Lane.
- Turn right into the Crowne Plaza parking lot.

From North and Northwest Wisconsin (Marshfield, Eau Claire, Wisconsin Rapids, La Crosse)
- Take exit 135A from 90/94. This is 151 South (E. Washington Ave.)
- Travel south on East Washington Ave. for 0.8 miles.
- Turn right on Independence Lane.
- Turn right into the Crowne Plaza parking lot.

From Janesville and Beloit
- Take exit 135A from 90/94. This is 151 South (E. Washington Ave.)
- Travel south on East Washington Ave. for 0.8 miles.
- Turn right on Independence Lane.
- Turn right into the Crowne Plaza parking lot.

Wisconsin
Mycobacteriology Laboratory Network
Annual Conference

Wednesday November 5, 2013
8:00 a.m. – 3:30 p.m.
Crowne Plaza
4402 E. Washington Ave.
Madison, WI 53704
(608) 244-4703

Sponsored by:
Wisconsin State Laboratory of Hygiene and CDC Cooperative Agreement
Wisconsin Laboratory Messaging System  
October 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 others who may be interested and 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.

EBOLA VIRUS DISEASE (EVD) UPDATES:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Ebola continues to dominate the news with the recent identification of the first case of Ebola in the USA. Because of this, it is no longer possible to ignore the fact that a patient with EVD may show up at your healthcare facility, whether you serve a large urban, or a small rural population. As we emphasized at our 2014 Regional Meeting, this is a global world where people easily travel long distances within a short time and potentially spread disease.

All eyes have been on the Dallas, TX hospital where the first Ebola case in the US was identified in a patient who had traveled from Liberia to visit family in the US. Gaps have been identified in the hospital’s plans for dealing with Ebola patients that all health care providers can learn from. The CDC is constantly revising and updating its Ebola website to help provide guidance on issues that we are learning about in fighting the war against the Ebola virus.

- CDC strongly recommends that all hospitals develop Ebola preparedness plans. CDC in coordination with ASPR has developed the following checklists:

Please share these checklists with others who may be involved in creating your facilities Ebola preparedness plans and if possible, make sure the laboratory is included in developing the plan.

- The CDC encourages hospitals to develop an appropriate index of suspicion for EVD. Patients arriving at healthcare facilities with a fever, must be asked if they have recently traveled to Guinea, Liberia, or Sierra Leone. They must be asked if they’ve had any contact with an EVD patient. If the patient answers yes to either question, they must immediately be put into isolation. EVD must be at the top of the list of suspect diseases. Find out how this travel and contact information will be recorded and communicated to all personnel within your facility in a timely manner. The CDC in collaboration with ASPR has created an “EVD Screening Template” to help identify patients with EVD: http://www.cdc.gov/vhf/ebola/pdf/evd-screening-criteria-hospitals.pdf.

- The CDC also strongly recommends that all laboratories perform a risk assessment. Pretend that you have labs ordered on a patient suspected of having EVD and walk those samples through your laboratory. Identify what testing will be performed; what instruments will be used for testing and where that testing will be performed. How will the specimen be collected and transported? Identify all the risks involved in handling and testing the specimens and put in place measures to mitigate the risks to protect laboratory personnel. Realizing that the laboratory may collect and perform routine diagnostic testing on specimens before the patient has been identified as being at risk for EVD, how does this affect your risk assessment? Are OSHA regulations for universal precautions an integral part of your laboratories culture of biosafety for the handling and testing of all specimens? Do you need to make
some changes to enhance the culture of safety in your laboratory? Three resources for helping you conduct a risk assessment are:

- “Laboratory Biosafety: Performing a Risk Assessment”: http://www.slh.wisc.edu/wcln-surveillance/wcln/wcln-resources/. (On the WCLN Resources webpage look under the heading “Biosafety” for the link to the document.)

The CDC recommends exercising all staff in the safe use of PPE. Many of the instances of healthcare workers becoming ill with EVD in West Africa are suspected of being caused not by failure of PPE, but by failure to remove contaminated PPE correctly. It is suggested to always work with a partner when putting on and removing PPE to make sure that it is done correctly. Here is a link to a poster on the CDC website that reviews the proper way to put on and remove PPE: http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf.

The WSLH recommends that you monitor the CDC Ebola website frequently for updates and new guidance at: http://www.cdc.gov/vhf/ebola/.

ENTEROVIRUS D68 (EV-D68) UPDATES:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

From mid-August to October 9, 2014, a total of 678 people in 46 states and the District of Columbia have been confirmed with respiratory illness caused by EV-D68. EV-D68 has been detected in 11 Wisconsin specimens that were approved by the Wisconsin Division of Public Health (WDPH) for EV-D68 typing at the CDC. Of all the specimens tested by the CDC lab, about half have tested positive for EV-D68. About one third have tested positive for a rhinovirus or enterovirus other than EV-D68. EV-D68 has been detected in specimens from five patients who died and had samples submitted for testing. The role of EV-D68 in these deaths is being investigated by local and state officials.

Of recent concern are reported clusters of children that have developed acute neurological illness of unknown etiology occurring after a febrile illness often with upper respiratory symptoms. EV-D68 has been isolated from some of the children, but no direct link between the neurological symptoms and EV-D68 has been established. Enteroviruses are known to be one of the causes of acute neurologic disease in children. They most commonly cause aseptic meningitis, less commonly encephalitis, and rarely, acute myelitis and paralysis.

Guidance for WI laboratories for suspected EV-D68 testing remains the same as was previously shared in our 9/12/14 Wisconsin Laboratory Message.
- If the patient meets surveillance criteria and testing is approved by the Wisconsin Division of Public Health (WDPH), set aside a 1 ml aliquot specimen sample and store at 2-8°C.
- Perform your normal diagnostic testing for Rhinovirus/Enterovirus.
- If the specimen is positive for Rhinovirus/Enterovirus, submit the aliquot on a cold pack to the WSLH to forward to the CDC for testing.
- On the WSLH requisition or outbreak form accompanying the specimen, record your rhinovirus/enterovirus result and clearly mark “for suspect EV-D68 testing”.

Here are links to the CDC website for further information on EV-D68 and unexplained paralysis:
- http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html?s_cid=cdc_homepage_whatsnew_001

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


On September 12, 2014, CDC was notified by the Colorado Department of Public Health and Environment of a cluster of nine children evaluated at Children’s Hospital Colorado with acute neurologic illness characterized by extremity weakness, cranial nerve dysfunction (e.g., diplopia, facial droop, dysphagia, or dysarthria), or both. Neurologic illness onsets occurred during August 8—September 15, 2014. The median age of the children was 8 years (range = 1–18 years). Other than neck, back, or extremity pain in some patients, all had normal sensation. All had a preceding febrile illness, most with upper respiratory...
symptoms, occurring 3–16 days (median = 7 days) before onset of neurologic illness.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a5.htm?s_cid=mm6340a5_e


A California microbiologist developed fatal serogroup B meningococcal disease after working with N. meningitidis patient isolates in a research laboratory (laboratory A). The California Department of Public Health (CDPH), the local health department, the California Division of Occupational Safety and Health (CalOSHA), and the federal Occupational Safety and Health Administration (OSHA) collaborated on an investigation of laboratory A.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a6.htm?s_cid=mm6340a6_e

DID YOU KNOW… ??????

APHL Announces Free Online TB Training Modules

APHL, in collaboration with CDC, is excited to present a new set of online training modules in the ”Essentials for the Mycobacteriology Laboratory” series. These modules are free, web-based trainings for laboratorians, designed to enhance competency and address issues of common mycobacteriology laboratory practices affecting quality testing.

New Training Modules:
- Mycobacterial Culture
- Identification of Mycobacteria
- Drug Susceptibility Testing for MTB Complex
- Overview of Mycobacterial Culture, Identification and Drug Susceptibility Testing

Here is the link to the Training Modules:
http://www.aphl.org/aphlprograms/infectious/tuberculosis/tb-core-curriculum/Pages/default.aspx

PACKAGING AND SHIPPING LABEL CHANGE: ~~~~~~~~~~~~~~~~~~~~~~~~~

We want to remind laboratories that as of October 1, 2014 there are new labels for Infectious Substances and Dry Ice that laboratories must be using when packaging and shipping “Category A” specimens, or shipping specimens on dry ice. Please see the following link for the federal register regulations:
http://www.gpo.gov/fdsys/pkg/FR-2011-07-20/pdf/2011-17687.pdf, (Go to page 20 of the regulations to see the label changes and make sure that you are no longer using the old labels).
LAST CHANCE TO REGISTER FOR THE UPCOMING WSLH AUDIOCONFERENCE:

☐ “Influenza and Other Respiratory Viruses Update - 2014”

Date: Wednesday October 15, 2014, 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 2013 – 2014 respiratory virus season and will highlight our surveillance strategy for 2014-2015, 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, pending regulatory changes and antiviral resistance surveillance.

Registration: Register at our website:

Contact Person _______________________________________ Email _______________________________________
Institution _________________________________________ City/State _____________________________
Telephone __________________________ Fax _____________________________
Wisconsin Laboratory Messaging System
September 12, 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.

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ENTEROVIRUS D68 (EV-D68):~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The press has been full of news the last few days regarding several states reporting unusually high numbers of hospital admissions in children with severe respiratory illness. As of September 10, 2014, CDC has confirmed a total of 82 people in six states to have respiratory illness caused by EV-D68 infection. Several other states are investigating clusters of illness in children that are suspected of being caused by EV-D68. Currently there have been no cases of EV-D68 identified in Wisconsin.

EV-D68 is one of many non-polio enteroviruses and has been rarely isolated in the U.S. in the last 40 years. It has been reported to cause mild to severe respiratory illness, however, the full spectrum of illness is not well-defined. Severe symptoms may include difficulty breathing and wheezing, with asthmatic people at higher risk. The situation is developing rapidly and the CDC is watching and gathering information to better understand the situation. Information and guidance is being posted on the CDC website as it becomes available.

The CDC is performing Enterovirus typing specific for EV-D68.

Here is the link to the CDC page for further information on EV-D68: http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html?s_cid=cdc_homepage_whatsnew_001

Please see and share the EV-D68 Key Points guidance document that was sent out by the WDPH to local and tribal health offices and infection preventionists that is attached at the end of this message.

What should Wisconsin laboratories do if they are asked to perform testing for EV-D68?

- CDC and WDPH are asking that only specimens from individuals who are in the pediatric intensive care unit (PICU) or inpatient pediatric clusters with severe respiratory disease be submitted to CDC for EV-D68 subtyping.
- Perform your normal diagnostic testing for rhinovirus/enterovirus (RV/ENT) respiratory infections. If the patient meets the above criteria, save at least a 1 ml aliquot of the specimen to send to the WSLH if the specimen is positive for RV/ENT. The aliquot can be stored at refrigerat or temperature.
- Report individual PICU- admitted cases and inpatient pediatric clusters with severe respiratory illness (with or without fever) and positive for RV/ENT to your local public health department or the Wisconsin Division of Public Health (WDPH) at 608-267-9003 to coordinate testing.
- If testing is approved for EV-D68 by the WDPH:
  - Submit the aliquot of the specimen on a cold pack to the Wisconsin State Laboratory of Hygiene (WSLH). The WSLH will test for RV/ENT using a single-plex PCR and submit the sample to the CDC for EV-D68 typing.
  - Submit a completed routine WSLH requisition form, or a WSLH outbreak form along with the specimen:
    - Clearly write on the form “for suspect EV-D68 testing”.
    - Include the RV/ENT test results from your diagnostic testing.
    - Clearly write on the form whether the patient is hospitalized in the PICU or part of a cluster.
LAST CHANCE TO REGISTER FOR RICE LAKE & KIMBERLY REGIONAL MEETINGS!

If you plan to attend a Regional Meeting in either Rice Lake of Kimberly, you must register by 8:00 AM on Monday 9/15/14. Registration has already closed for the Madison Regional Meeting.

The dates for the meetings are:
- Tuesday, September 23, 2014 – Turtleback Golf, Dining, and Conference Center, Rice Lake, WI
- Wednesday, September 24, 2014 – Liberty Hall, Kimberly, WI

Here is a link to the WSLH Upcoming Training Events webpage: [http://www.slh.wisc.edu/events/2014-09/](http://www.slh.wisc.edu/events/2014-09/)


EVERYONE LOVES A GOOD CASE STUDY, BUT WE NEED YOUR HELP!

I have not had anyone volunteer to give a 20 minute case study in the afternoon at the Rice Lake Regional Meeting on September 23, 2014.

Please contact me ASAP if you would like to share an interesting case you’ve had in your laboratory. Don’t be shy! This is very easy and fun to do! Please email me at erin.bowles@slh.wisc.edu, or call 608-890-1616

If no one volunteers, there won’t be a case study at the Rice Lake Meeting.

DID YOU KNOW… ???????

FREE OPPORTUNITY TO PARTICIPATE IN AN ON-LINE “BT Rule Out and Refer: Virtual Knowledge Assessment Challenge 1”

**Registration Opens:** September 12, 2014  
**Exercise Period:** September 15–30, 2014  
**Exercise Closes:** September 30, 2014

**DESCRIPTION**

This complimentary virtual exercise will allow the microbiologist to participate in a series of three case studies. The goal of the exercise is to give the microbiologist the opportunity to safely participate in a virtual laboratory exercise and draw conclusions regarding each of three laboratory samples.

Participants will receive an individual report on their performance approximately 1 week after the exercise closes. This could be used as an individual competency for bioterrorism agents.

Here is a link to the flyer for registration information:
**INTERESTING ARTICLES:**


  Fall brings the start of many things every year – school, of course, but also respiratory virus season. And this year as both kick-off we’re faced with an outbreak of a virus that is new to many, enterovirus D68 (EV-D68). Terrifying headlines have loaded up our Facebook newsfeeds, so we’re here to straighten things out a bit. When our friends and family ask us about EV-D68, this is what we tell them.

  Here is the link to the complete article: [http://www.aphlblog.org/](http://www.aphlblog.org/)


  It was just a small tick on her foot – just part of working in the woods, September Norman thought. “My husband took it off with a pair of tweezers, I didn’t think anything else about it,” Norman said. Then weeks later, she woke up in the middle of the night swollen with hives and unable to breathe.

  Here is the link to the complete article: [http://pittsburgh.cbslocal.com/2014/08/25/lone-star-tick-can-cause-beef-allergy/](http://pittsburgh.cbslocal.com/2014/08/25/lone-star-tick-can-cause-beef-allergy/)


  A California microbiologist developed fatal serogroup B meningococcal disease after working with N. meningitidis patient isolates in a research laboratory (laboratory A). The California Department of Public Health (CDPH), the local health department, the California Division of Occupational Safety and Health (CalOSHA), and the federal Occupational Safety and Health Administration (OSHA) collaborated on an investigation of laboratory A.

  Here is the link to the complete article: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6335a2.htm?s_cid=mm6335a2_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6335a2.htm?s_cid=mm6335a2_e)

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**REGISTER NOW - FOR THE UPCOMING WSLH AUDIOCONFERENCE:**

- **“Influenza and Other Respiratory Viruses Update - 2014”**

  **Date:** Wednesday October 15, 2014, 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  

  Eris 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 2013 – 2014 respiratory virus season and will highlight our surveillance strategy for 2014-2015, 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, pending regulatory changes and antiviral resistance surveillance.

  **Registration:** Register at our website:  
Date: September 10, 2014

To: Local Health Departments, Tribal Health Agencies, DHS Regional Directors, and Infection Preventionists

From: Jeffrey P. Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases and Emergency Response

Re: Key Points: Enterovirus D68 (EV-D68) in the United States, 2014

Nationally, several states have reported an increase in severe acute respiratory infections and hospitalizations among children and adolescents, and are working with the CDC to identify the causes of infection. Testing at the CDC has identified clusters of enterovirus D68 infection among children hospitalized in Kansas City, MO and Chicago, IL (more details below). The Wisconsin Division of Public Health is reaching out to local health departments and infection preventionists in Wisconsin with this memo to provide up-to-date information about enterovirus D68.

- For current national information please refer to the CDC EV-D68 website at: http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html and the article in the September 8, 2014 MMWR focusing on the clusters in Missouri and Illinois, “Severe Respiratory Illness Associated with Enterovirus D68” at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm.
- The situation is evolving quickly. CDC is gathering information to better understand:
  - EV-D68 and the illness caused by this virus,
  - How widespread EV-D68 infections may be and the populations affected, and
  - Whether other states are experiencing severe respiratory illness caused by EV-D68.
- CDC is communicating with multiple state health departments that are investigating suspected clusters of respiratory illness, and has received specimens for laboratory testing.
- Syndromic surveillance in Wisconsin indicates an increase in respiratory illness among children. Whether this is a seasonal increase (normal for this time of year) or an increase associated with EV-D68 is unknown at this time.
- No cases of EV-D68 infection have been confirmed in Wisconsin as of September 10, 2014.

General Points about Enteroviruses and Enterovirus D68 (EV-D68):

**Enteroviruses**

- Enteroviruses are very common viruses; there are more than 100 types.
- It is estimated that 10 to 15 million enterovirus infections occur in the United States each year.
Enteroviruses can cause respiratory illness, febrile rash, and neurologic illnesses, such as aseptic meningitis (swelling of the tissue covering the brain and spinal cord) and encephalitis (swelling of the brain).

Most infected people have no symptoms or only mild symptoms, but some infections can be serious.

Infants, children, and teenagers are most likely to get infected with enteroviruses and become sick.

Most enterovirus infections in the United States occur seasonally during the summer and fall.

**Enterovirus D68 (EV-D68)**

- EV-D68 is not a new (novel) virus; it was first identified in California during 1962.
- EV-D68 infections likely occur less commonly than infections caused by other enteroviruses.
- Compared with other enteroviruses, EV-D68 infection has rarely been reported in the United States.

**Symptoms and Severity of EV-D68 Infection**

- EV-D68 has been reported to cause mild to severe respiratory illness. However, the full spectrum of EV-D68 illness is not well-defined.
- Some common signs and symptoms may include low-grade fever (although many patients will not be febrile), cough, runny nose, sneezing and body/muscle aches.
- Signs and symptoms of more severe infections can include wheezing, difficulty breathing, and tachycardia.
- The occurrence of aseptic meningitis appears to be less frequent with EV-D68 than with other enteroviruses.
- Infected individuals generally self-recover without complications by treating symptoms. However, some individuals, particularly those with weakened immune systems or underlying medical conditions, such as asthma, may experience severe illness and require hospitalization with supportive therapy.
- Among children and adolescents in MO and IL with laboratory confirmed EV-D68 illnesses, the majority (> 65%) had a previous medical history of asthma or prior wheezing.

**Transmission of EV-D68**

- Because EV-D68 is not frequently identified, understanding the ways that EV-D68 is transmitted (spread) are not as well-understood as for other enteroviruses.
- EV-D68 primarily causes respiratory illness, and the virus can be found in respiratory secretions such as saliva, nasal mucus, or sputum.
- The virus likely spreads from person to person when an infected person coughs, sneezes, or touches surfaces.
- EV-D68 can be spread by fecal-oral transmission, but the extent of transmission by this route is unknown.

**Treatment**

- There is no specific treatment for EV-D68 infections.
  - Many infections will be mild and self-limited, requiring only treatment of the symptoms.
Some people with severe respiratory illness caused by EV-D68 may need to be hospitalized and receive intensive supportive therapy.

- No antiviral medications are currently available for treating of EV-D68 or other enteroviral infections.

**Infection Control and Prevention**

- There are no vaccines for preventing EV-D68 infections.
- Contact and droplet precautions in addition to the use of standard precautions should be used for hospitalized patients with confirmed or suspect EV-D68 infection.
- Alcohol hand-sanitizer gel is not effective against EV-D68.
- Individuals can help protect themselves from respiratory illnesses by following these steps:
  - Wash hands often with soap and water for 20 seconds, especially after changing diapers.
  - Avoid touching eyes, nose and mouth with unwashed hands.
  - Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick.
  - Disinfect frequently touched surfaces, such as toys and doorknobs with a bleach based EPA registered hospital disinfectant, especially if someone is sick.

**Guidance for Healthcare Professionals**

Healthcare Professionals should:

- Consider EV-D68 as a potential cause of clusters of severe respiratory illness, particularly in young children.
- Consider laboratory testing of respiratory specimens for enteroviruses when the cause of infection in severely ill patients is unclear.
- Report cases and clusters of severe respiratory illnesses to state and local health departments for further guidance.

**Surveillance**

- Enteroviral infections are not specifically reportable in Wisconsin. However, suspected outbreaks of acute diseases (this would include clusters of EV-D68 infection) are reportable in Wisconsin.
- The CDC and the Wisconsin Division of Public Health (WDPH) do not have a surveillance system that specifically collects information on EV-D68 infections: WDPH does monitor virologic data, including rhinovirus/enterovirus data, collected by the Wisconsin State Laboratory of Hygiene.
- No data is currently available regarding the overall burden of morbidity or mortality resulting from EV-D68 infection in the United States. Any data CDC receives regarding EV-D68 infections or outbreaks are voluntarily provided by labs to CDC’s National Enterovirus Surveillance System (NESS). NESS collects limited data, focusing on circulating types of enteroviruses and parechoviruses.

**Laboratory Testing for Enterovirus-D68 (EV-D68)**

- Some hospitals can test for enteroviruses, but they are probably not able to perform enterovirus typing.
- State health departments or CDC can be approached for typing. Typing of enterovirus to detect EV-D68 is done only at the CDC.
• CDC is working with state and local health departments and clinical and state laboratories to enhance their capacity to identify and investigate outbreaks.
• Specimens can be submitted to the Wisconsin State Laboratory of Hygiene (WSLH) and tested for rhinovirus/enterovirus, and subsequently forwarded for additional testing at the CDC, if they meet one of the following criteria:
  o Inpatient pediatric clusters with severe respiratory illness (with or without fever)
  o Individual ICU-admitted pediatric cases of severe respiratory illness
• Preferred specimens from patients meeting the testing criteria include a nasopharyngeal or combined nasopharyngeal and oropharyngeal swab placed in viral transport media.
• Please use the attached requisition form to submit specimens to the WSLH at:

Wisconsin State Laboratory of Hygiene

c/o Virology Lab
465 Henry Mall
Madison, Wisconsin, 53706

• If a private or commercial laboratory has the ability to test for rhinovirus/enterovirus, we encourage the submission of specimens to that laboratory in lieu of the WSLH for rhinovirus/enterovirus testing.
• Specimens that are positive for rhinovirus/enterovirus using a Respiratory Virus Panel (RVP) PCR at a private or commercial laboratory may be forwarded to the WSLH for enterovirus typing at the CDC.

Questions or concerns regarding this memo can be directed to the Wisconsin Division of Public Health, Bureau of Communicable Diseases and Emergency Response, at 608-267-9003.
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 others who may be interested and 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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**LABOR DAY HOLIDAY:** We would like to remind you that the WSLH will be closed on Monday September 1, 2014 in observance of the Labor Day Holiday.

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**EBOLA UPDATES:** The Centers for Disease Control and Prevention (CDC) Ebola website is continually updating and adding new interim guidance on Ebola Virus Disease (EDV).

- Here is the link to the EVD main page: [http://www.cdc.gov/vhf/ebola/](http://www.cdc.gov/vhf/ebola/).
- Here is a link to the most recent Health Alert Network message: [http://emergency.cdc.gov/han/han00367.asp](http://emergency.cdc.gov/han/han00367.asp).

The Infectious Diseases Society of America (IDSA) has also released an Ebola guidance document.


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**DON’T MISS THIS YEAR’S MEETINGS – REGISTER NOW!**

We are seeing a great response from local public health in registering for the Regional Meetings. Now we want to make sure that the laboratory is also well represented. These are our annual Wisconsin Clinical Laboratory Network (WCLN) Regional Meetings. This is our chance to meet with colleagues to discuss topics of interest to the laboratory. This is our chance to help local public health and infection prevention learn more about what we do in the laboratory. Please take a moment now to register for the meeting of your choice!

The dates for the meetings are:

- **Wednesday, September 17, 2014** – The Crowne Plaza, Madison, WI
- **Tuesday, September 23, 2014** – Turtleback Golf, Dining, and Conference Center, Rice Lake, WI
- **Wednesday, September 24, 2014** – Liberty Hall, Kimberly, WI

Here is a link to the WSLH Upcoming Training Events webpage: [http://www.slh.wisc.edu/events/2014-09/](http://www.slh.wisc.edu/events/2014-09/)

Here is a link to the WCLN 2014 Regional Meeting brochure:

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**WE NEED YOUR HELP!**

I am also looking for a laboratorian who will be attending the Regional Meeting in Rice Lake to volunteer to give a 20 minute case study in the afternoon at the Rice Lake Regional Meeting on September 23, 2014. Please contact me ASAP if you would like to share an interesting case you’ve had in your laboratory. Don’t be shy! This is very easy and fun to do! Please email me at erin.bowles@slh.wisc.edu, or call 608-890-1616
NOTICE OF ROUTINE STOOL CULTURE TEST CHANGE:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The WSLH is now performing shigatoxin EIA on all stools ordered for routine culture (Test MP00660). Submitters requesting a routine stool culture will receive two reports; one for the routine stool culture and one for the shigatoxin EIA. There is no additional fee for the shigatoxin EIA testing. Shigatoxin testing on all routine stool cultures is recommended by the Centers for Disease Control and Prevention.

For additional information, please read the 2009 Morbidity and Mortality Weekly Report (MMWR): Recommendations for Diagnosis of Shiga Toxin--Producing Escherichia coli Infections by Clinical Laboratories: October 16, 2009 / 58(RR12);1-14. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5812a1.htm

If you have any questions, please contact WSLH Customer Service at 800-862-1013.

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

PBS to Air an ASCP Special that Emphasizes Laboratory Medicine's Role in Delivering Quality Patient Care!

The critical importance of pathology and the medical laboratory as part of the medical team will be front and center in a public television show, "Leading Edge," that will air in September on PBS. Check your local listings for the date and time of the broadcast and tell all your friends and family to watch the show to learn about the importance of your role in healthcare.

Here is a link to a short clip from the special:

FIRST U.S. HUMAN INFECTION WITH H3N2v VIRUS IN 2014:~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The Centers for Disease Control and Prevention (CDC) has reported the first human infection with an influenza A (H3N2) variant virus (H3N2v) in the United States in 2014. Flu viruses that normally circulate in pigs are called “variant” viruses when they are found in people. The reported case was a child from Ohio who had exposure to pigs at a county agricultural fair. The child was hospitalized, but has since recovered. Genetic sequencing showed this virus has a slightly different combination of internal genes than has been observed previously in people. Further laboratory testing to fully characterize this virus is ongoing.

CDC continues to monitor H3N2v closely and will provide updates on H3N2v cases and other variant flu viruses weekly in FluView at: http://www.cdc.gov/flu/weekly/fluactivitysurv.htm and on its H3N2v page at http://www.cdc.gov/flu/swineflu/h3n2v-cases.htm

CDC developed guidance for the public to protect against H3N2v can be found at: http://www.cdc.gov/flu/swineflu/h3n2v-factsheet.htm

CDC H3N2v guidance for health care workers is available at http://www.cdc.gov/flu/swineflu/h3n2v-healthcare.htm
INTERESTING ARTICLES:~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


Researchers say they've discovered how the deadly Ebola virus disables the immune system. They hope the findings will prove valuable in efforts to find treatments for the disease taking hundreds of lives in Africa.

Here is the link to the complete article:

✈️ Morbidity and Mortality Weekly Report (MMWR) – “Notes from the Field: Atypical Pneumonia in Three Members of an Extended Family — South Carolina and North Carolina, July–August 2013”, Weekly, August 22, 2014 / 63(33);734-735

On August 5, 2013, the South Carolina Department of Health and Environmental Control was notified of a case of acute respiratory failure in a previously healthy woman. A family interview revealed the patient's uncle and cousin had also been hospitalized with similar symptoms in North Carolina. The South Carolina Department of Health and Environmental Control and the North Carolina Division of Public Health collaborated to identify the cause of the respiratory illness cluster and to prevent additional illnesses.

Here is the link to the complete article:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6333a5.htm?s_cid=mm6333a5_e

✈️ APHL Public Health LabLog – “Vector-borne disease vs chemicals in bug spray: Weighing the risks”, Aug 18 2014 :: Published in Environmental Health, Infectious Diseases, By Michelle M. Forman

With hot and humid weather comes news of diseases spread by mosquitos and ticks, while we also hear of concerns around the bug sprays we’re supposed to use to protect ourselves. What exactly are people supposed to do? Which pieces of information should you believe? How are you to decide the best way to protect yourself and our family from bites, disease AND harmful chemicals all at the same time? At this point, locking yourself inside until winter might seem like the only option.

Here is the link to the complete article:
http://www.aphlblog.org/category/environmental-health/

WISCONSIN REPORTS FIRST HUMAN WEST NILE VIRUS CASE THIS YEAR:~~~~~~~~~~~~~~~~~~~~

Please see the attached press release at the end of this message for details on the first human case of West Nile Virus reported in a resident of Ashland County.
FOR IMMEDIATE RELEASE
August 20, 2014

CONTACT:
Jennifer Miller, Department of Health Services, (608) 266-1683
Cyndi Zach, Ashland County Health and Human Services, 715-682-7028, ext. 214

STATE REPORTS FIRST HUMAN WEST NILE VIRUS CASE THIS YEAR
First Human Case Occurred in Ashland County

MADISON—State and local health officials announced today that the first human case of West Nile virus (WNV) was reported in an Ashland County resident. Health officials are reminding people to protect themselves against mosquito bites.

This is the first case of human WNV illness reported in the state this year. During 2013, 21 Wisconsin residents developed symptomatic WNV infection and two patients died from complications related to WNV infection.

Officials also confirmed that 20 dead birds statewide have tested positive for WNV so far this season. The birds were found in 19 counties throughout Wisconsin. Infected birds serve as an early warning by indicating that WNV is present in an area, underscoring the need for residents 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, muscle and joint aches, nausea, vomiting, rash, and fatigue that can last a few days. Symptoms usually 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 illness.

There is no specific treatment for WNV infection other than to treat symptoms. If you think you have WNV infection, contact your health care provider.

WNV is spread to people through the bite of an infected mosquito and is not transmitted person to person. Although few mosquitoes actually carry the virus, it is important to take steps to minimize your exposure during mosquito season:

- Limit time spent outside at dawn and dusk, when mosquitoes are most active.
- Apply insect repellent to clothing as well as exposed skin because mosquitoes may bite through clothing.
- Make sure window and door screens are in good repair to prevent mosquito entry.
- Properly dispose of items that hold water, such as tin cans, plastic containers, ceramic pots or discarded tires to prevent mosquito breeding. Turn over wheelbarrows, wading pools, boats and canoes when not in use.
- Clean roof gutters and downspouts for proper drainage.
- Change the water in bird baths and pet dishes at least every three days.
- Clean and chlorinate swimming pools, outdoor saunas, and hot tubes; 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 Wisconsin Department of Health Services and Ashland County Health and Human Services will continue surveillance activities for West Nile virus. As part of the surveillance effort, residents are encouraged to report sick or dead crows, blue jays and ravens to the Dead Bird Hotline at 1-800-433-1610 through October.

For more information regarding West Nile virus in Wisconsin, visit:
http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm

For WNV information in Ashland County, call Ashland County Health and Human Services at 715-682-7028, ext. 214.

###
Wisconsin Laboratory Messaging System
August 15, 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 others who may be interested and 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.

WISCONSIN STATE LABORATORY OF HYGIENE (WSLH) EBOLA UPDATE:~~~~~~~~~~~~~~~~

There is much concern across the nation regarding the possibility that the United States may see a case of Ebola Virus Disease (EVD) in someone who has recently traveled to one of the West African countries affected by the outbreak. There are many groups currently posting information and guidance on EVD. After reviewing several of these guidance documents, the WSLH has developed the following guidance for Wisconsin laboratories regarding the laboratory testing of patients suspected to have Ebola Virus Disease (See the attachment).

Of note is:

- Specimens for EVD testing must be approved by WDPH and CDC for testing.
- The CDC is currently performing all EVD testing.
- Specimens for EVD testing, once approved by WDPH and CDC, will be sent directly to the CDC by the clinical laboratory.

Links to the WSLH guidance document along with links to the websites below will be posted under “CDD News and Hot Topics” on the Communicable Disease Division webpage at:
http://www.slh.wisc.edu/clinical/diseases/:

- The Centers for Disease Control and Prevention (CDC) Ebola website is the best resource for new and emerging information and guidance on the Ebola Outbreak in Western Africa at:
  http://www.cdc.gov/vhf/ebola/.
- The Wisconsin Division of Public Health (WDPH) has also developed guidance that can be found at:

If you have any other questions, please call WSLH Customer Service at 800-862-1088.

REGISTRATION IS NOW OPEN FOR THE WCLN 2014 REGIONAL MEETINGS:~~~~~~~~~~~~~~

Don’t wait to register for the WCLN 2014 Regional Meetings: “It’s All About Change”. Some meeting locations are filling quickly and may reach capacity.

The dates for the meetings are:

- Wednesday, September 17, 2014 – The Crowne Plaza, Madison, WI
- Tuesday, September 23, 2014 – Turtleback Golf, Dining, and Conference Center, Rice Lake, WI
- Wednesday, September 24, 2014 – Liberty Hall, Kimberly, WI

It would be wonderful if every clinical laboratory would send at least one individual to attend a Regional Meeting! Please extend an invitation to infection prevention at your facility to join you for the day. We have also issued an invitation to local public health, so register now to assure your spot at the WCLN 2014 Regional Meeting of your choice.

Here is a link to the WSLH Upcoming Training Events webpage:  http://www.slh.wisc.edu/events/2014-09/

Here is a link to the WCLN 2014 Regional Meeting brochure:
ASM has issued a white paper regarding the food recall for Listeria contamination in July 2014 (See the attachment).

**DID YOU KNOW… ??????**

ASM has posted **new versions** of the “Sentinel Level Clinical Laboratory Guidelines for Agents of Bioterrorism” on their website [http://www.asm.org/index.php/guidelines/sentinel-guidelines](http://www.asm.org/index.php/guidelines/sentinel-guidelines). Updated documents will have a date of 2014.
Background

The Ebola Virus Disease (EVD) outbreak in West Africa is the largest in history and poses a risk to public health. The virus emerged in West Africa and subsequent cases have been identified in 4 African countries (Sierra Leone, Liberia, Guinea, and Nigeria). Many of the infected patients experience severe hemorrhagic disease with high levels of mortality.

Transmission

The virus is spread through direct contact with the bodily fluids (blood, urine, feces, saliva, sweat and other secretions) of an infected person, or with objects like needles that have been contaminated with the virus. Ebola is not spread through the air or by food or water. A person infected with Ebola virus is not contagious until symptoms appear.

Suspect Human Cases

Detailed guidance for Wisconsin clinicians regarding possible Ebola virus infections among travelers from West Africa is available from the Wisconsin Division of Public Health (WDPH) at http://www.dhs.wisconsin.gov/communicable/diseasepages/ViralHemorrhagicFevers.htm.

Report suspect cases immediately to the (WDPH).

- Call 608-267-9003 during business hours (M-F 7:45 AM to 4:30 PM) or
- Call 608-258-0099 after hours and weekends.

**NOTE:** Testing for EVD must be approved by the WDPH. Testing is currently only offered at the CDC.

It is important to collect detailed information on patient travel history including dates and locations and other risk factors including contact with infected persons. This information should be shared with the clinical laboratory.

Specimen Collection and Storage

According to CDC guidance:

- Submit a minimum volume of 4mL whole blood preserved with EDTA, clot activator, sodium polyanethol sulfonate (SPS), or citrate in plastic collection tubes can be submitted for EVD testing.
  - Do not submit specimens to CDC in glass containers.
  - Do not submit specimens preserved in heparin tubes.
Ebola Virus Disease (EVD) Information

- Label specimen with patient name, patient ID #, type of specimen and date of collection. The requested test only needs to be identified on the requisition and CDC specimen submission forms.

- Store specimens refrigerated at 4°C or frozen.

- Call the Emergency Operations Center at 770-488-7100 for consultation regarding submission of specimens other than blood.

Packaging and Transport

- Submit diagnostic specimens **directly to the CDC** for testing after approval from the WI Division of Public Health.

- Complete the two CDC specimen submission forms below and submit with the specimen:
  1. CDC DASH form: [http://www.cdc.gov/laboratory/specimen-submission/form.html](http://www.cdc.gov/laboratory/specimen-submission/form.html)

- The WSLH recommends that EVD specimens be **packaged and shipped as Category A** (according to IATA regulations) using a triple packaging system. [http://www.cdc.gov/vhf/ebola/hcp//packaging-diagram.html](http://www.cdc.gov/vhf/ebola/hcp//packaging-diagram.html)

- Ship specimens for EVD testing to the following address:

  **Centers for Disease Control and Prevention**
  ATTN STAT LAB: VSPB, UNIT #70
  1600 Clifton Road NE
  Atlanta, GA 30333
  Phone 770-488-7100

- On the **outside** of the box, specify how the specimen should be stored: **refrigerated** or **frozen**.

Additional specimen collection, handling and transportation guidance is available from CDC at [http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html](http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html). Guidance is also provided for specimen handling for routine laboratory testing.

Please call WSLH Customer Service at 800-862-1013 if you have any questions.
Regional Meetings

The WSLH will be reviewing the Ebola virus situation and possible impacts on the clinical laboratory at the 2014 WCLN Regional Meetings:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>September 17, 2014</td>
<td>Crowne Plaza, Madison, WI</td>
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Listeria food contamination – Microbiology cultures  
August 4, 2014

- A recall of Listeria-contaminated fruits occurred in July 2014.
- To date, no cases of listeriosis have been associated with this contamination.
- Those at elevated risk for invasive listeriosis include pregnant women, newborns, the immunocompromised, and older adults (> 50 years of age).
- Stool testing for Listeria has not been evaluated as a screening tool for listeriosis and, is generally not recommended for the diagnosis of listeriosis.
- Clinical microbiology laboratories should contact their State Public Health Laboratory for guidance if stool or food culture for Listeria is requested.

The Wawona Packing Co., a California fruit packing company, announced a recall of peaches, plums, nectarines and pluots due to the potential of products being contaminated with Listeria monocytogenes. The Wawona Packing Co. has voluntarily recalled the fruit packed between June 1 and July 17, 2014.  

Groups at elevated risk for invasive disease include pregnant women, newborns, persons with immunocompromising conditions, and older adults (> 50 years of age). The risk of invasive listeriosis following exposure to L. monocytogenes is very low (exposure is common, but disease is rare). Symptoms may include fever, muscle aches, and GI symptoms, which may progress to stiff neck, confusion, loss of balance, and convulsions.

In recall situations, people may seek medical care because of concern that they have been exposed to L. monocytogenes.

The following information from the CDC provides a suggested framework for medical management of exposed patients.  

1. Exposed, asymptomatic: Most experts believe that no testing or treatment is indicated for at-risk patients who ingested a recalled product. Such a patient should be instructed to return if they develop related symptoms within 2 months of eating the fruit (fever and myalgias, often preceded by diarrhea or other gastrointestinal symptoms).

2. Exposed, afebrile, mild symptoms: An at-risk patient who ingested a recalled product and who is afebrile but has signs and symptoms consistent with a minor gastrointestinal or flu-like illness (mild myalgias or mild nausea, vomiting, or diarrhea) could be managed expectantly. This is a reasonable approach to limit low-yield testing and supports judicious use of antimicrobial agents.

   Alternatively, testing with blood culture and/or stool culture for Listeria, may be done where such testing is available. Some experts would withhold antibiotic therapy unless a culture yielded L. monocytogenes. Others would initiate antibiotic therapy while culture results were pending, and then stop treatment if cultures are negative.
NOTE: Stool testing for Listeria has not been evaluated as a screening tool for listeriosis and, in general, is not recommended for the diagnosis of listeriosis. Ingestion of Listeria occurs frequently because the bacterium is commonly present in the environment. Intermittent fecal carriage and shedding of Listeria is frequent (about 5% in unselected populations, but substantial variation exists) and is rarely indicative of infection. Stool culture for Listeria may also have low sensitivity.

3.Exposed, fever and symptoms consistent with invasive listeriosis:
An at risk, exposed patient with fever (>100.6°F, >38.1°C) and signs and symptoms consistent with invasive listeriosis, for whom no other cause of illness is known should be tested and treated for presumptive listeriosis. Diagnostic testing should include blood culture and other tests, such as culture of cerebrospinal fluid, as indicated by the clinical presentation.

References:
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 others who may be interested and 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.

**REGISTRATION IS NOW OPEN FOR THE WCLN 2014 REGIONAL MEETINGS:**

We are happy to announce that the registration is now open for the WCLN 2014 Regional Meetings: “It’s All About Change”.

The dates for the meetings are:

- **Wednesday, September 17, 2014** – The Crowne Plaza, Madison, WI
- **Tuesday, September 23, 2014** – Turtleback Golf, Dining, and Conference Center, Rice Lake, WI
- **Wednesday, September 24, 2014** – Liberty Hall, Kimberly, WI

We hope to see as many of you attend the meetings as possible. Please extend an invitation to infection prevention at your facility to join you for the day. We will also be issuing the invitation to local public health, so register now to assure your spot at the WCLN 2014 Regional Meeting of your choice. Please see the attached brochure for details.

Here is a link to the WSLH Upcoming Training Events webpage: [http://www.slh.wisc.edu/events/2014-09/](http://www.slh.wisc.edu/events/2014-09/)

**REQUEST FOR POSITIVE BABESIA AND PLASMODIUM SPECIMENS:**

The WSLH requests that laboratories please submit residual EDTA blood specimens that are positive for Babesia spp. and Plasmodium spp. to the WSLH for further testing.

- Plasmodium PCR testing will be performed by the WSLH to confirm the species of Plasmodium spp. present on specimens that are positive for Plasmodium spp. Testing will be performed free of charge. Residual specimen will be forwarded to the CDC for the Malaria Surveillance Program.
- The WSLH is also in the process of validating a PCR method for the identification of B. microti from blood. To help get this test up and running, we would appreciate receiving blood specimens that are positive for Babesia spp. along with any percent parasitemia information that is available.
- Please submit specimens using Dunham Express account 7271 for shipment and include a CDD “Requisition A Form” requesting Malaria (MP00831) or Babesia PCR.

**EMERGING INFECTIOUS DISEASES – CARBAPENEM RESISTANCE:**

In March 2014, CDC became aware of two Pseudomonas aeruginosa isolates from epidemiologically unrelated patients that tested as resistant to carbapenems but susceptible to aztreonam. Testing of these isolates identified that they possessed the gene for the Verona Integron-Encoded Metallo-β-lactamase (VIM). Since P. aeruginosa displays intrinsic resistance to ertapenem, ertapenem resistance should not be used as part of the inclusion criteria. Isolates should be resistant or intermediate to all 3 relevant carbapenems (imipenem, doripenem, and meropenem). **If you isolate a Pseudomonas aeruginosa isolates meeting this phenotype (susceptible to aztreonam but resistant to carbapenems), please submit an isolate to the WSLH.** The WSLH will forward the isolate to the CDC for testing for metallo-β-lactamases. Please provide with the isolate a copy of the original test results obtained, as well as an indication of automated susceptibility testing method used for that testing.
SAVE THE DATE – 2014 WMLN CONFERENCE!

Please see the attached message announcing the date for the annual Wisconsin Mycobacteriology Laboratory Network Conference. Mark the date on your calendar and make plans to attend the conference.

CDC ISSUES GUIDANCE FOR EBOLA VIRUS DISEASE (EVD):

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand and manage the public health risks posed by Ebola Virus Disease (EVD). To date, no cases have been reported in the United States. The purpose of this health advisory is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be suspected of having EVD, 2) to clarify which specimens should be obtained and how to submit for diagnostic testing, and 3) to provide hospital infection control guidelines.

U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures. Please disseminate the attached message to infectious disease specialists, intensive care physicians, primary care physicians, hospital epidemiologists, infection control professionals, and hospital administration, as well as to emergency departments and microbiology laboratories.

EBOLA FOUND IN TRAVELER TO NIGERIA:

CDC warns of the need for heightened awareness of patients who have recently traveled to Western African countries that are battling Ebola. Please see the attached message.

DID YOU KNOW… ??????

Now available:

Course Five of the Basic Microbiology Curriculum
“Biochemicals and Gram Positive Organism ID”
A FREE eLearning Course on CDC TRAIN

Description:

This eLearning course is designed to familiarize laboratorians with how to read a Gram stain, the colonial characteristics and biochemical tests used to identify Gram positive microorganisms as well as commonly used testing algorithms. The course will only cover aerobic microorganisms, those that grow in the presence of oxygen.

Locate the course on-line at:
www.cdc.gov/labtraining

MESSAGE FROM WDPH REGARDING CHIUNGUNYA VIRUS TESTING:

We have been asked to share the following information from the Wisconsin Division of Public Health (WDPH).

Chikungunya Virus Testing Information:

Wisconsin does not have the mosquito vectors that carry Chikungunya or Dengue virus, based on limited past mosquito surveillance, so there should not be any local transmission of either virus. Chikungunya virus testing can include PCR and/or IgM/IgG antibody testing. There are 2 different options for Chikungunya testing:

1) Specimens can be tested at Focus commercial lab. Testing at Focus Lab will be quicker because they routinely perform the testing. Results typically are available within 5-10 days.

2) If the patient meets defined testing criteria (see below), the specimen can be tested fee-exempt as part of the arboviral investigation at CDC. Samples meeting the criteria for testing at the CDC should be sent the Wisconsin State Laboratory Hygiene (WSLH). The WSLH will process and will forward the
specimen to CDC. Testing at the CDC may take from 1-2 months because they will do confirmatory testing.

Criteria for Fee Exempt Testing:
The patient’s travel information, onset date, and clinical signs and symptoms are required. CDC will not test samples without this information. Depending on where the patient has traveled, ordering both Chikungunya and Dengue virus testing may be appropriate because of cross-reactivity in testing, similar clinical symptoms, and the same mosquito vectors. The Wisconsin procedure for fee-exempt testing for Chikungunya and Dengue virus is similar to the protocol for arboviral human testing (page 4) posted on the DPH website (see link below). The Vectorborne Epidemiologist, Diep (Zip) Hoang Johnson, must be contacted for the approval of all fee-exempt testing at 608-267-0249. If a case meets the criteria for fee-exempt testing, Diep will fax you a fee-exempt lab form that must be sent along with the sample to the WSLH.

Specimen Collection and Transport:
Collect a blood specimen in a 10ml red top tube without preservative, spin it down, and submit the serum on a cool pack packaged as a Category B specimen. Refrigerate the sample until ready to ship.

WDPH Links:
http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/ChikungunyaFever.htm

CDC Links:
http://www.cdc.gov/chikungunya/hc/diagnostic.html
http://emergency.cdc.gov/HAN/han00358.asp.
http://www.cdc.gov/chikungunya/

INTERESTING ARTICLES:


In 2008, we noted that the global reemergence of dengue fever threatened U.S. residents. An outbreak of locally acquired dengue subsequently occurred in Florida, and the risk of U.S. dengue outbreaks will probably continue indefinitely. We now face a new threat posed by the unrelated chikungunya virus, which causes a disease clinically similar to dengue in a similar epidemiologic pattern, which is transmitted by the same mosquito vectors, and for which we also lack vaccines and specific treatments.

Here is the link to the complete article:

- American Society for Microbiology (ASM): A Report from the American Academy of Microbiology - “Viruses Throughout Life and Time”, July 2013

In contrast to their negative reputation as disease causing agents, some viruses can perform crucial biological and evolutionary functions that help to shape the world we live in today, according to Viruses Throughout Life & Time: Friends, Foes, Change Agents. Viruses Throughout Life & Time: Friends, Foes, Change Agents is based on the deliberation of a group of scientific experts who gathered for two days in San Francisco, CA in July 2013 to answer a series of questions regarding the variety of roles that viruses play in the natural world.

Here is the link to the report:


Several states reported Cyclospora infections over the past week, pushing the total to 202, and health officials are still on the hunt for a common food source for some of the infections.

Here is the link to the complete article:

The Food and Drug Administration announced on Thursday that it would start regulating medical laboratory testing, saying that tests used to make important treatment decisions must be vetted and validated before they go into use. The decision, long in coming, has been fiercely opposed by some laboratories and pathologists, who have said that regulation by the agency is unnecessary and would significantly increase the cost and time needed to develop tests, stifling innovation and depriving patients of some vital tools.

Here is the link to the complete article: http://www.nytimes.com/2014/08/01/business/fda-to-regulate-lab-developed-test-kits.html?hpw&action=click&pgtype=Homepage&version=HpHedThumbWell&module=well-region&region=bottom-well&WT.nav=bottom-well&_r=0
Fax Registration Form

2014 Regional Meetings of the Wisconsin Clinical Laboratory Network

Please check the meeting date that you/your staff plan to attend and fax the completed form to:

WCLN – Regional Meeting, 608-265-9091

Please check desired meeting date/location:

- [ ] September 17 – Madison, WI
  Crowne Plaza Madison, 4402 East Washington Avenue
- [ ] September 23 – Rice Lake, WI
  Turtleback Golf, Dining & Conference Center, 1985 18 ½ St.
- [ ] September 24 – Kimberly, WI
  Liberty Hall, 800 Eisenhower Dr.

A confirmation of registration will be sent via email prior to the meeting date.

Facility/Agency Name: __________________________________________ City & Zip: ________________________________

Telephone ________________________________ Email Address of Contact: ________________________________

Participant Name(s):

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Program
This one-day meeting presented by the Wisconsin State Laboratory of Hygiene (WSLH) offers clinical and public health laboratorians, infection preventionists and public health officers the chance to strengthen their relationships through networking and discussions of relevant laboratory issues. Topics that will be discussed include the detection and prevention of vaccine preventable diseases and an evaluation of the new technologies for detection of enteric pathogens and their impact on surveillance. We will also talk about emerging and re-emerging diseases and the newly revised CLSI document M29-A4 on laboratory biosafety. Presentations on newborn screening, interesting case studies, and a panel discussion on the laboratory and patient centered care will complete the meeting agenda.

Target Audience
This meeting is intended for laboratory managers, supervisors and bench technologists in community-based clinical laboratories and hospital infection control/prevention practitioners.

We also encourage attendance by staff of Local Public Health Departments and their laboratories to enhance communications among the laboratory, health care and public health communities.

Speakers
Wisconsin State Laboratory of Hygiene

Staff:
Peter Shult, Ph.D.
Director, Communicable Disease Division & Emergency Lab Response

David Warshauer, Ph.D., D(ABMM)
Deputy Director, Communicable Disease Division

Erin Bowles, B.S., MT(ASCP)
Laboratory Network Coordinator

Erik Reisdorf, M.S., CLS M(NCA)
Team Leader and Surveillance, Virology

Special guest speakers:
Representatives from LabTag, WCLN laboratories, the Wisconsin Division of Public Health, and the Newborn Screening Division of the WSLH

Agenda: “It’s All About Change”

7:45 (Registration & Refreshments)
8:20 Some Things Never Change:
(Welcome & Introductions)
8:30 Changing the Impact of Disease:
(Vaccine Preventable Disease Partners)
9:30 Technology – Changing the Way We Work:
(Multiplex enteric pathogen assays and point-of-care assays)
10:15 (Break)
10:30 The Ever Changing Threat:
(Emerging and Re-emerging Diseases)
12:00 A Change of Location: (Lunch)
1:00 Making Changes to Improve the System:
(Newborn Screening)
2:00 (Break)
2:10 A Change of Culture:
(Biosafety and M29-A4)
2:40 Change It Up:
(Clinical Lab Case Study)
3:00 Changing Expectations:
(The Laboratory and Patient Centered Care)
4:00 A Change of Scenery: (Adjourn)

P.A.C.E® Credits
A certificate of participation will be granted to each participant based on 6.0 contact hours of instruction toward credit. 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.

Special Needs
In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations must notify the program coordinator no later than two weeks prior to the meeting date selected.

Registration
Regional meetings are offered at no charge, with lunch and morning and afternoon refreshments provided.

Pre-registration is required. A confirmation of registration will be sent via email prior to the scheduled meeting date.

Registration is available either online (preferred) or by fax.

To Register Online:
Register online at the WSLH website under “Upcoming Training Events” at: http://www.slh.wisc.edu/wcln-surveillance/training/ or at the following direct link:
http://www.surveygizmo.com/s3/175197

To Register by Fax:
Complete the registration form and fax to:

WCLN– Regional Meeting
Fax: 608-265-9091

Registration Deadline
7 working days (Monday – Friday) prior to the event date
To: Wisconsin Mycobacteriology Laboratory Network (WMLN) Members  
From: Julie Tans-Kersten  
Date: July 30, 2014  
Re: 2014 Annual WMLN Conference

Save the date! The annual WMLN conference will be held:

Wednesday November 5, 2014: 8:30 AM to 3:30 PM
Crowne Plaza Hotel and Conference Center, Madison, WI

Tentative conference topics include:

- CDC Division of Tuberculosis Elimination Laboratory Branch functions
- Clinical diagnosis of TB, therapy and management
- Cepheid GeneXpert testing for detection of TB and rifampin resistance
- Verification of MALDI-TOF for identification of mycobacteria at WSLH
- Susceptibility testing for \textit{M. tuberculosis} complex
- Drug resistant tuberculosis in Wisconsin
- Case studies from WSLH and WMLN members

There is no registration fee for the conference, and lunch will be provided.

Please mark this date on your calendars! Registration materials will be sent in late September.

See you then,

Julie Tans-Kersten  
TB Laboratory Program Coordinator  
Wisconsin State Laboratory of Hygiene  
Madison, WI  
Ph: 608-263-5364  
Fax: 608-890-4891  
tanskejl@mail.slh.wisc.edu
Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease

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 and manage the public health risks posed by Ebola Virus Disease (EVD). 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 suspected of having EVD, 2) to clarify which specimens should be obtained and how to submit for diagnostic testing, and 3) to provide hospital infection control guidelines.

U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, hospital epidemiologists, infection control professionals, and hospital administration, as well as to emergency departments and microbiology laboratories.

Background

CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of July 27, 2014, according to WHO, a total of 1,323 cases and 729 deaths (case fatality 55-60%) had been reported across the three affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%.

In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids such as, but not limited to, blood, urine, sweat, semen, and breast milk. The incubation period is usually 8–10 days (ranges from 2–21 days). Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons touch the body during funeral preparations.

Patient Evaluation Recommendations to Healthcare Providers

Healthcare providers should be alert for and evaluate suspected patients for Ebola virus infection who have both consistent symptoms and risk factors as follows: 1) Clinical criteria, which includes fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND 2) Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease-endemic areas. Malaria diagnostics should also be a part of initial testing because it is a common cause of febrile illness in persons with a travel history to the affected countries.
Testing of patients with suspected EVD should be guided by the risk level of exposure, as described below:

CDC recommends testing for all persons with onset of fever within 21 days of having a high-risk exposure. A high-risk exposure includes any of the following:

- percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE),
- laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or
- participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

For persons with a high-risk exposure but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal (i.e., thrombocytopenia <150,000 cells/µL and/or elevated transaminases) or unknown.

Persons considered to have a low-risk exposure include persons who spent time in a healthcare facility where EVD patients are being treated (encompassing healthcare workers who used appropriate PPE, employees not involved in direct patient care, or other hospital patients who did not have EVD and their family caretakers), or household members of an EVD patient without high-risk exposures as defined above. Persons who had direct unprotected contact with bats or primates from EVD-affected countries would also be considered to have a low-risk exposure. Testing is recommended for persons with a low-risk exposure who develop fever with other symptoms and have unknown or abnormal blood work findings. Persons with a low-risk exposure and with fever and abnormal blood work findings in absence of other symptoms are also recommended for testing. Asymptomatic persons with high- or low-risk exposures should be monitored daily for fever and symptoms for 21 days from the last known exposure and evaluated medically at the first indication of illness.

Persons with no known exposures listed above but who have fever with other symptoms and abnormal bloodwork within 21 days of visiting EVD-affected countries should be considered for testing if no other diagnosis is found. Testing may be indicated in the same patients if fever is present with other symptoms and blood work is abnormal or unknown. Consultation with local and state health departments is recommended.

If testing is indicated, the local or state health department should be immediately notified. Healthcare providers should collect serum, plasma, or whole blood. A minimum sample volume of 4 mL should be shipped refrigerated or frozen on ice pack or dry ice (no glass tubes), in accordance with IATA guidelines as a Category B diagnostic specimen. Please refer to [http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html](http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html) for detailed instructions and a link to the specimen submission form for CDC laboratory testing.

**Recommended infection control measures**

U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Early recognition and identification of patients with potential EVD is critical. Any U.S. hospital with suspected patients should follow CDC’s *Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals* ([http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html](http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html)). These recommendations include the following:

- **Patient placement:** Patients should be placed in a single patient room (containing a private bathroom) with the door closed.
- **Healthcare provider protection:** Healthcare providers should wear: gloves, gown (fluid resistant or impermeable), shoe covers, eye protection (goggles or face shield), and a facemask. Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body
fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

- **Aerosol-generating procedures:** Avoid aerosol-generating procedures. If performing these procedures, PPE should include respiratory protection (N95 filtering facepiece respirator or higher) and the procedure should be performed in an airborne isolation room.

- **Environmental infection control:** Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces and other body secretions represent potentially infectious materials. Appropriate disinfectants for Ebola virus and other filoviruses include 10% sodium hypochlorite (bleach) solution, or hospital-grade quaternary ammonium or phenolic products. Healthcare providers performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed. Face protection (face shield or facemask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes. Follow standard procedures, per hospital policy and manufacturers’ instructions, for cleaning and/or disinfection of environmental surfaces, equipment, textiles, laundry, food utensils and dishware.

**Recommendations to Public Health Officials**

If public health officials have a patient that is suspected of having EVD or has potentially been exposed and intends to travel, please contact CDC’s Emergency Operations Center 1 (770) 488-7100.

_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

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### 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###
Ebola Virus Disease Confirmed in a Traveler to Nigeria, Two U.S. Healthcare Workers in Liberia

Summary

Nigerian health authorities have confirmed a diagnosis of Ebola Virus Disease (EVD) in a patient who died on Friday in a hospital in Lagos, Nigeria, after traveling from Liberia on July 20, 2014. The report marks the first Ebola case in Nigeria linked to the current outbreak in the West African countries of Guinea, Sierra Leone, and Liberia. Health authorities also reported this weekend that two U.S. citizens working in a hospital in Monrovia, Liberia, have confirmed Ebola virus infection. These recent cases, together with the continued increase in the number of Ebola cases in West Africa, underscore the potential for travel-associated spread of the disease and the risks of EVD to healthcare workers. While the possibility of infected persons entering the U.S. remains low, the Centers for Disease Control and Prevention (CDC) advises that healthcare providers in the U.S. should consider EVD in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected countries and consider isolation of those patients meeting these criteria, pending diagnostic testing.

Background

CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of July 23, 2014, according to WHO, a total of 1,201 cases and 672 deaths (case fatality 55-60%) had been reported in Guinea, Liberia, and Sierra Leone. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death.

In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids such as, but not limited to, blood, urine, sweat, semen, and breast milk. The incubation period is usually 8–10 days (rarely ranging from 2–21 days). Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons contact the body during funeral preparations.

On July 25, the Nigerian Ministry of Health confirmed a diagnosis of EVD in a man who died in a hospital in Lagos (population ~21 million). The man had been in isolation in the hospital since arriving at the Lagos airport from Liberia, where he apparently contracted the infection. Health authorities are investigating whether passengers or crew on the plane or other persons who had contact with the ill traveler are at risk for infection.

In addition, health authorities have reported that two U.S. healthcare workers at ELWA hospital in Monrovia, Liberia, have confirmed Ebola virus infection. One of the healthcare workers, a physician who worked with Ebola patients in the hospital, is symptomatic and in isolation. The other healthcare worker,
a hygienist, developed fever but is showing no other signs of illness. The physician is an employee of Samaritan’s Purse, a North Carolina-based aid organization that has provided extensive assistance in Liberia since the beginning of the current outbreak. The other healthcare worker works with Serving in Mission (SIM) in Liberia and was helping the joint SIM/Samaritan’s Purse team.

The recent cases in a traveler and in healthcare workers demonstrate the risk for spread of EVD in these populations. While no EVD cases have been reported in the United States, a human case, caused by a related virus, Marburg virus, occurred in Denver, Colorado in 2008. Successful implementation of standard precautions was sufficient to limit onward transmission. Other imported cases of viral hemorrhagic fever disease were also successfully managed through effective barrier methods, including a recent Lassa fever case in Minnesota.

**Recommendations**
EVD poses little risk to the U.S. general population at this time. However, U.S. healthcare workers are advised to be alert for signs and symptoms of EVD in patients with compatible illness who have a recent (within 21 days) travel history to countries where the outbreak is occurring, and should consider isolation of those patients meeting these criteria, pending diagnostic testing.

**For more information:**
Additional information on EVD can be found at:
http://www.cdc.gov/ebola
Interim Guidance on EVD for healthcare workers can be found at:
http://www.cdc.gov/vhf/abroad/healthcare-workers.html
Travel notices for each country can be found at:

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, HAN coordinators, and clinician organizations##