A call for stronger working relationships among the medical care community, hospital/independent laboratories, and public health laboratories.

Written by: Robert Martin, DrPH, Rex Astles, PhD, and Joyce Witt Kushner, BSN

In 1998, the first U.S. isolate of vancomycin intermediate-resistant Staphylococcus aureus was identified in Michigan. The isolate arose in the manner expected—from a chronically ill patient with frequent hospitalizations who had been treated with a variety of antibiotics. It was critical that public health officials were notified of the isolation and that the resistance was confirmed. Thankfully, this occurrence did not result in broader distribution of the resistant isolate. A timely response occurred because of significant efforts by the staff of the Michigan Department of Health State Laboratory to maintain strong working relationships with hospital microbiology laboratories and the recognition by personnel in hospital laboratories of their responsibility to public health.

In this case, because of systematic education of laboratorians throughout Michigan, the hospital laboratory personnel were aware of the public health significance of a potentially resistant isolate and submitted the isolate to the state laboratory for confirmation. The state laboratory confirmed the isolate as having intermediate resistance.

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and, working with the state epidemiology program
and hospital staff, intervened with further inves-
tigation and implemented control measures. The
rapid reaction from hospital laboratory personnel,
state laboratory, and epidemiology department
decreased the likelihood of further spread. Unfor-
tunately, such preparedness is not uniform across
the nation.

The Michigan Department of Community Health
Laboratory staff actively participates in a variety of
venues that provide the opportunity for interac-
tion with the medical care community (e.g., annual
meetings with the Michigan Infectious Disease
Society, participation in American Society for
Microbiology branch meetings, and participation
in grand rounds). These interactions have allowed
the open consideration and discussion of important
public health issues and, over the years, the medical
and laboratory communities have capitalized on
opportunities for identifying and addressing
community health-care concerns.

Similar activities in other states have had positive
results. For example, during the last 5 years in the
Pacific Northwest, the Washington Public Health
Laboratories, in collaboration with its Clinical
Laboratory Advisory Council, have made a
concerted effort to establish a strong link between
hospital, independent, and public health laborato-
ries. The numerous successes of this Clinical
Laboratory Initiative have included:

- influencing public policy concerning labora-
tory reimbursement fees, specifically responsi-
sible for doubling the state Medicaid reim-
bursement rate for Pap smears

- establishing laboratory practice guidelines for
urinalysis, management of hepatitis and
chlamydia, and screening for HIV, ANA,
diabetes, lipid, and PSA

- reengineering the laboratory delivery system
for diagnosing tuberculosis, expediting analysis,
and reporting and increasing cost-effectiveness

- improving diabetes care through standardiza-
tion of laboratory practice for glycated
hemoglobin using certified methodology for
at least 95% of state-provided testing

- initiating an ongoing quality improvement
program to develop and implement standards
for laboratory practice, including recommenda-
tions for methodology, technology, testing
policies, turnaround time, and reporting
requirements.

**Strengthening Relationships on All Fronts**
The national laboratory system is a major initia-
tive at the Centers for Disease Control and
Prevention (CDC), which prioritizes the strength-
ening of relationships between medical care and
public health systems. A major goal of the na-
tional laboratory system is improving communi-
cation between the medical care community, local
laboratories, and their public health counterparts.
Efforts also are being directed toward facilitating
the laboratory community’s response to disease
outbreaks and strengthening national initiatives
concerning assurance of food safety, control of
tuberculosis, and reduction of antimicrobial
resistance.

The concept of a national laboratory system was
first discussed during the development of the
Clinical Laboratory Improvement Act of 1967.
More recently, the need for a national system was
articulated in a report from the Lewin Group
(1997) calling for increased leadership at the federal
level to address a declining public health labora-
tory infrastructure.

discussed the need for an enhanced national
response to emerging infectious diseases. Dr.
James Hughes and **Dr. Joseph McDade** (Director
and Deputy Director, respectively, National
Center for Infectious Diseases, CDC) authored
The U.S. Needs a National Laboratory System
(U.S. Medicine, 1998). **Dr. Michael Skeels** (Direc-
tor, Oregon State Public Health Laboratory and
Past President, Association of Public Health
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Laboratories) published Public Health in a Changing Health-Care Landscape (ASM News, 1999). Both articles call for developing a national laboratory system.

Most recently, there has been national focus on the need to identify and prevent systematic causes for errors in patient treatment (To Err is Human, Institute of Medicine Report, 2000). At CDC, we view this as a major public health issue because it affects the entire population. Because the clinical laboratory provides much of the objective information upon which clinical decisions are made, systematic improvements would help to limit errors in patient treatment. The National Laboratory System will improve patient outcomes by promoting better adherence to laboratory practice guidelines for issues of public health importance, which also are critically important in individual patient settings. Examples include improved diagnosis and treatment of foodborne diseases and antimicrobial resistance.

An effective national laboratory system built upon the strengths of public health, hospital, and independent laboratories would assure rapid detection of and response to infectious agents, including those associated with possible bioterrorist activities. The framework of a national laboratory system would better ensure the standardization of laboratory methods and the rapid transmission of information critical to public health entities.

**Future Projects to Evaluate Benefits**

To evaluate the benefits of such a system, four demonstration projects will be conducted in the coming year. The Association of Public Health Laboratories and the CDC Division of Laboratory Systems, Public Health Practice Program Office, formed a partnership to develop a model for the national laboratory system for public health testing. The CDC-funded demonstration projects were awarded to the state public health laboratories of Nebraska, Minnesota, and Michigan, along with continuing support of the Clinical Laboratory Initiative of Washington state. The award recipients, working with professional organizations, hospital/independent laboratories, and state epidemiologists, identified projects that will demonstrate enhanced capability for detecting important public health events through laboratory testing.

These four projects will identify opportunities and impediments for collaboration among members of the laboratory and medical communities and develop strategies that will foster integration of efforts of public health and private laboratories. The projects will explore methods of increasing staff awareness of and efficiency in response to cases of antimicrobial resistance or potential outbreaks, increasing capacity for communication between professional personnel assigned to handling such incidents, increasing standardization of relevant laboratory procedures and improving quality assurance programs.

The CDC is deeply vested in the mission of the public health laboratory to successfully protect the nation’s health through appropriate and effective assessment, policy development, and quality assurance. The proposed National Laboratory System would assure the availability of a consistent laboratory capacity across the nation to address diseases of public health importance.

**Robert Martin, Dr.Ph.,** is the Director of Division of Laboratory Systems, Public Health Practice Program Office, Centers for Disease Control and Prevention, Atlanta, Georgia.

**Rex Astles, Ph.D.,** is Senior Health Scientist, Division of Laboratory Systems, Public Health Practice Program Office, Centers for Disease Control and Prevention, Atlanta, Georgia.

**Joyce Witt Kushner, BSN,** is Health Scientist Fellowship Appointment of Oak Ridge Institute for Science and Education, Division of Laboratory Systems, Public Health Practice Program Office, Centers for Disease Control and Prevention, Atlanta, Georgia.

"This article originally appeared in the July/August 2001 issue of Vantage Point (Vol. 5, No. 12-13), the membership newsletter of The Clinical Laboratory Management Association (CLMA). For more information on CLMA, please visit www.clma.org."
As the new President of APHL, let me reiterate the message that I delivered at the APHL business meeting in Portland in June. I am fully supportive of the directions that APHL is taking in expanding membership and changing the mix of its roles. During my tenure I will pursue the same course for APHL that my immediate predecessors have taken, with my own added emphasis in a number of categories.

My greatest goal is to engage the new members as fully as is possible. The Membership Committee will be reviewing the by-laws and seeking to identify new means of engaging our various categories of members. I expect to receive some rather broad recommendations from the committee. To provide knowledge of the APHL processes, Eric Blank has accepted a position on the Membership Committee to advise them of the possible venues that they might explore and help them work through the possibilities. We look forward to their recommendations.

This year, I established a precedent by having the committee chairs select their members with minimal guidance or oversight. As a demonstration that our new members would be fully engaged, I asked that the committee chairs select new members for their committees in addition to the traditional full member category. The committee rosters are now complete and we can celebrate the involvement of nearly 50 non-full members on our 8 standing committees. I am certain that the new members will invigorate the committees with their new perspective and thoughtful contributions.

The tenure of the committee members and chairs has in the past been subject to reappointment on a year-by-year basis with a theoretical three year term limit. I believe that an established three year tenure for committee chairs would help them to learn the ropes, develop their priorities and work toward longer-term goals. If one-third of the committee chairs turned over each year, the mix would contain both seasoned and novice chairs to help with strategic planning and forward the APHL goals. We encountered a situation this June in which the one year tenure of the committee chair and its members was identified as the source of a problem. I expect that some of these issues can be resolved during my time in office.

The role of the Board of Directors in oversight of the APHL has continuously changed during my tenure on the board. We can thank Scott Becker and Carol Clark for their guidance in this arena. This fall the board members will meet to receive further information and training about the potential roles that we can fulfill.

As you can tell, my thoughts about APHL are evolutionary rather than revolutionary. I feel that we need to solidify our position. APHL is already a known entity in Washington, DC, having gained a strong foothold on the means by which we might influence the decision makers regarding public health. We can thank Scott Becker for his leadership in the matter of advocacy. At the open house for the new APHL offices this spring, other Association executives were openly in admiration for the gains that APHL has made. It was as though APHL is now perceived as a leader and one for related Associations to emulate. You may ask what impact such a role has on you in your state. Supporting continued and expanded funding of federal programs that go to the states has helped us improve public health involvement in emerging infectious diseases, bioterrorism and biomonitoring. I believe that we are only beginning to experience the advantages that ensue from the recent progress made by APHL. Please let me know what your ideas and concerns are as we begin to sculpt the next year(s) of the APHL.

Sincerely,

Mary Gilchrist, PhD, D(ABMM)
President
EXECUTIVE DIRECTOR’S NOTE

Dear APHL Members:

It’s that time again—Summertime. Summertime is usually a time of reflection but not at APHL—It’s a time of action.

I was pleased to see so many members in attendance at the successful joint annual meeting with CSTE in Portland. The total attendance was right around 700! Even though our members were just a fraction of the total our presence was definitely felt. It was a good opportunity to renew past acquaintances and make some new friends. I was especially pleased that our partners from Latin America and Africa were able to be with us.

Summertime is about action. By the time you read this, committees have been formed and some have even held their inaugural meeting for the year. We are already busy planning for our annual meeting next year, the Association’s Fiftieth Anniversary. A number of task forces have been formed that will help us commemorate this special occasion. In coming issues of the Minute (now published every two months) please be on the lookout for historical articles about public health laboratories over the past fifty years. I have a special plea: If you have any historical documents in your personal or organizational archives that you wish for the Association to have, now is a good time to consider packing it up and shipping it off to us! We are particularly interested in documents or other artifacts that span the early years of the Association (1950-70’s).

This is also the time to think about the APHL strategic plan. It’s been a few years since we had an all out effort to renew our plan, and under the leadership of APHL immediate past president Ron Cada, we have just embarked on a process to determine a new strategic plan, for 2002-2004. Our Association has utilized strategic planning as a management tool in guiding the organization’s activities over the last decade. The most recent plan was developed in January 1999 and is the guide for APHL activities through 2001. To initiate this new process, APHL will collect information from APHL members and stakeholders, as an environmental scan (assessment), to capture perceptions as to how the field of public health laboratory science is evolving and speculations as to how future directions may impact on public health laboratories and APHL. This information will be gathered and analyzed during the fall of 2001 and presented at our annual gathering of APHL’s leadership and key stakeholders. The deliberations of the January 2002 meeting will result in a draft strategic plan to be shared with all members and key stakeholders—with a final version expected in late Spring, 2002.

APHL will collect information from APHL members and key stakeholders through two mechanisms—a client survey sent to all members and a series of focus group conference calls. A random sample of members in each membership category has been asked to participate in the focus group calls, held in late August and in September but I am asking all members to complete the client survey (sent via email on August 9, 2001). All APHL members and stakeholders are requested to complete a “Client Survey” by September 1, 2001. To respond to this on-line survey you may connect to www.aphl.org/ClientSurvey/ and your responses will be sent back to APHL. If you do not have an email account or would prefer to receive the survey through other means, please contact Kelly Deeb at the Association’s Washington office for a copy, 202.822.5227, ext 221.

We greatly appreciate your time and thought in completing this brief questionnaire. We will summarize the responses to this survey and it will serve as the foundation for the specific planning activities.
EXECUTIVE DIRECTOR’S NOTE

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The APHL Board of Directors met on June 9 and June 13, 2001. Below please find a summary of recent Board actions. For further information, or if you wish to have a full copy of the minutes sent to you, please contact Kelly Deeb via email at kdeeb@aphl.org or at 202.822.5227, ext. 221.

√ Instructed staff to gain further understanding on how the federal government implements their travel policy for international travel over 14 hours in duration

√ Instructed staff to review and clarify Membership Profile Survey questions and then bring survey back for Board approval

√ Accepted that members and staff will develop a field guide on MS/MS implementation

√ Instructed staff to have all position statements reviewed by attorney before being brought to the Board for approval

√ Requested that no position statements have the APHL logo printed on it until approved by the Association’s membership and that all position statements have draft printed in big bold letters on them until approved

Keep in touch and enjoy the rest of the Summer!

Scott J. Becker
Executive Director
At the APHL-CSTE Joint Meeting in Portland, OR, in June, 2001, Eric J. Sampson, PhD, Director, Division of Laboratory Science, National Center for Environmental Health, was presented with APHL’s In Appreciation Award. In presenting this award, Dr. Ron Laessig, Chair of APHL’s Environmental Health Committee and Director of the Wisconsin State Laboratory of Hygiene, itemized a sampling of Dr. Sampson’s many career accomplishments before he named the awardee, and then highlighted the value for APHL of the support that Dr. Sampson’s laboratory has provided and, in particular, Dr. Sampson’s leadership. His steadfast support and dedication to the laboratory field is an inspiration to all who work in the public health laboratory community.

Eric J. Sampson, PhD caught smiling in his office after receiving his plaque.

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Awards

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support has included cooperative agreement funding to provide staff for the Environmental Health Focal Area as well as travel support for Environmental Health and Newborn Screening Committee meetings, support for some laboratories to develop chemical terrorism response capability, and most recently, the anticipation we share in working through the biomonitoring planning grant program which will culminate in actual implementation of human biomonitoring programs in public health laboratories. Congratulations are in order to Dr. Eric Sampson.

Special Announcement

Third International Conference on Emerging Infectious Diseases (ICEID)
March 24-27, 2002 in Atlanta, GA

Call for Abstracts
This conference brings together public health professionals to encourage the exchange of scientific and public health information on global emerging infectious disease issues. The program will include plenary sessions and symposia with invited speakers, presentations on emerging infections, and oral poster presentations. Major topics include current work on surveillance, epidemiology, research, communication and training, bioterrorism, and prevention and control of emerging infectious diseases, both in the United States and abroad. This meeting is cosponsored by CDC, APHL, ASM, CSTE and WHO.

Deadline for Abstract Submission is December 7, 2001.
This is an excellent opportunity for public health laboratories to demonstrate the important role they play in identification, prevention and control of emerging infectious diseases.

Additional information about this important meeting, including registration, hotel, suggested abstract topics and submission requirements can be found at: www.cdc.gov/iceid

Member News

A Century of Service to Public Health
New Hampshire Celebrates!
Written by Dan Hubbard, Program Manager, NH Public Health Laboratories

After nearly two years of planning, the New Hampshire Public Health Laboratories (PHL) kicked-off its 100th Anniversary celebration earlier this year with a staff breakfast on February 7th, coinciding roughly with the date of the bill establishing the PHL which was in February 1901. Fundraising for anniversary activities included bake sales, raffles, and sale of a PHL cookbook—unfortunately not in NCCLS format. Staff were engaged in writing historical articles for the PHL and Department of Health & Human Services newsletters and a banner depicting an historical timeline of significant NH public health events during the last century was developed for display at anniversary-related events.
Also, a scrapbook of PHL photos was assembled for perusal by anniversary dinner attendees.

Festivities went into full swing during the first week of April (National Public Health Week). From April 4-6, a lobby display was constructed that included the historical timeline, demonstrations of the major areas of testing performed at the PHL, and exhibition of ancient and state-of-the-art laboratory instrumentation. Tours of the PHL were given during both Public Health Week and National Medical Laboratory Week. PHL display tables at the Fish & Game Department’s annual Discover Wild NH Day on April 21st promoted the anniversary, using a banner prepared for the kick-off breakfast and, once again, the timeline.

The NH State Laboratory of Hygiene commenced operations during May 1901 and during May 2001, the PHL celebrated that event with additional activities. The ubiquitous timeline was again displayed at the Annual Conference of the NH Public Health Association on May 1st at which a presentation about the anniversary was given. A photo contest was held during May in which staff members were to be identified from pictures of their youth (some in a state of decay). Identities were divulged and a contest winner was named at a potluck lunch on the 16th. The prize was complimentary tickets to the anniversary dinner.

Public Health Laboratories 100th Anniversary activities culminated June 2 in an evening of celebration at the Courtyard at Marriott in Concord. On display were the scrapbook, old laboratory equipment and books, a bulleted list of PHL historical highlights, and the omnipresent timeline. Commemorative pens were provided to each attendee. Following a social hour and dinner, Katie Dunn, Director of the Office of Community and Public Health, presented introductory remarks in lieu of Veronica Malmberg, Director of the Division of Community Support and the PHL, who was unfortunately called away for a personal emergency. After expressing her congratulations, Katie entertained attendees with memories of her experiences with the PHL during her NH Public Health career. She read a letter of congratulations from Governor Jeanne Shaheen and then introduced Program Manager Jan Larmouth who read a framed commendation for the PHL anniversary from the Governor. Next, Scott Becker, Executive Director of APHL, presented a plaque to Program Managers Jan Larmouth, Sue Lefebvre, and Dan Hubbard that cited the PHL for “exemplary service to the citizens of New Hampshire on the occasion of its centennial celebration.” The keynote speaker for the occasion was Dr. Burt Wilcke, Director, Division of Health Surveillance, Vermont Department of Health and past president, APHL, who described the role that Public Health Laboratories played in public health advancements during the last century. Subsequent to Burt’s exemplary expose, Katie added some closing remarks and passed the celebratory baton to former PHL Program Manager Bill Bolton who DJ’d the music and dancing segment of the festivities.

The PHL was gratified by the attendance of over one hundred including former/retired PHL staff, Department of Health and Human Services dignitaries, public health partners (including APHL representatives Shoolah Escott and Scott Becker), and the spouses/significant others of many.
First Position Statement Generated Under New Process Passes Unanimously at Annual Conference - Two Additional Position Statements on Deck

One of the highlights of this year's Annual Business Meeting in Portland was the unanimous approval of the APHL Position/Policy statement on the Use of Non-Culture Assays to Detect Communicable Infectious Agents. This was the first position statement approved under the new policy/position statement process adopted by the members in June 2000. The statement recognizes the need for, and the advantages of, rapid non-culture assay methods for individual patient care. However, the position stresses that from a public health perspective it is essential that all positive results from such tests be confirmed by additional analyses performed on an isolate of the pathogenic organism. Confirmation should include conventional and molecular grouping and sub-typing of the pathogenic organism to enable public health practitioners to trace disease sources, develop intervention strategies, and eliminate threats to the health of the community. If you would like a copy of the statement please contact Kelly Deeb at 202.822.5227, ext. 221 or kdeeb@aphl.org

Hopes are high that the APHL position statement process adopted last year will work well in the coming years and generate the essential policies needed by the Association and its members. To that end, the Board of Directors has been discussing two new position statements related to newborn screening that are currently working their way through the process. The statements developed by the Newborn Screening and Genetics in Public Health Committee are in response to the committee’s charge to “proactively develop and recommend positions/policies for consideration by the Association.” Specifically the committee was asked to address changes in newborn screening, such as new technology, and to interact with other organizations in developing recommendations for strategies to address this area of growing public health laboratory activity. One area of specific interest was indicated as the impact of “the emergence of private sector organizations performing testing for disorders that occur in newborns” on public health laboratories.

The draft statements were discussed by the Board of Directors in Portland and returned to the Newborn Screening and Genetics Committee for further revisions. Committee Chair, Ann Willey forwarded the draft statements back to the membership for further review. The comments received, critical or supportive, will be considered and the documents redrafted to be accompanied by an “assessment of comments” to summarize this process and the input received. Reconsideration of the statements by both the Newborn Screening and Genetics Committee and the Policy and Planning Committee will occur before the statements are returned to the Board of Directors. Ultimately, the position statements will be voted on by the membership at the 2002 Annual Business Meeting in Albuquerque. The Board of Directors will be reviewing and refining the process as position statements come forward.
**Staff News**

**Dr. Asha George**, Director of Emergency Preparedness and Response has accepted a position working with one of the country’s distinguished public health leaders, Dr. Margaret Hamburg, at the Nunn-Turner Nuclear Threat Initiative. Her focus will be to work on issues concerning biological weapons of mass destruction. This opportunity will allow Asha to continue her rise in the field of Public Health. Asha has served both APHL and our nation well during her tenure. Her expertise, dedication to the issue, work with our members, and CDC has helped better prepare our nation’s public health laboratories in the event of a biological or chemical terrorist attack. We wish Dr. George well in her new endeavors.

**Sara Varghese**, Global Health Program Coordinator, has left APHL. Sara was an integral part of the Global Health Staff. We wish her well in all her future endeavors, she will be missed.

**Denise Arseneaux**, Administrative Assistant in the South Central Office of NLTN in New Orleans, has left the NLTN to work at VA Medical Center. She will be working in the Office of Research where she will be assisting in the administration of grants and providing computer support for her office.

Throughout her employment with APHL, which lasted over three years, Denise has been extremely creative in utilizing her degree in computer graphic design, has designed databases for information management used throughout the NLTN, and has served on APHL staff committees. We wish her well in her future endeavors.

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**EID Fellowship News**

**Emerging Infectious Diseases (EID) Fellowship Program Update**

The Emerging Infectious Diseases (EID) Fellowship program is alive and well. APHL’s current Class VI EID Fellows continue their assignments and activities within their host laboratories. Many of these Fellows are approaching the end of their one-year Fellowship term (in September 2001) and will progress towards careers in public health and/or further education.

We are pleased to have confirmed the new incoming class (Class VII) EID Fellows. The competition this year was intense, as almost 200 Fellowship candidates applied for positions, and 58 public health laboratories applied to host a Fellow. Following the June 2001 interview session at CDC in Atlanta, this year’s Fellows were selected. A total of 34 Fellows will begin their assignments in August or September 2001. This class includes 25 pre-doctoral Training Fellows and 4 post-doctoral Research Fellows. Additionally, 5 International EID Fellows (from India, Turkey, Croatia, China and Russia) will begin their post-doctoral fellowship activities in late August 2001. All Fellows will be placed in local, state, and CDC laboratories for one- to two-year assignments.

A Fellowship orientation took place for all incoming Fellows at CDC in Atlanta from August 13-17, 2001. APHL looks forward to welcoming this new class of Fellows and working with them throughout their Fellowship experience.

Please address all inquiries about the EID Fellowship program to **Heather Roney**, Fellowship Program Manager at hroney@aphl.org
Bush Gives VP and FEMA Marching Orders: Coordinate Counter-terrorism!

Responding to the “very real threat” of a terrorist attack against the US with a chemical, biological, or nuclear weapon of mass destruction (WMD), President Bush has directed Vice President Cheney to develop a coordinated national plan to prevent such an attack and to respond to one if it should occur. Says Bush, “Today, numerous federal departments and agencies have programs to deal with the consequences of a potential use of a chemical, biological, radiological, or nuclear weapon in the United States. Many of these federal programs offer training, planning, and assistance to state and local governments. But to maximize their effectiveness, these efforts need to be seamlessly integrated, harmonious, and comprehensive.” Cheney is expected to report his findings and present his plan to Congress no later than October 1, 2001, after review by the National Security Council. Cheney has directed his team to determine how best to respond to this type of human-generated/caused disaster. Currently, it is speculated that Cheney will recommend the utilization of the all-hazards approach in the national plan.

Meanwhile, President Bush has directed FEMA Director Joe Allbaugh to create an Office of National Preparedness (ONP) within FEMA. Allbaugh is recommending that ONP include representatives from states, localities, and counties, and that, “they must be part of creating the program. Without them, we have absolutely nothing.” FEMA is prepared to pay per-diem and cost-of-living for these representatives, with their salaries paid by their home agencies. This solution begs the question as to where this state funding will come from, considering already tight budgets, and the decreases in state-related FEMA funding in the past.

Allbaugh delivered his ONP vision to the White House on May 16th, stating that ONP will “serve as the focal point for the coordination and implementation of preparedness and consequence management programs for dealing with the threat of WMD.” According to FEMA, crisis management primarily refers to law enforcement functions to prevent, pre-empt, and terminate terrorism and apprehend and prosecute the perpetrators, while consequence management involves the emergency management functions to save lives, protect property, restore government services, and provide emergency relief. ONP will coordinate all federal programs dealing with WMD consequence management, including those within the Departments of Defense, Health and Human Services, Justice, Energy, and the Environmental Protection Agency.

Theoretically, this still leaves the DOJ in charge of WMD crisis management activities, but many question how ONP will be able to coordinate consequence management programs within the DOJ without also having some charge over related crisis management activities. Says a source within the federal law enforcement community, “It’s not as if there’s a clearly delineated point during an incident when we switch all at once...
from crisis to consequence management.” Public health sources agree. Many feel that this action will result in the Departments classifying all of their WMD programs as crisis management in order to keep ONP out of them. Says Sen. Richard Shelby, chairman of the Senate Intelligence Committee, “Where do we go from here? How do we set [ONP] up to where it will be efficient, to where it will be able to respond to a real emergency?” Several current and former counter-terrorism officials say one reason is that Cabinet-level agencies are being asked in the most dire circumstances to report to an office inside a sub-Cabinet agency. Another official noted that the new head of the ONP will not require Senate confirmation despite the power he or she will yield.

APHL is closely tracking this situation and is particularly interested in seeing if and how additional funding for state activities will come through ONP at FEMA. Historically, FEMA funding for states has only been delivered after disasters have occurred.

Secretary of State Colin L. Powell is also concerned about funding, and said the State Department was seeking additional funds to counter terrorism. But, he said, “if we adopted this hunkered-down attitude, behind our concrete and our barbed wire, the terrorists would have achieved a kind of victory. At the end of the day, what America is to the world is not only what we say or do, it is who we are. And we are not helmeted giants huddling in our bunkers awaiting the enemy.”

“Dual Use” Materials Have a Dark Side: Public Health Labs Do Not Need to Use the Force to Identify these WMD Precursors

Extract certain ingredients from the antiperspirant under your arm, mix them with an off-the-shelf bathtub cleaner and you’ve got the makings for deadly mustard gas. The local anesthetic that takes the sting out of minor surgery uses the same chemical agent as a gas that induces agonizing convulsions and death. There is a dark side to these seemingly benign materials. Figuring out whether these materials are wanted to alleviate suffering or annihilate neighbors could well be impossible, experts in ‘dual use’ ingredients say. “A border inspector would have to have a degree in physics,” said Alistair Millar, who has co-authored a report on ‘smart sanctions’ for the Fourth Freedom Forum, an anti-war think-tank.

It gets trickier trying to eliminate chemical and biological precursors - goods that can become elements in weapons of mass destruction. “Pesticides, disinfectants, cleaning materials for car engines - the molecular structure of all those things is only minimally different from the structure for chemical weapons,” said Richard Butler, former head of the U.N. weapons inspections team in Iraq. “It’s kind of like making moonshine - you don’t have to be Johnnie Walker to know how to make whiskey.”

George Parshall, a retired DuPont chemist who advises nonproliferation groups, analyzed some of the precursors appearing on lists posted by the Australia Group, an informal alliance of 32 nations set up in 1985 to stop the spread of chemical warfare. The Australia Group lists suggest specific volumes to determine lethal or beneficial intent. But in many cases, experts say, the volumes are identical. Topping the chemical precursor list is thiodiglycol, commonly used as a solvent for ball point pen ink, cosmetics and antiperspirants. Combined with hydrochloride - known as muriatic acid in hardware stores, where it is sold to remove iron stains from bathtubs - thiodiglycol creates mustard gas. “You can almost do it in your bathtub,” Parshall said. “Actually, I don’t want to provide a chemical warfare cookbook, but...”
EMERGENCY PREPAREDNESS & RESPONSE

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you CAN do it in your bathtub.” Mustard gas blisters the skin and causes potentially lethal respiratory ailments.

Dimethylamine is a reagent that causes an interim reaction needed to make certain products. It vulcanizes rubber for tires, cures leather, and helps make the local anesthetic a doctor might use for minor surgery. It is also an element in the creation of tabun, a chemical that disables the central nervous system and causes a horrific, convulsive death. Chlorine, the most common purifier of drinking water, is also the gas the Germans used to suffocate allied soldiers in World War I. It is believed to be a contentious item in the Security Council debate. Manufacturing equipment, as well as chemicals, can have dual uses. Glass-lined distillers used to make corrosive nitric acids for fertilizer can be used to make nerve gases, too.

“Although we may have far to go in terms of developing and transferring the technology necessary for public health laboratories to identify many chemical and nerve agents, it is unreasonable to say that the ability to identify many of these precursors does not exist at the state and local level,” says Asha George, DrPH, former Director, Emergency Preparedness and Response at APHL. “Non-WMD-related-crimes involving these materials occur nationwide and commonly, and it does not take a PhD to figure things out. Botched or interrupted attempts to create these agents for terrorist purposes will most likely come to light at the state and local level, long before the feds ever get involved. Public health labs may find themselves involved in “identification” far sooner than they think.”

Lynn Bradley, Director, Environmental Health, APHL, agrees, stating, “It is important to understand the full spectrum of state and local public health laboratory concerns around the issues of chemical and environmental terrorism. We are not just talking about end-products.” “We need to determine what state and local public health laboratories can do to prepare for, and respond to, acts of chemical and environmental terrorism,” adds Ron Laessig, PhD, WI State Public Health Laboratory Director and Chair of the APHL Environmental Health Committee.

In order to address these concerns, APHL hosted the Chemical and Environmental Terrorism State and Local Public Health Laboratory Preparedness and Response Capacity Meeting on June 21-22, 2001. This meeting was funded by a cooperative agreement between APHL and the National Center for Environmental Health/Centers for Disease Control and Prevention. Representatives from the states, federal agencies, the National Association of City and County Health Officials, and the National Environmental Health Association participated. A white paper including meeting determinations and recommendations is expected to be available by APHL in the fall.


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Biological Weapons Treaty Enforcement

The Draft Enforcement Provision of the Biological Weapons Treaty has been rejected by the US as unworkable. In doing so, the Bush administration dismayed some allies who said the United States effectively was killing the pact after seven years of arduous negotiations. The chief US representative at the negotiations, Donald A. Mahley, told other delegates at the Geneva conference that ‘no nation is more committed than the US to combating the [biological weapons] threat,’ but said the 210-page draft agreement on inspections and other enforcement mechanisms could lead to harassment of US government laboratories and theft of industrial secrets. European, Canadian and Japanese officials agreed that the draft was imperfect but argued that it was better than nothing and could be improved, and are proceeding to develop enforcement provisions without participation of the US. The goal of the draft protocol is to put teeth into...
**Environmental Health**

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**Biomonitoring**

**Update on NCEH Biomonitoring Planning Grants** - The National Center for Environmental Health’s Division of Laboratory Sciences received 25 applications in response to the Program Announcement for Public Health Laboratory Biomonitoring Planning Grants. Counting multi-state consortium applications, a total of 33 states hope to participate in the program. NCEH DLS staff indicate that they still expect to make the grant awards by the September 1, 2001, target date, as published in the Federal Register.

**CD ROM with CDC/NCEH Biomonitoring Methods** - NCEH DLS has previously announced its intent to distribute a CD ROM with biomonitoring methods. Preparation of the materials is nearly complete, and the CDs should be available in late August, 2001. The methods included on the CD will be 1) Arsenic in urine; 2) Cadmium and lead in blood; 3) Cotinine in serum; 4) Iodine in urine; 5) Mercury in urine; 6) Mercury in blood; 7) Multiple toxic elements in urine; 8) Nickel in urine; 9) Polycyclic aromatic hydrocarbons (PAHs) in urine; 10) Paranitrophenol (methyl parathion metabolite) in urine; 11) Pesticides in urine; 12) Phthalate monoesters in urine; and 13) Volatile Organic Compounds (VOCs) in blood. These methods are intended to illustrate types of analyses that may be used for biomonitoring and human exposure assessment. NCEH staff are preparing a fax-back form with which to request copies of the CD. APHL staff will e-mail this form, as a .pdf file, to all members as soon as it is made available, so that you can request your copy in time for the first shipment. For use of these methods more than about 6 months after publication, it will be important to contact the specified person for each method to receive any updates to the method that may have been developed since publication.

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**Drinking Water**

**USGS Water Quality Reports** — The National Water Quality Assessment Program (NAWQA) has published a series of reports on Water Quality in watersheds or basins around the United States. These are available on the NAWQA homepage, www.water.usgs.gov/nawqa/. Of the 51 planned reports, all but 15 are published; they cover roughly half of the land area and include water resources available to over 60% of the population.

Another recent USGS Report concerns MTBE in subsurface waters. “Occurrence and Distribution of Methyl tert-Butyl Ether and Other Volatile Organic Compounds in Drinking Water in the Northeast and Mid-Atlantic Regions of the United States, 1993-98,” by Stephen J. Grady and George D. Casey (Water-Resources Investigations Report 00-4228). The report is based on finished drinking-water data from randomly selected community water systems in 12 Northeast and Mid-Atlantic states. The data set provides an understanding of the occurrence and distribution of a wide variety of VOCs in drinking water. In addition, projections of the number of systems and people potentially exposed to VOCs in this study area are presented.

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**EPA Update**

**EPA Chemicals Information and Management Project** - in June, 2001, representatives of state environmental health and environmental epidemiology programs joined state and federal environmental regulators at a meeting of the Forum on State and Tribal Toxics Action (FOSTTA). In one of the sessions, officials of EPA’s Office of Prevention, Pesticides, and Toxics (O PPT) announced their intent to work with state and tribal agencies to make information from two
chemical-assessment initiatives more useful to the various state agencies that need chemical safety data. The initiatives are 1) the High Production Volume (HPV) project, which deals with 2,800 chemicals produced annually in volumes of one million pounds or more for which manufacturers have agreed to make public by 2005 basic ecotoxicity and health hazard data, or for which test data will be obtained through regulation, and 2) the Voluntary Children’s Chemical Evaluation Program (VCCEP), a pilot program through which EPA hopes to obtain from companies health and exposure information for 20 chemicals to which children may be exposed. Throughout their presentations on the HPV and VCCEP initiatives, OPPT officials stressed that, initially, both programs will provide only “screening” data — basic information manufacturers will make public by either releasing studies held privately or through quick tests. The assumption is that further testing, which would provide a deeper understanding of the chemicals, will be done when deemed necessary based on scientific analyses of the initial screening-level data. OPPT intends to develop a database where information provided through the HPV and VCCEP initiatives will be publicly available.

In addition to providing basic hazard information, companies sponsoring chemicals in the VCCEP program also will generate preliminary exposure information (estimates) and conduct an assessment of additional chemical-safety data needs. State participants noted that states already conduct indoor air and human exposure analyses that could provide information now, or might be willing to add some of the 20 chemicals to periodic exposure evaluations they make. They also pointed out the need for a clearinghouse to which states could submit human exposure data – this need will become more apparent as states begin to conduct more biomonitoring studies.

At its next meeting in October, FO SSTA participants will discuss the type of exposure information states have and ways to work towards making that information easier to obtain by companies developing exposure analyses for VCCEP, by states that did not generate, but could use the information, and by federal officials. State participants urged OPPT to use existing contacts that other EPA offices already have and to develop new ones. For instance, EPA’s air, water and pesticide programs already have regular contacts with state organizations such as the Environmental Council of the States (ECOS), State FIFRA Issues Research and Evaluation Group (SFIREG, state pesticide regulators), the Association of State and Territorial Solid Waste Management Officials (ASTSWMO), the State and Territorial Air Pollution Program Administrators (STAPPA), and the Association of Local Air Pollution Control Officials (ALAPCO). State health agency representatives urged OPPT to work with the Association of State and Territorial Health Officials (ASTHO), which has a special committee that focuses on environmental health issues, as well as the Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health, two federal agencies dealing with worker safety.

— Information for this article was provided by personal communication from Pat Phibbs, BNA Publications.

**Superfund Going Broke** – the trust fund that has supported the $1.5 billion per year Superfund cleanup program will have to be totally funded through general tax revenues within two years, unless Congress reinstates the lapsed tax on industry that originally paid into the trust fund. Congressional action is considered unlikely since the five year of debates about Superfund have shown no signs of convergence on common ground, and the current political climate makes it highly unlikely that another industry-only tax will be imposed. While about half of the sites on the Superfund National Priorities List (NPL) have been listed as “construction complete,” additional work remains to be done, either because the remediation was incomplete or unsuccessful. In addition to the sites remaining on the NPL, there are many non-federal sites, never eligible for trust
fund monies, that remain to be cleaned up by potentially responsible parties or states and localities. Congress requested a study of Superfund status in EPA appropriations last year; Resources for the Future (RFF) actually conducted the study that reached these conclusions.

AOAC International’s PT Program Receives Accreditation to ISO Guide 43 — the AOAC Laboratory Proficiency Testing Program has been accredited by A2LA. They offer the following:

- Standard Microbiology Programs (including Salmonella, E. coli O 157:H7, and Listeria, as well as quantifying coliforms, E. coli, Coagulase Positive Staphylococcus, yeast and mold, and aerobic organisms, but also available without E. Coli O 157:H7 (MO 8) and without E. Coli O 157:H7 and Listeria).

- Pathogen-Free Microbiology Program (four samples of mashed potatoes for quantitative determination of coliform, E. Coli, yeast and mold, and aerobic plate count).

- Meat Microbiology Programs (ground meat samples to determine different Salmonella, presence or absence of E. Coli O 157:H7, or presence or absence of Listeria monocytogenes).

- Combination Pathogen Program in Meat (Salmonella species in a ground meat matrix, E. Coli O 157:H7 in a ground meat matrix, and Listeria monocytogenes in a processed meat matrix).

- HACCP Programs for meat and poultry plants seeking compliance with HACCP rules (test materials to determine E. Coli Biotype I for swine and beef, rinse samples for a quantitative determination of E. Coli Biotype I and a qualitative determination of Salmonella species in poultry, and qualitative determination of Campylobacter for poultry).

- Nutrition Labeling Programs (meat and cheese chemistry — protein, moisture, fat, and salt, ash, carbohydrate, cholesterol, sodium, potassium, magnesium, iron, calcium, and calories, plus % Saturated Fat, % Monounsaturated Fat, % Polyunsaturated Fat, % Trans Fatty Acids).

- Pesticide Residues in Fruits and Vegetables Program (63 possible pesticide residues in a fruit and vegetable matrix). The list of chemicals tested in the program was developed after an extensive survey of international needs and interests. For more information, visit the website, www.aoac.org/proficiencytesting/proficiency.html

FDA Website for BSE — Bovine Spongiform Encephalopathy (BSE) is a chronic, degenerative disorder affecting the central nervous system of cattle, and is transmissible to humans as variant Creufeldt Jakob Disease. This FDA website which assembles information on BSE from FDA and other federal sources including the Agency’s April 2001 Action Plan. The FDA website is: www.fda.gov/oc/opacom/hottopics/bse.html

Food Safety Appointments — President Bush has nominated Texas A&M’s Elsa A. Murano to be Under Secretary of Agriculture for Food Safety. Dr. Murano will fill the position formerly held by Dr. Cathy Woteki, a position created to insulate the Department of Agriculture’s food safety functions, in the Food Safety and Inspection Service, from the much different economic development and promotion functions of other agencies and offices of the Department. Dr. Murano has served at Texas A&M since 1995 in a variety of positions. She is presently a Professor in the Department of Animal Sciences; she is a graduate of Florida International University and received both her Master’s degree and Ph.D. from Virginia Polytechnic University.

Robert E. Brackett, PhD, has been named by the Food and Drug Administration to be Food Safety Director of the Center for Food Safety and

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Applied Nutrition. Dr. Brackett will report directly to Joseph A. Levitt, director of CFSAN, and will provide leadership for FDA’s food safety work, overseeing all aspects of food safety across the broad range of FDA’s food safety responsibilities. Dr. Brackett comes from the position of Senior Microbiologist in CFSAN’s Office of Plant and Dairy Foods and Beverages; prior to FDA, Dr. Brackett was a Professor of Food Science and Technology in the Center for Food Safety and Quality Enhancement at the University of Georgia, where he specialized in the microbiological safety of foods. Dr. Brackett is a graduate of the University of Wisconsin-Madison where he received his B.S. degree in Bacteriology, and M.S. and Ph.D. degrees in Food Microbiology.

And last, but not least, Morrie Potter is back! FDA has appointed Morris J. Potter, DVM, to be Lead Scientist for Epidemiology in the CFSAN Office of Science. He will work closely with CDC, USDA, and international organizations such as the World Health Organization (WHO) and the Food and Agriculture Organization (FAO) to increase epidemiological and surveillance capabilities in infectious diseases, nutritional well-being, and foodborne environmental contaminants. Dr. Potter preceded Dr. Art Liang at CDC’s Food Safety Initiative staff, and more recently replaced Dr. George Hardy (now ASTHO Executive Vice President) at the International Life Sciences Institute. Dr. Potter will be located in the FDA Regional Office in Atlanta.

FDA CFSAN Program Priorities for FY 2002 - FDA Seeks Public Comments by September 17 concerning what it should include, beyond the 2001 priorities, as it establishes program priorities for the Center for Food Safety and Applied Nutrition (CFSAN) for fiscal year 2002. As part of its annual planning, budgeting, and resource allocation process, CFSAN is reviewing its programs to set priorities and establish work product expectations. They will continue to place highest emphasis on the food safety initiative, food additives, dietary supplements, and food biotechnology; the 10 other program areas and cross-cutting areas being emphasized are: (1) Nutrition, health claims and labeling; (2) chemical contaminants, pesticides and other hazards; (3) cosmetics; (4) preparing to move CFSAN offices and laboratories to a new facility in College Park, MD; (5) enhancing the science base; (6) international activities; (7) emerging areas (e.g., food allergens); (8) enhancing regulatory processes; (9) focused economic-based regulations; and (10) management initiatives.


Miscellaneous

Dietary Supplement Information Bureau (DSIB) Website - DSIB is a project of the Dietary Supplement Education Alliance (DSEA), an industry coalition created to promote the responsible use of vitamins, minerals, herbs and specialty supplements. DSIB is a repository of science-based information about all aspects of supplementation, to give the public complete, authoritative information about the uses, benefits, supporting science, precautions and recommended dosage levels of the most widely consumed dietary supplements. Regulation of Dietary Supplements is spotty at best (they are generally considered outside the purview of the Food and Drug Administration), and the analytical community is just beginning to look for ways to address the paucity of analytical methods and standards for assessing quality of these products. A new website will provide unrestricted access to over 180 scientific monographs on
Environmental Health

vitrins, minerals, herbs and nutraceuticals, and enable consumers, health professionals, educators, policymakers and the media to conduct individualized searches about the industry or any supplement product. For additional information visit the DSEA website at: www.supplementinfo.org/

EPA Guidance for SOPs - the Office of Environmental Information of the US Environmental Protection Agency has made available a new resource, Guidance for Preparing Standard Operating Procedures (SOPs), EPA/240/B-01/004, located at www.epa.gov/quality/qs-docs/g6-final.pdf

Kyoto Treaty Ready for Ratification — In late July, at the world conference on climate change in Bonn, Germany, negotiators from 180 countries adopted rules to reduce “greenhouse gas” emissions under the world’s first treaty on global warming. The US was the sole major nation opposing these rules, although it produces about 25 percent of the planet’s greenhouse gases, and still insists that it is committed to taking remedial measures on climate change. The Bush administration says it is conducting an intensive Cabinet-level review of global warming and has promised to come up with an alternative strategy to the Kyoto process.

Japan and the European Union spearheaded compromises that enabled the treaty to be presented for ratification. In the absence of U.S. support, Japan became the critical player as the world’s second biggest polluter. The treaty must be ratified by 55 nations responsible for 55 percent of all greenhouse gas emissions to enter into force — and that threshold can only be crossed with Japan’s backing. While the reductions in harmful emissions will not be as deep as originally envisioned, many countries are determined to act swiftly in curbing greenhouse gases, which trap heat in the earth’s atmosphere, and may eventually lead to melting of polar ice caps, causing sea levels to rise and increasing the devastation from floods and hurricanes. The two most contentious issues for the non-US negotiators were how much each nation’s carbon emissions must be cut (details to be resolved later, but consensus was reached on emissions credits for “carbon sinks” – forests – and pledges to invest in CO₂ reduction technologies) and whether CO₂ cutbacks under the treaty should be legally binding (yes, and countries missing the cutback target will have a 0.3% increase in cutback for the next deadline, as penalty).

Also in Bonn, developing countries secured new funding to help them cope with the rising seas, devastating storms and diminished harvests that are anticipated in coming decades because of climate change. While the fund was supposed to reach $1 billion, it will only amount to about $550 million because the United States has refused to pay its previously allocated share.

A new report makes the US position on the Kyoto treaty seem incomprehensible. The Third Assessment Report of the Intergovernmental Panel on Climate Change (IPCC) predicts that earth will warm measurably in the coming century. The IPCC report, published in 2001, projects that the world will warm by 2.5 to 10.4 degrees Fahrenheit (1.4 to 5.8 degrees Celsius) by 2100, but the report does not indicate where in that broad range the warming is most likely to occur. To fill that information gap, Tom Wigley of the National Center for Atmospheric Research in Boulder, Colorado, and Sarah Raper of the University of East Anglia in Norwich, UK, interpreted the IPCC’s projected range of warming in probabilistic terms, concluding that the global mean temperature is 90 percent likely to rise by 3.1 to 8.8 degrees Fahrenheit (1.7 to 4.9 degrees Celsius) during the next 100 years, based on projections made by the (IPCC). The study was published in the July 20, 2001, issue of Science, vol. 293, pp. 451-454. To learn more about climate change, check out the EPA Global Warming Site at www.epa.gov/globalwarming. The site has up-to-date information on the climate system; greenhouse gas emissions; impacts of climate change; and actions that can be taken at the national, state, local, business, and individual levels.
US Coastal Recreational Water Quality - EPA Seeks Public Comments by October 1 on “Draft National Beach Guidance and Performance Criteria for Recreation Waters,” EPA Report Number 823-R-01-005, dated July 2001. This document provides proposed performance criteria for monitoring and assessment of coastal recreation waters adjacent to beaches, and prompt public notification of any exceedance or likelihood of exceedance of applicable water quality standards for pathogens and pathogen indicators for coastal recreation waters. It also outlines the eligibility requirements for grants to implement monitoring and notification programs under section 406(b) of the Beaches Environmental Assessment and Coastal Health Act. EPA held Public Forums in 5 locations around the country during late summer to receive comments. An electronic copy of the draft is posted on the EPA Office of Water’s Office of Science and Technology’s website at www.epa.gov/ost/beaches/meetings/links.html - A paper copy is available from the OW Water Resources Center at 202-260-7786; e-mail: center.water-resource@epa.gov - EPA OW OST Contact: Charles Kovatch at 202 260 3754; e-mail: Kovatch.Charles@epa.gov

Newborn Screening & Genetics

Genomic Competencies Report — For this effort, CDC’s Office of Genetics and Disease Prevention convened a workforce development team representing 6 categories of health professionals: administration, clinical care, health education, epidemiology/informatics, environmental health, and laboratory. The result of their meetings is the first draft of the Genomic Competencies for the Public Health Workforce. The general competencies and competencies for each public health specialty as well as information about the competencies development project can be found at www.cdc.gov/genetics/training/competencies/default.html

14th NBS Proceedings - Proceedings of the Fourteenth Newborn Screening Symposium were completed and mailed to participants in July 2001. These Proceedings will also be published on APHL’s website sometime during the month of August. A limited number of paper copies remain in the Washington Office. Proceedings of the May 2001 Newborn Screening and Genetic Testing Symposium are scheduled for completion and distribution to state laboratory directors and meeting attendees in September 2001.

IFIC Genomics 101 - the International Food Information Council (IFIC) Foundation publishes food Insight, a bimonthly newsletter that has begun a 3-part series entitled Genomics 101 – An Introduction to the Human Genome. The first article, in the May/June 2001 issue, reviews basic DNA structure and function and discusses some of the analytical tools being used to understand it. The second article will examine some of the health applications of the human genome (e.g., assessing disease risk, gene therapy, and new drugs), and the final article will explore some of the ethical issues (e.g., privacy, human rights, and eugenics) that are beginning to surface. These articles may be useful to you in explaining genomics to non-laboratory professionals and students; the series should be completed by November 2001. To view the first article, see the website, www.ific.org, click Food Insight, then click the article on Genomics.
GLOBAL HEALTH

Hurricane Mitch & George Representatives attend Joint Conference

The seven Mitch project coordinators from Central America and the Caribbean attended the Joint Conference of APHL and CSTE in Portland, Oregon. APHL hosted a welcome reception in their honor, and APHL and staff and Mitch Committee members were available to assist them throughout the conference. At the end of the conference the APHL Mitch committee members and our visitors participated in a two-day meeting that included a visit to the Oregon State Laboratory, and a presentation by Valerie Wilson of the Caribbean Epidemiology Center (CAREC) on the role of Epidemiologists in a Public Health Laboratory. The visit was productive and beneficial. All of the country representatives returned to their respective laboratories with new ideas and motivation for working with their Ministry of Health Epidemiologists.

Botswana and Zimbabwe Laboratory Partners Visit US — Representatives from Botswana and Zimbabwe attended the annual planning conference of the Association of Public Health Laboratories and the Conference of State and Territorial Epidemiologists in Portland, Oregon, June 10-13. Mr. Leonard Manthe, Dr. Christina Mwangi and Ms. Theresa Bokete from Botswana and Mr. James Mudzori and Ms. Eileen Burke from Zimbabwe spent four days participating in sessions devoted to the latest laboratory and epidemiology issues. This forum provided an excellent opportunity to consult with APHL leadership, public health laboratory directors, state epidemiologists and CDC scientists on public health laboratory testing systems, management structures, and the organizational direction that underlies and supports national public health systems. Networking and information sharing were critically important outcomes of this visit.

The Botswana delegation also visited state public health laboratories in Michigan and Delaware to share perspectives on improvements in organizational and functional public health laboratory capacity, resource allocations, and collaborative relationships among federal and state agencies.

The Zimbabwe visitors traveled to the Washington and Rhode Island State Public Health Laboratories to discuss laboratory technical assistance and assessment activities, training and quality assurance programs, and models for carrying out public health laboratory core functions, especially those that could contribute the most to the ongoing improvement efforts in southern Africa.

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The two delegations visited CDC headquarters on 20-21 June to tour laboratory facilities, discuss standard and emerging laboratory technologies, and meet with officials from PHPPO, NCID, and GAP.

Zimbabwe
Bob Mayes, Scientific Information Specialist of ZIM-CDC, traveled to the Vermont State Public Health Laboratory, July 16, to discuss user issues for the LITS+ software (Laboratory and Epidemiological Public Health Information Tracking and Reporting System). The visit offered an opportunity to see how one US state lab is implementing this new software and to have a hands-on demonstration of what works and what is challenging about the new system. LITS+ is being proposed for five sites in Zimbabwe.

Four APHL representatives traveled to Harare, Zimbabwe, to meet with CDC staff and identify a specific work plan for the national and peripheral laboratories. Dr. Burton Wilcke, director of the Vermont State Public Health Laboratory, Dr. Gregory Hayes, director of the Rhode Island State Public Health Laboratory, Dr. William Becker, director of the Ohio State Public Health Laboratory, and Ms. Bhavna Lall, APHL program manager, met with CDC field staff and laboratory leaders throughout the country to outline a detailed scope of work. Specifically, the group looked at ways to “charter” a national microbiology reference laboratory and identified processes needed to build a viable network of local and national laboratories under the direction of the Ministry of Health. A technical assistance TDY for HIV testing and quality assurance is set for mid-September.

India
Through the GAP-APHL cooperative agreement, an APHL team spent two weeks with Drs. Robert Martin (PHPPO/DLS) and Richard Keenlyside, associate director for external affairs, (NCSHTP/GAP) in India assisting in implementing laboratory priorities for Tambaram Hospital in Chennai. Dr. Loris Hughes, former state laboratory director of New Mexico, and Dr. John Hitz, deputy Director, Tennessee State Public Health Laboratory, provided technical assistance in laboratory equipment, information systems, physical infrastructure and quality assurance. This visit also provided an opportunity to meet with the National AIDS Control Organization and the National Institute for Biologics in Delhi, as well to meet with new leadership at Tamabarm Hospital. A detailed work plan, including the procedures for equipment purchase, will soon be final.

For additional information on the Global AIDS activities at APHL, please contact Kajari Shah, email kshah@aphl.org. To learn more about APHL and the Global Health Program, please visit www.aphl.org.
**Infectious Diseases**

**PulseNet**
On behalf of APHL and the CDC Foodborne and Diarrheal Diseases Branch, we are pleased to announce that the following projects for applied research in the development of DNA sequencing-based methods for subtyping have been accepted for funding:

- Massachusetts State Laboratory Institute: E. coli 0157:H7
- Minnesota Department of Health Laboratory: Salmonella
- Connecticut Public Health Laboratory: Listeria monocytogenes

While many laboratories submitted high quality proposals, available financial resources limited support to three projects. Updates on the progress of the research will be provided to PulseNet laboratories throughout the year.

**NCCLS**
The following NCCLS document has been released for reviews and comment:
GP29-P Validation of Laboratory Tests When Proficiency Testing is Not Available; Proposed Guideline. All NCCLS member laboratories should have received a copy of the proposed guidelines. The Comment Period ends October 11, 2001. Since this is often an issue of concern in public health laboratories, all APHL members are encouraged to review and comment. For additional information, please contact NCCLS at 610-688-0100.

**FDA Postmarket Surveillance Web Sites**
Laboratorians looking for information regarding postmarket surveillance of medical devices (including laboratory test kits and reagents) may find useful information at: www.fda.gov/opacom/enforce.html. This site contains information on actions taken in connection with agency regulatory activities.

Another important FDA site for laboratorians is MedWatch, at www.fda.gov/medwatch/index.html. MedWatch, the FDA Medical Products Reporting Program, is an initiative designed both to educate all health professionals about the critical importance of monitoring for, and reporting adverse events and problems (including problems with accuracy or performance of laboratory test kits and reagents) to FDA and/or the manufacturer and; to ensure that new safety information is rapidly communicated to the medical community. The purpose of the MedWatch program is to enhance the effectiveness of postmarketing surveillance of medical products as they are used in clinical practice and to rapidly identify significant health hazards associated with these products.

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the 1972 Biological Weapons Convention, a treaty banning the production, possession or use of germ warfare agents. Although ratified by 143 countries, including the United States, the original treaty contains no provisions to prevent cheating. The complete text of the Washington Post story may be viewed at: www.washingtonpost.com/ac2/wp-dyn/A50513-2001Jul25?language=printer
The Western Office of the National Laboratory Training Network conducted the third session of the Public Health Series Course “Laboratory Investigation of Foodborne Illness.” The workshop was held July 30 – August 2, 2001 at Colorado State University in Ft. Collins, CO. This advanced level workshop was designed for the experienced public health microbiologist with knowledge of outbreak investigations. The course was completely updated from the previous two sessions using input from a focus group and the faculty. It featured in-depth presentations and hands on laboratory sessions on bacterial and viral causes of foodborne illness and a look to the future of foodborne disease testing.

There were 21 participants at the workshop, representing 19 states and the District of Columbia. Members of the faculty were recruited from state public health laboratories, CDC, USDA, academia and industry. The diversity of the faculty yielded a wonderful blend of information for all the participants.

Workshop time was divided equally between didactic and laboratory sessions each day. Lecture subjects included PCR methods currently in use in public health laboratories and their future applications; viruses and parasites in food; concentration methods for bacteria in food samples; identification of enterotoxigenic E. coli and Shiga toxin-producing E. coli; issues in surveillance and strategies for outbreak investigations; method validation; an overview of bovine spongiform encephalopathies (BSE) and prion testing, and a look at the public health lab of the future. The laboratory and demonstration sessions included PCR testing from a variety of vendors, identification of Norwalk virus from both clinical and food specimens and the new USDA FSIS method for E. coli 0157:H7.

One of the wonderful benefits from this type of interactive workshop is the networking that occurs between the participants. During the breaks or incubation time in the laboratory it was common to see groups of microbiologists sitting and discussing foodborne outbreaks in their states or asking for information and advice from each other on new products and methods. The course evaluations clearly indicated that all participants felt this course was very valuable to them in both new information and techniques.

**Genetics for the Public’s Health** will be presented via satellite on November 6, 2001, from 1:00 to 4:00 pm EST. Distinguished faculty from the academic, government, and industry will discuss the use of new genetic tests in medical management and public health decision making. Learn how your personal and professional life will be affected by today’s research discoveries, as information derived from the human genome is integrated into clinical and public health practice. Continuing education credit will be offered based on 3 hours of instruction. A registration fee is not required. For more information contact the National Laboratory Training Network (NLTN) at 800-536-6586 or www.phppo.cdc.gov/nltn/
Welcome to the first in a series of columns dedicated to provide information that will help identify ways to enhance the information technology capacity and capability of Public Health Laboratories (PHL). Articles will be informational on current activities related to laboratory data management systems and major Federal government initiatives as well as geared to increase the awareness of laboratory issues and address educational needs. Additionally, these articles may broaden our laboratory perspective by providing information on related disciplines (i.e., public health informatics, information technology), identifying activities in other sectors of public health that may impact on Public Health Laboratories (i.e., Health Insurance Portability and Accountability Act (HIPAA)); and becoming familiar with activities of other public health organizations (i.e., Association of State and Territorial Health Officials (ASTHO)). This column will evolve over time and you are encouraged to provide ideas to tailor this column to fit your needs.

Initiative: National Electronic Disease Surveillance System (NEDSS)

NEDSS has gained significantly in momentum since its introduction in the Fall of 2000 and almost everyone is now familiar with the acronym. NEDSS is defined by CDC as “a broad initiative to use data and information systems standards to advance the development of efficient, integrated and interoperable surveillance systems.” By placing an emphasis on national industry standards, NEDSS will address many issues involving the electronic exchange of information and the integration of public health surveillance and data information systems.

Recent NEDSS activities include: (1) the 2001 NEDSS Implementation Grants administered through the ELC Program, and (2) a one day meeting on the NEDSS Base System (July 12, 2001).

(1) 2001 NEDSS Implementation Grants.
Grant applications were due July 20, 2001. This year there were two types of grants; competitive and noncompetitive. The competitive grants were for new NEDSS activities and will approximate $9,260,000 and the noncompetitive grants were for continuation of ongoing development of specific elements approved and funded in FY 2000.

(2) NEDSS Base System The NEDSS Base System is described as a platform upon which many public health surveillance systems, processes, and data can be integrated in a secure environment. The system incorporates the development of certain modules that conceptually will replace not only NETSS and TIMS but also PHLIS. A one-day meeting was held on July 12, 2001 to obtain feedback from state and local public health partners on the NEDSS Base System. Representatives from APHL included: Will McHugh (OH), Bob Sokolow (OR), Ming Chan (FL) and Helen Regnery (APHL). Other representatives were from the Association of Public Health Officials (ASTHO), Council of State and Territorial Epidemiologists (CSTE), National Association of City and County Health Officials (NACCHO), National Association for Public Health Statistics and Information Systems (NAPHSIS), and the National Association for Health Data Organizations (NAHDO).

Document: “Implications of the National Electronic Disease Surveillance System for Public Health Laboratories”

APHL’s Management and Information Systems (MIS) Committee has produced a document concentrating on the implications of NEDSS for PHL. The document summarizes issues, opportunities and recommendations related to the implementation of the National Electronic Disease Surveillance System (NEDSS) from the viewpoint of Public Health Laboratories. We encourage PHL directors and senior staff to become familiar with the information provided in this document. In July 2001, a near final draft was distributed in

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## LABORATORY INFORMATION SYSTEMS

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Portland during the APHL Business Meeting of the CSTE/APHL Annual meeting. Comments on the document will be appreciated and an electronic copy is available upon request. It is expected that a hard copy will be printed by APHL in the near future for distribution.

**Meeting: October 22 - 25, 2001, Atlanta, GA**

APHL and CDC’s Division of Bacterial and Mycotic Diseases/ National Center for Infectious Diseases (DBMB/NCID) are planning a meeting focused on laboratory data management systems. The meeting will provide a unique opportunity for states to discuss and exchange information on their laboratory data management systems. The meeting will consist of information gathering sessions to determine “where laboratories are and where they would like to be” and sessions for implementing LITS Plus. LITS Plus is CDC’s laboratory data management system developed by DBMD/NCID. It is anticipated that the participants will be a mix of persons from states currently implementing LITS Plus as well as persons other states that have either developed their own system or are planning to develop their system in the immediate future. Participants will be expected to be familiar with their current laboratory capability and identify specific needs.

More information on this meeting will be provided in an APHL Letter of invitation to Laboratory Directors in the near future.

You may contact Helen Regnery for additional information related to the topics of this article by emailing her at hregnery@aphl.org.

## ANNOUNCEMENTS...

**The APHL Minute** will be printed every 2 months beginning with this issue. Eventually, there will be bimonthly emails sent out with pertinent information in between each printed newsletter. If you have any comments or concerns please contact the Newsletter Coordinator, Kelly Deeb, at 202.822.5227 ext. 221 or via email kdeeb@aphl.org.

### 2002 APHL ANNUAL MEETING

**JUNE 9-11, 2002**

Sheraton Old Town Inn
Albuquerque, NM

- Annual Business Meeting
- Sessions and Posters
- Exhibit Hall
- Networking with your Colleagues
- 50th Anniversary Celebration

Please keep your eyes open for future mailings regarding the Annual Meeting. You may also find up-to-date postings on our website at: www.aphl.org
**Mark Your Calendars...**

**Future Meetings of Interest**

**ISEA** -- the International Society of Exposure Analysis will meet in Charleston, SC, November 4-8, 2001. This conference will provide an excellent opportunity to learn what others have done in human biomonitoring as well as in other methods of assessing exposure. Larry Needham, PhD, of the NCEH laboratory, is the Conference Chair. Through the support of the National Center for Environmental Health’s Division of Laboratory Sciences, and in order to help inform state PHLs about biomonitoring, state PHLs have been invited to nominate a staff person to participate in this meeting. For more information on the conference, visit www.iseaweb.org/isea2001/isea2001.html; for information about traveling a lab staff person to Charleston for the meeting, see your laboratory director, or contact Doug Drabkowski at 202.822.5227, ext. 206 or ddrabkowski@aphl.org.

**Laboratories for the 21st Century: 2001 Annual Conference** -- APHL will cosponsor this meeting in Washington, DC, on October 2-4, 2001. EPA’s Labs21 program addresses issues related to energy and environmental efficiency in the laboratory; the conference participants will devise new solutions to meet this goal. For additional information, visit the website, www.epa.gov/labs21century.

**American Society for Microbiology 102nd General Meeting** -- will be held May 19-23, 2002 in Salt Lake City, UT. Abstract Submission Deadline: November 26, 2001. For additional information: www.asmusa.org/mtgsrch/generalmeeting.htm
To submit an Article for consideration, contact the Newsletter Coordinator: Kelly M. Deeb via email kdeeb@aphl.org