THE NATIONAL INFERTILITY PREVENTION PROJECT

Chlamydia is the most common and treatable sexually transmitted disease in the United States affecting an estimated 3-4 million persons annually. Most chlamydia infections in women (70-80%) and men (30-40%) produce no symptoms (Asymptomatic). Chlamydia is a major cause of cervicitis in women and urethritis in men. Complications of untreated infections in women include pelvic inflammatory disease (PID), ectopic pregnancy, and tubal infertility. Untreated infections in men may lead to epididymitis, Reiter’s syndrome, proctitis and infertility. In addition, chlamydia is a major cause of conjunctivitis and pneumonia in infants. About 80% of the costs of chlamydia infection in the United States involve women. Among women reported as positive for chlamydia in 1995, 4% were < 14, 46% were between 15-19, 33% were 20-24, and 17% were > 25 years of age. The main goal of chlamydia screening is to prevent PID and its sequelae. Approximately 25-35% of women will progress to PID if untreated. Among women who test positive for chlamydia and are untreated, 50-75% will experience infertility and 65% will experience an ectopic pregnancy if they become pregnant.

The National Infertility Prevention Project (IPP), also known as the Chlamydia Project, is a national project funded by the Centers for Disease Control and Prevention. The IPP began in 1988 as a demonstration project in Region X (AK, OR, ID, and WA). In 1992, this demonstration project was expanded to include Regions III (Baltimore, DE, DC, MD, PA, Philadelphia, VA, and WV), VII (IA, KS, MO, and NE), and VIII (CO, MT, ND, SD, UT, and WY). In 1995 Regions I (CT, MA, ME, NH, RI, and VT), II (NJ, NY, NC, PR, and VI), IV (AL, FL, GA, KY, NC, SC, TN, MS), V (Chicago, IN, IL, MI, MN, OH, WI), VI (AR, LA, OK, NM, and TX), and IX (AS, AZ, CA, GU, SF, LA, HI, NV, Trusts) were added to the project.

The purpose of the IPP is “to implement effective prevention strategies designed to reduce the debilitating complications, including infertility, that are caused by Chlamydia trachomatis infection in the United States.” To accomplish this goal the IPP requires a partnership at the regional level between, Sexually Transmitted Disease Programs (STD), Family Planning (FP) and Public Health Laboratories (PHL). To further facilitate this partnership, the CDC has funded regional infertility prevention advisory committees (infrastructures) which set regional priorities, establish regional screening and treatment guidelines, and link surveillance and epidemiological activities.
In addition, to the regional infrastructure the CDC funds the National Chlamydia Laboratory Coordinator (NCLC) position held by **APHL Science Advisor, Dr. Richard Steece**. The National Chlamydia Laboratory Coordinator, Dr. Steece, is responsible for all activities related to laboratory screening for the Infertility Prevention Project. Several highlights of activities related to the IPP include:

1. Assist the public health laboratories in price negotiations for chlamydia and gonorrhea diagnostic reagents. Work with each diagnostic manufacturer to provide a base national price plan for public health and/or any laboratory testing for the IPP. Work with individual sites, counties, states, and regions to assist them in negotiating prices for diagnostic reagents. Provide technical information to the IPP and public health laboratories on new technologies such as PCR, LCR, TMA, SDA and, etc.

2. Attend regional IPP Meetings and participate with regional laboratory subcommittees. Assist laboratory subcommittees in meeting the performance measures or quality indicators agreed upon by the infrastructure and CDC. The quality indicators range from quality assurance issues, such as issues related to specimen adequacy, specimen transport and, etc.; to technical issues, such as pooling of specimens, applications of new technology, and etc.

3. Assist the regional advisory committees in developing and coordinating regional project and studies. Provide literature updates to each region. Assist the regions in designing and initiating technical projects. Attend technical updates, national meetings, etc. within budget restrictions and presenting updated information at regional meetings.

4. Work with the National Chlamydia Laboratory Committee (NCLC) to improve and coordinate communication within the public health regions among laboratories, regional infertility coordinators, the CDC Division of Sexually Transmitted Disease (STD) Prevention and other CDC Divisions. Provide minutes of the Committees meetings to the IPP Coordinators, CDC and the APHL after the completion of each meeting. Distribute the NCLC documents to each IPP Regional Coordinator and providing annual updates.

5. Work with the CDC Division of STD on CDC prioritized projects, such as review committees/boards, national meeting planning committees and other new or ongoing activities related to the IPP. Work with CDC/DSTD to complete the “2001 Guidelines for the Laboratory Identification of Chlamydia trachomatis and Neisseria gonorrhoeae Infections”. Monitor the application of the new guidelines in the public health regions, once established.

Evidence from the Infertility Prevention Project suggests that this comprehensive laboratory screening, treatment, partner referral and education program can significantly reduce the prevalence of chlamydia. The partnership between the Centers for Disease Control (CDC), Sexually Transmitted Disease Programs (STD), Family Planning Agencies (FP) and Public Health Laboratories (PHL), in conjunction with the regional infertility prevention infrastructures, and the National Chlamydia Laboratory Coordinator (NCLC) have significantly reduced the prevalence of chlamydia. For example, prevalence rates have decreased over 60% in Region X, where large-scale screening programs have been implemented since 1988. However, screening still remains limited to publicly funded family planning and STD clinics. Currently, less than 50% of all at risk individuals have access to chlamydia screening. It is clear from the early success of the Infertility Prevention Project that the program is effectively working to reduce the national prevalence of chlamydia at sites where it has been implemented. However, increased national funding will be necessary for the project to successfully continue. For further information, please contact **Dr. Richard Steece** at (605) 224-9240 or DrRSteece@aol.com.
Dear APHL Members:

Got Health?

Have you ever tried to explain public health to a family member or a neighbor? As we all know, it is not easy to describe our profession. There is no slogan like, “Got Milk?” nor is there a logo like McDonalds’ Golden Arches to help us verbally or visually explain our chosen field. Unfortunately, public health remains a mysterious and complex field that is difficult to describe and hard for the public to recognize. There is now an exciting new initiative underway to address our dilemma.

The Association of Public Health Laboratories is a founding member of a new coalition that has been formed to raise public awareness of the importance of public health and public health programs. APHL has joined forces with the Public Health Foundation, the National Association of Local Boards of Health, the National Association of County and City Health Officials, the Association of State and Territorial Health Officials, the Association of Schools of Public Health, the Association of Maternal and Child Health Programs and the American Public Health Association to establish the National Public Health Brand Identity Coalition.

The mission of the coalition is to promote the interests of public health through the development of a program that helps the public understand and identify with the field of public health. To accomplish this goal the coalition plans to work with a nationally recognized public relations/public affairs firm. One central focus of the coalition’s work will be to develop a brand identity package with a logo that will be easily recognizable by the public as representing a public health program or activity.

The formation of the coalition represents the first time that the nation’s major public health organizations have entered into a formal agreement around a new project. It also represents a new way of thinking in the public health community centered around using marketing techniques which are widely accepted by the business community in order to advance our own field. Through this column I will provide updates as to the coalition’s progress. Stay tuned...

Sincerely,

Scott J. Becker
Executive Director

Public Health Leaders form National Public Health Brand Identity Coalition
Report of Recent Methods and Data Comparability Board Meeting—

Jack Krueger, Maine’s Public Health Laboratory Director, is APHL’s State representative to the Methods and Data Comparability Board (MDCB) of the EPA - USGS National Water Quality Council (NWQC). Here is his summary of issues addressed during the Board’s recent 3 1/2 day meeting in Florida, the week of January 8th, 2001. If you wish to discuss any of these issues further, please contact Jack directly at, john.a.krueger@state.me.us

First, what is the MDCB?
The National Methods and Data Comparability Board is a partnership of water-quality experts from Federal agencies, States, Tribes, municipalities, industry, and private organizations. The Board’s challenge is to identify, examine, and recommend water-quality monitoring approaches that facilitate collaboration amongst all data-gathering organizations and yield comparable data and assessment results. The MDCB reports to the National Water Quality Monitoring Council, which in turn reports to the Advisory Committee on Water Information (ACWI). The Council’s charge is to implement a nationwide strategy to improve water-quality monitoring, assessment, and reporting. Please reference the website for additional information: http://wi.water.usgs.gov/pmethods/index.html

The MDCB has seven subcommittees with ongoing activities in each. Reports on the three subcommittees in which Jack participates follow.

PBMS
The Performance Based Measurement System (PBMS) Workgroup was established to promote the design and implementation of a system that permits the use of any appropriate measurement methods that demonstrate the ability to meet established performance criteria and that comply with specified data quality needs. Performance criteria, such as precision, bias, sensitivity, specificity, and detection limit, must be designated, and a method-validation process must be documented. Having established a general approach to performance based systems, the Board Workgroup is coordinating efforts with NELAC/ELAB, the American Chemical Society (ACS), and Consensus Method Organizations to develop and validate a pilot program for performance based systems which would clearly identify the criteria needed to be met by laboratories desiring to increase flexibility.

A pilot study was planned and implemented to evaluate PBMS on a new COD method from HACH and compare this to an existing reference method, currently approved as a Standard Method. The results were very interesting and will be published. Not surprisingly, the results indicated how much PBMS methods are dependent upon the individual laboratory, sample matrix, and the analyst.

National Environmental Methods Index (NEMI)
As proposed, NEMI will provide a user-friendly, unified methods database searchable over the World Wide Web. NEMI will allow rapid communication and comparison of methods, thus ensuring that the consideration and reconsideration of analytic methods is a more active part of the planning and implementation of environmental sampling programs.

Laboratory Accreditation and Field Certification
This workgroup was formed to coordinate the accreditation related activities of the various MDCB workgroups and communicate those efforts to the corresponding workgroups in the National Environmental Laboratory Accreditation Conference (NELAC) and the Environmental Laboratory Advisory Board (ELAB). The MDCB supports the NELAC accreditation plan in order to: (1) establish a uniform national accreditation process including the use of performance-based systems (PBMS), (2) develop uniform and consistent accreditation related policies and requirements, and (3) avoid duplication of effort. The accreditation Workgroup efforts are directed towards providing guidance to USGS, EPA, and other Federal, State and private sector agencies on NELAC accreditation issues.

To the States, this workgroup may have significant interest. There are many Federal laboratories that collect environmental data and are currently beginning the process of seeking accreditation. Similarly, many State labs may also be seeking accreditation in place of EPA certification under the SDWA. Interestingly, to accomplish these two similar needs, the Federal labs may be seeking accreditation from state NELAC accrediting authorities, while many states are seeking NELAC accreditation from the Federal EPA. The NELAC meeting this May may provide a very important opportunity for dialogue.
**EMERGENCY PREPAREDNESS & RESPONSE**

**Chairs Handing Off**

Along with much of the old administration, the House Transportation Committee will be eliminating the Subcommittee on Oversight, Investigations, and Emergency Management. Authority for FEMA will, therefore, shift back to the Water Resources and Environment Subcommittee, to be chaired by Rep. Don Young (R-AK). Senate Republicans will take over positions as chairs on January 20th. Here is the status on new and returning Republican chairs for committees and subcommittees dealing with emergency preparedness issues in the 107th Congress.

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<td>House Appropriations</td>
<td>Rep. Bill Young (FL)</td>
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<td>Rep. Frank Wolf (VA)</td>
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<td>Justice, State, and the Judiciary</td>
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<td>House Appropriations Energy and Water Development</td>
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<td>House Appropriations Subcommittee on Labor, HHS,</td>
<td>Rep. Ralph Regula (OH)</td>
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<td>Education, and Related Agencies</td>
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<td>House Appropriations Transportation Subcommittee</td>
<td>Rep. Harold Rogers (KY)</td>
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<td>House Appropriations Subcommittee on Treasury,</td>
<td>Rep. Ernest Istook (OK)</td>
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<td>Postal Service, and General Government</td>
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<td>House Science Committee</td>
<td>Rep. Sherwood Boehlert (NY)</td>
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<td>House Transportation Subcommittee on Water</td>
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<td>Senate Appropriations Interior Subcommittee</td>
<td>Sen. Peter Domenici (NM)</td>
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<td>Senate Appropriations VA-HUD-Independent Agencies</td>
<td>Sen. Conrad Burns (MT)</td>
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<td>Sen. John McCain (AZ)</td>
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<td>Senate Committee on Environment and Public Works</td>
<td>Sen. Robert Smith (NH)</td>
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<td>Senate Environment Subcommittee for Clean Air/Wetlands</td>
<td>Sen. George Voinovich (OH)</td>
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Missouri Department of Health Recognized by FBI for Counter-Terrorism Efforts

The Federal Bureau of Investigation (FBI) presented the Missouri Department of Health with a special award for their efforts in supporting law enforcement and addressing counter-terrorism. The department was commended for providing statewide laboratory support for the FBI’s Weapons of Mass Destruction investigations and providing medical advice and training to the FBI. Dr. Maureen Dempsey, director, accepted the “Diffusing Danger” plaque at the Department of Health’s offices in Jefferson City on December 18.

“We appreciate the opportunity to work closely with the Missouri Department of Health and the Missouri National Guard and want to recognize the accomplishments made in counter-terrorism over the past one and one-half years,” said Jim Kiely, supervisory special agent, FBI Western District. “In this short time, both agencies have earned the respect of a broad segment of law enforcement agencies.”

Through a Memorandum of Understanding signed in October 1999, the FBI and the Department of Health agreed to join forces in the investigation of crimes where the use of chemical or biological agents that could affect the public health and safety of Missouri citizens is suspected. The Department of Health provides laboratory support to analyze suspected specimens. Personnel are available 24 hours a day and tests are conducted on an expedited basis by the department’s laboratory facilities in Jefferson City. The FBI also works closely with the Missouri Department of Health in alerting them of any suspected events that might require public health investigation of intervention.

The department’s Emergency Response/Terrorism Unit provides medical advice and emergency response training to the FBI and other law enforcement agencies regarding hazardous chemical and biological agents and exposures.

“We appreciate the opportunity to work with our federal partners,” said Dr. Maureen Dempsey. “Our objective and purpose is to be prepared and to be a good partner so that we can ensure that the people of the state truly are protected. Early intervention, early treatment, control of panic and improvements for the public are critical to how we function on a daily basis and certainly for counter-terrorism efforts.”

“We appreciate the excellent working relationship we have with the Department of Health and would like to duplicate it around the country,” Kiely added. Missouri is the only state in the nation that has a formal Memorandum of Understanding with the FBI.

Talking Technology Transfer

Richard F. Meyer, PhD, of the famed CDC Rapid Response and Advanced Technology (“RRAT”) laboratory spoke at a recent meeting of the APHL Infectious Disease Committee in Atlanta. The RRAT Laboratory is responsible for evaluating new technologies and rapid assays, as well as developing high-confidence-level molecular detection assays for BT agents. Committee members are concerned about a variety of technology-related issues, but technology transfer ranks most highly.

“This is one of the most important issues in the BT preparedness array,” said Jim Pearson, DrPH, the VA State Public Health Laboratory Director and Chair of the Committee. “It’s important to include members of the LRN [Laboratory Response Network for Bioterrorism] when it comes to validation.” Rich Meyer could not agree more. Dr. Meyer also noted that some of the state public health laboratories have been engaged in some interesting research, and that the CDC is “willing to have state assays come up to the RRAT lab for validation and incorporation into the system.” Everyone present agreed that the use of standardized assays was a mutually desirable goal over the non-standard use of “home brews" that have not undergone multi-center validation. Other LRN partners not present, including the city and county public health laboratories, and other federal agencies, concur.

Dr. Meyer described the following steps in the development and validation process currently used by CDC RRAT personnel.

(1) Identify potential sequences for primers.
(2) Evaluate primers against known strains and related organisms.
(3) Develop primers and probes for detection of suspect agents.

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Clean Water and Safe Drinking Water

Analytical Methods for Drinking Water Contaminants - On January 11, 2001, EPA issues a final rule approving analytical methods for thirteen chemical contaminants (pesticides and industrial chemicals), one microbial contaminant (Aeromonas) and establishes monitoring requirements for the contaminants. Affected contaminants are: 1,2-diphenylhydrazine; 2-methylphenol; 2,4-dichlorophenol; 2,4-dinitrophenol; 2,4,6-trichlorophenol; Alachlor ESA and other acetanilide pesticides, and a degradation product thereof; Diazinon; Disulfoton; Diuron; Fonofos; Linuron; Nitrobenzene; Prometon; RDX; and Terbufos. For details, see the January 11 Federal Register at http://www.access.gpo.gov/su_docs/aces/aces140.html.

CODEX Considering International Standards for Methods of Analysis and Sampling of Agricultural Products, Food and Food and Water Contaminants - The Twenty-third Session of the Codex Alimentarius Commission’s Committee on Methods of Analysis and Sampling (CCMAS) will meet in Budapest, Hungary, February 26-March 2, and will consider proposed draft general guidelines on sampling; criteria for evaluating acceptable methods of analysis for Codex purposes, harmonized guidelines for the use of recovery information in analytical measurements and for analytical terminology in accordance with international standards; and measurement uncertainty.

Food Safety


Report on Pesticide Residues in US Fruits and Vegetables — USDA’s Pesticide Data Program has released 1999 summary data for 9,125 samples that were analyzed for insecticide, herbicide, fungicide, and growth regulator residues. PDP has analyzed 40 different commodities through 2000, and is testing nectarines, tomato paste, rice, beef, poultry, and sweet cherries in 2001. PDP has also reintroduced 11 commodities tested earlier by the program to assess the effectiveness of label changes and other mitigation measures resulting from implementation of the Food Quality Protection Act (FQPA). Program activities planned for 2001 include surveys of community water systems in New York and California to evaluate potential exposure to pesticides through consumption of drinking water. EPA uses PDP information to assess acute dietary exposure to pesticide residues for infants and children, as well as other sensitive populations as required by FQPA; PDP data are also used to reevaluate tolerances to support the new FQPA pesticide reregistration requirements. An electronic copy is posted at http://www.ams.usda.gov/science/pdp/download.htm.

Miscellaneous—Environmental Health

Laboratory Quality Assurance Workshop Kicks-Off CDC and APHL Partnership in HIV LIFE Activities

The CDC and APHL workshop, Assuring the Quality of Laboratory Testing in Countries Fighting an HIV/AIDS Epidemic, was held on November 29-30, 2000 at the Holiday Inn Select, Dunwoody, Georgia. The organizing team (Kajari Shah and Eric Blank from APHL; Stacy Howard, John Ridderhof, Mark Rayfield, Joanne Mei, and Catherine McKinney from CDC) did an outstanding job organizing this kick-off event.

The workshop was attended by 28 participants representing members of the health team responsible for facilitating activities in countries participating in CDC’s Global AIDS Program, particularly the LIFE project. Given the importance of having attendees with varied backgrounds to link public health programs with sound laboratory practices, the workshop participants included laboratory scientists, epidemiologists, public health advisors, CDC assignees to LIFE countries, and APHL members.

The workshop provided participants with a common understanding of the concepts of quality assurance (QA) of testing services for HIV/AIDS, Mycobacterium tuberculosis, sexually transmitted infections, and opportunistic diseases. Speakers emphasized the importance and importance of QA for assuring the integrity of data and presented potential strategies for implementing QA for laboratory testing in resource poor environments. Important outcomes from the workshop were draft models for approaches to national quality assurance programs for sexually transmitted disease testing, voluntary HIV counseling and testing, maternal to child health prevention programs, and testing for mt.

For more information, the agenda and slides from presentations, please refer to the following website: http://www.phppo.cdc.gov/dls/mlp/qa-life.asp

Hurricane Mitch/George Updates

Hurricane Mitch/George Laboratory Management Course, Washington, DC

January 17-25, 2001

Laboratory leaders from all 7 countries in Central America, Haiti and the Dominican Republic spent one week in Washington, DC receiving training on laboratory management and administration. The course, held in co-sponsorship with the Pan American Health Organization (PAHO) and the George Washington University, provided an opportunity for public health laboratory scientists from the region to learn and share ideas on issues related to budgeting and finance, procurement and personnel, and quality laboratory management. In addition to the didactic course-work in Washington, the group traveled to the Virginia Division of Consolidated Laboratory Services in Richmond, Virginia for a 2-day practicum of how one of the US State Laboratories operates. Dr. Jim Pearson and his staff at DCLS provided an incredible learning experience for our visitors.

In other news...

HIV/AIDS: Annan Launches African AIDS Initiative

UN Secretary-General Kofi Annan today officially launched the International Partnership Against AIDS in Africa at the UN Economic Commission on Africa’s second African Development Forum. The event, which ends today in Addis Ababa, has attracted 1,500 African leaders. Annan announced that the IPAA, which developed informally last year, will focus “a new spirit of cooperation in building the response to AIDS.” Its goals are to reduce the number of new HIV infections in Africa, promote care for those infected and mobilize society to halt the disease’s spread (UNAIDS release < http://www.unaids.org/whatsnew/press/eng/ ny0712.html>, 7 Dec).

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"I stand before you as a fellow African," said Annan, a native Ghanaian. "We know that we came too late to this tragedy. ... I also know that as secretary-general of the United Nations, that the response has also been painfully slow in the great multilateral community. But, finally, we are galvanized" (William Reilly, United Press International <http://www.vny.com/cf/News/upidetail.cfm?QID=142260> / VNY.com, 7 Dec).

African heads of state addressed the conference, entitled “AIDS: The Greatest Leadership Challenge.” "If we could work together in the liberation struggle against colonialism, if we could conquer apartheid together, why can’t we conquer HIV/AIDS?” asked Ugandan President Yoweri Museveni, whose nation has organized an AIDS awareness campaign that has reached virtually the entire population. President Festus Mogae of Botswana said drug makers should not necessarily reduce drug costs, because lowered costs could discourage further research. "Instead, I propose that African countries should combine efforts and reimburse the money the successful pharmaceutical companies spent on research and development, plus a negotiated profit level,” Mogae said. “Thereafter, the drug companies should lower the prices” (Hrvoje Hranjski, Associated Press <http://www.newsday.com/ap/international/ap984.htm> / Long Island Newsday, 7 Dec).

The workforce in some African countries could be reduced by up to 35% by 2020, according to a report released this month by the International Labor Organization <http://www.ilo.org> (ILO).

According to the study, HIV/AIDS in Africa: The Impact on the World of Work, the 29 African countries studied could lose from 5% to 35% of their workers over the next 20 years. Namibia, Botswana and Zimbabwe are expected to lose the largest proportions, with projected losses of 35.1%, 30.8% and 29.4%, respectively.

The report says miners, transport workers, security personnel, teachers, health workers and seasonal and migrant laborers are at special risk. The loss of women to AIDS is already being felt in Africa, where women produce 60% to 80% of the continent’s food. The concern is not only the size of the labor force, but also its quality,” the report says. “Many of those infected with HIV are experienced and skilled workers in both blue-collar and white-collar jobs.” The loss of these workers, coupled with the entry of orphans into the workforce, is likely to lower both the average age and skill level of workers on the continent. Overall, the age and gender composition of the working population is expected to change as more orphans and widowed women are forced to seek employment (Harare Financial Gazette <http://allafrica.com/stories/printable/200012140098.html> / allAfrica.com, 14 Dec).

EL SALVADOR: UN Agencies Step Up Post-Earthquake Assistance--
UN relief and development agencies are working to provide food, medical help, water and sanitation for victims of the severe earthquake that struck El Salvador Saturday, January 13, 2001, as well as to address the psycho-social impact of the earthquake on the population.

UNICEF has pledged to provide educational supplies and school kits in order to reopen schools — in tents if necessary — to restore a sense of normalcy, said UN spokesperson Fred Eckhard. UNICEF also committed $500,000 to fight the spread of disease by providing tanks, purification tablets, portable latrines and medical supplies.

The UN Development Program received a contribution of $700,000 from Italy for rehabilitation and reconstruction work as “part of the $1.2 million being channeled through UNDP,” Eckhard said (UN Newservice, 16 Jan). UNDP’s Emergency Response Division authorized up to $100,000 for relief coordination and logistical support while UNDP Resident Representative in Salvador Bruno Moro is coordinating relief activities of UN agencies with the government (UNDP Newsfront, 16 Jan).
The UN World Food Program is continuing to provide emergency food to the country’s hardest hit communities (UN Newservice). Over the last three days, the WFP has given food to 54,500 people and is assessing food needs of the population in preparation for the launch of an emergency appeal to help up to 200,000 people, WFP officials said today.

With each passing hour, we are realizing the extent of the needs in isolated areas around the country,” said Francisco Roque Castro, WFP regional manager for Latin America and the Caribbean. “This is a very heavily populated country — over 6 million people — and ‘quake damage outside the urban areas can affect a lot of people who are then inaccessible to rescue teams” (WFP release/ReliefWeb, 17 Jan).

Roque Castro said there were sufficient supplies of emergency food for the next 15 days, but warned that the hilly terrain was making it difficult for relief teams to assess the needs of people in remote areas (BBC Online, 17 Jan).

The World Bank announced yesterday that it is ready to provide assistance and reconstruction support. Funds available for disbursement under ongoing World Bank projects in El Salvador total about $200 million, of which slightly more than 60% is concentrated on primary and secondary education in rural areas.

“The World Bank is deeply concerned by the loss of life and continuing suffering following Saturday’s tragic earthquake in El Salvador,” said World Bank President James Wolfensohn (World Bank release, 16 Jan).

More Than 675 Confirmed Dead, 500 More Missing El Salvador confirmed that the earthquake killed at least 675 people and warned that the death toll is likely to increase. The International Federation of Red Cross and Red Crescent Societies said 2,375 people have been injured and approximately 500 people are missing (CNN.com, 16 Jan).

Authorities shifted their efforts yesterday from rescuing trapped survivors to coping with the growing number of corpses and caring for the thousands who are now left homeless (MSNBC.com, 16 Jan). The quake destroyed or damaged more than 45,000 homes while some 20,000 people have been evacuated from areas at risk of further landslides caused by aftershocks.

The Pan American Health Organization warned that as many as 50% of the country’s 6 million population are without water supplies (BBC Online, 17 Jan).

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**Infectious Disease Committee Meets**

The Infectious Disease Committee, chaired by Dr. James Pearson, met December 10-11 in Atlanta, GA. The members established a number of goals for the committee, including promoting increased and improved interactions with Veterinary and Agriculture laboratories in the surveillance of infectious diseases, as well as improved partnerships between epidemiologists and PH labs.

The committee has begun work on the development of several position statements on behalf of the Association. Position Statements on the following issues are considered the highest priority:

- Pandemic/Epidemic Influenza Preparedness
- Antimicrobial Resistance
- the Impact of Rapid Tests
- Public Health Laboratory Capacity and Capability for Infectious Diseases, including Bioterrorism
- Laboratory Capacity for Arbovirus Surveillance
- Laboratory Capacity for Detection, Prevention and Control of Tuberculosis
- Hepatitis C Virus

Any interested in assisting the committee in the development of one of these position statements should contact Dr. James Pearson or Rosemary Humes.

Representatives from both NCID and NCHSTP at CDC provided updates on several hot topics and participated in discussions with the committee members on issues related to laboratory capacity.

J. Todd Weber, MD discussed the Action Plan to Combat Antimicrobial Resistance (AMR). The plan has just received OMB clearance (January 2001) and is expected to serve as a blueprint for funding. AMR surveillance is being included in ELC RFP program guidance for the 2001 funding cycle. Additional information about the increasing problem of Antimicrobial resistance, along with a copy of the action plan can be found at the CDC website: http://www.cdc.gov/drugresistance.

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Richard Meyer, PhD, from the BT-RRAT Laboratory provided an update on technology development and validation (See Minute article: Emergency Preparedness and Response “Talking Technology Transfer”, Page 7).

Lynette Brammer and Alicia Postema from the Division of Viral & Rickettsial Diseases discussed numerous issues related to influenza, including the problems with vaccine production this year, the problems and potential impact of rapid tests, the status of the pandemic preparedness plan, laboratory capacity, and the availability of subtyping sera. Many of these issues will be addressed in the APHL Position Statement for Pandemic/ Epidemic Influenza Preparedness currently in development. Pandemic Influenza preparedness continues to be underfunded, and only a small amount of money is made available the states through the ELC program. As funding increases, the Branch expects to increase funding to the states. Several states have developed state plans for pandemic preparedness, guidelines are available on the internet.

Dr. William Levine and Dr. Robert Johnson from NCHSTP presented a broad overview of STD laboratory issues. CDC has made a draft of the 2001 Guidelines for the Laboratory Detection of Chlamydia trachomatis and Neisseria gonorrhoeae Infections available to APHL members for comment. A more detailed update on other STD topics will appear in the next issue of The APHL Minute.

The APHL Board of Directors has voted to discontinue the Annual HRT Consensus Meeting. Attendance has continued to decline at this meeting, even with the inclusion of HCV at the 2000 Meeting in Charlotte, NC. In place of this meeting, APHL will sponsor an annual “Current Infectious Disease Laboratory Topics” Meeting, beginning in 2002. Content for the meeting will be guided by the Infectious Disease Committee. This will allow the Association to begin planning meeting logistics well in advance, while leaving the agenda open to include hot topics and address emerging diseases. A placeholder for a meeting of this type would have been very useful in addressing laboratory capabilities for West Nile Virus.

The Infectious Disease Committee has recommended that the 2002 meeting focus on STD’s, as there are a number of hot topic issues including HPV, rapid tests, point-of-care testing, molecular technologies and new syphilis diagnostic methods. Both HIV and HCV issues could be included in a meeting focusing on STD’s. A working group will be formed to begin planning the agenda in the near future.

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(4) Optimize assays on all real-time PCR machines available.
(5) Determine conditions for extraction from particular specimen types.
(6) Identify and utilize LRN member selection criteria for validation studies.
(7) Validate assays with multi-center studies using AOAC format.
(8) Transfer technology to public health laboratories, including materials for limited in-house validation to establish competency with new assay.

Laboratories that are willing to participate in validation studies will need to have established expertise in molecular detection methods, and comply with Select Agent requirements (CLIA certification and completed EA101 form).

Dr. Mary Gilchrist, the president-elect of APHL, and the members of the Committee believe that APHL can and should play a greater role in this validation process. “We are happy to facilitate the identification of appropriate LRN laboratories for participation in validation studies. Many state laboratories already conduct validation studies themselves in other arenas and have a great deal of expertise to lend.” Adds Dr. Pearson, “The CDC doesn’t have to carry this load alone.”
South Central NLTN Success Story

The workshop-in-a-box (WIB), “Hemocue-Back to Basics: Recommendations for Blood Specimen Collection and Hemoglobin Testing” was originally developed as a training activity authored and presented by Janie Anderson, Oklahoma State Training Coordinator. It was presented to public health nurses and nursing personnel working with the WIC program all over the state of Oklahoma. The WIB was then approved for providing 0.3 Continuing Education Units in 1997. The approval was due to the fact that the Hemocue instrument is utilized extensively by the WIC programs around the country, and the need was documented for training of public health personnel who do not routinely perform laboratory testing.

In 1999, when the National Operations Manager for Hemocue learned about the WIB, she met with the South Central Office staff at the AACC Annual Meeting. There, details were fleshed out for the Hemocue technical representatives all around the country to each have a binder of workshop materials in order to present the workshop to Hemocue users. An MOU was signed between Hemocue and the NLTN South Central Office, providing for Hemocue to pay for the construction of fifty binders at $50.00 each (actual cost: $42.00 each). Additionally, Hemocue agreed to pay $5.00 for each participant who attends the course. Subsequently, Jane Willis and Janie Anderson facilitated a Train-the-Trainer session of the WIB in San Diego, CA, in September, 1999, training 28 Hemocue technical representatives. The training session included training on the protocol that must be followed in order for the participants to receive continuing education credit.

Twenty sessions of “Hemocue-Back to Basics: Recommendations for Blood Specimen Collection and Hemoglobin Testing” were facilitated by Hemocue representatives in calendar year 2000, from February through November. These workshops were presented in the states of Georgia, Tennessee, and Louisiana to 482 students. All of the participants were public health employees, including 316 public health nurses, 73 public health nursing assistants, and 64 WIC nutritionists. Hemocue paid $2,540.00 in registration fees in calendar year 2000 to cover the participants’ fees.

This pilot project truly demonstrates a successful partnership, which allows the manufacturer to support the development and dissemination of accurate, uniform educational materials, while the public health workforce is being provided timely, consistent instruction at no cost to them.

Parasitology for the Public Health Laboratory, a wet workshop sponsored by the NLTN, was held in Southern and Northern California in September. Experienced parasitologists from CA, OR and WA attended the workshop which addressed the identification of Cryptosporidium, Cyclospora, microsporidia and Malaria. The ability for one-on-one consultation with exceptional faculty made this workshop an invaluable experience for all participants.

Faculty included Dr. Mark Eberhard and Stephanie Johnston from CDC, Lynne Garcia, Robyn Shimizu (UCLA) and Betty Hummert (CDHS). Generous sponsorship was received from Olympus America, Medical Chemical Corporation and Evergreen Scientific.
**MARK YOUR CALENDARS...**

**Future APHL Meetings**

**Newborn Screening and Genetics in Public Health**

**NBS&GT** — Planning for APHL’s 2001 Newborn Screening and Genetics Testing Symposium is well underway; the focus this year is on policy aspects, with other aspects covered in poster sessions. To justify Saturday stayovers, some didactic sessions on disorders being newly considered for screening will be presented on Sunday afternoon, May 6; Plenary sessions will occur Monday through Wednesday, May 7-9, and an optional tour of the North Carolina laboratory is offered on Wednesday afternoon. Please see the Call for Abstracts at [www.aphl.org](http://www.aphl.org); meeting registration information is included.

**APHL/CSTE Annual Planning Conference** will be held June 10-15, 2001 at the Doubletree Hotels Columbia River Complex in Portland, OR. The Call for Abstracts were sent out in the mail January 29, 2001. Please check our website [www.aphl.org](http://www.aphl.org) for more information and updates.

**Future Non-APHL Meetings**

**AMIA Spring Congress 2001/ Developing a National Agenda for Public Health Informatics** May 15-17, 2001, Atlanta Hilton and Towers. The purpose of this conference is to bring together the medical informatics and public health communities to exchange ideas, learn from each other, and develop a national agenda for public health informatics that can be a guide to the realization of the untapped potential of information technology to improve the health of communities. The program content includes a one-hour orientation to public health informatics, plenary sessions, panel discussions, and interactive breakouts with leaders in the fields of medical informatics and public health to develop recommendations in six key areas: 1) funding; 2) architecture and infrastructure; 3) standards and vocabulary; 4) research, evaluation, and best practices; 5) privacy, confidentiality, and security; and 6) training/workforce. The resultant agenda will be published in the November issues of the Journal of Public Health Management and Practice (JPHMP) and the Journal of the American Medical Informatics Association. JPHMP is also soliciting additional manuscripts on public health informatics - the due date for these is 4/15/01. Come and assist in this collaborative effort to create a national agenda to improve the use of information in public health. Early registration fees are $175 for AMIA members, $225 for non-members. REGISTER at [www.amia.org](http://www.amia.org).*** (please see attachment)

**The 101st American Society for Microbiology General Meeting** will be held May 20-24, 2001 in Orlando, FL. Information about the program and registration can be found at: [www.asmusa.org/mtgsrc/gm2001prelimprogtoppage.htm](http://www.asmusa.org/mtgsrc/gm2001prelimprogtoppage.htm). The Public Health Division of ASM (Division Y) is sponsoring several symposia this year of interest to public health laboratory practice, including Emerging Pathogens and Public Health Issues with Susceptibility Testing. Division C (Clinical) has planned presentations on Bacterial Pathogens of the Gastrointestinal tract, Real-Time Molecular Diagnostics and Recognition of Emerging Infectious Diseases.

**The 17th Annual Clinical Virology Symposium and Annual Meeting of the Pan American Society for Clinical Virology** will be held April 29 - May 2, 2001 at the Hilton Clearwater Beach Resort, Clearwater Beach, FL. The Symposium will feature plenary sessions, panel discussions, poster presentations, case presentations, informal sessions, and exhibits. As always, topics of public health significance will be discussed, including: Respiratory Viruses, Enteroviruses, West Nile Virus, HCV and Foodborne Viral Diseases. Speakers and panelists include representatives from CDC and State Public Health Laboratories. The Molecular Virology Workshop will be held on April 27-28, 2001 at the Hilton Resort, Clearwater Beach, FL. You may attend the workshop without attending the symposium. Program and registration information for both meetings can be found at: [www.virology.org](http://www.virology.org).
ANNOUNCEMENTS

Job Opportunity-- Kansas Department of Health & Environment is hiring for a Public Health Laboratory Director. Please see attached material for full requirements.*** (please see attachment)

APHL’s Membership & Staff Directories were mailed February 1, 2001. If there are any changes please contact APHL’s Membership Coordinator, Kelly M. Deeb, at 202.822.5227 ext. 221 or kdeeb@aphl.org.

The Lifetime Achievement Award Call for Nominations were mailed February 2, 2001. For more information please look on our website www.aphl.org or contact Kelly M. Deeb at 202.822.5227 ext. 221.

***Attachments:

• Kansas Department of Health & Environment position opening
• AMIA Program and Registration Information

To submit an Article for consideration, contact the Newsletter Coordinator: Kelly M. Deeb via email kdeeb@aphl.org