Public-Private Laboratory Collaboration Enhances Disease Detection and Response

Tom Robin’s former laboratory in Manhattan’s Lenox Hill Hospital detected the first and only case of pulmonary anthrax that occurred in New York City in the fall of 2001. At that time, “I had never, ever seen anthrax in my life,” he said. “But because of the city (public health laboratory) keeping us so well informed, when it did occur, I had a comfort level to say I suspect it.” After the specimen was transferred to the New York City public health lab, he said, “The whole laboratory and the whole epidemiology department were fantastic. They constantly kept me in the loop as to what was going on. It was boom, boom, boom, boom, boom.”

While public and private labs have sometimes viewed one another as competitors, a growing number of laboratories are finding—as this episode demonstrates—that there is much more to gain from cooperation than from competition. Indeed, both the National Laboratory System (NLS) and the Laboratory Response Network for Bioterrorism (LRN) are predicated on collaboration to speed referral of unusual or suspicious lab findings from clinical or so-called sentinel labs to public health laboratories capable of sophisticated analyses, including molecular comparisons of organisms infecting patients in different cities or states.

Originally just a concept of a seamless public-private laboratory system, the NLS now has four CDC-coordinated demonstration projects (in Michigan, Minnesota, Nebraska, and Washington) with full time program advisors who serve as liaisons between the public health and clinical laboratory communities.

Rex Astles, who helps manage the program from the CDC end, emphasized the importance of an inclusive laboratory system. He cited a 1999 article, published in the *Journal of the American Medical Association*, stating that mandatory reporting by healthcare professionals and clinical laboratories for some diseases under national surveillance is as low as six percent. This is the kind of dismal statistic, he believes, that better lab relations will improve.

And, said Astles, the timing is right: “The anthrax attacks opened a door for improved (public-private) laboratory relations. Our perception is that clinical labs have been very receptive (to public health outreach).” Astles pointed out that even though NLS funding was initially available to only...
Dear Members,

The recent outbreak of monkeypox in human patients and commercial animals focused national attention on the need to develop closer working relationships between state public health and veterinary diagnostic laboratories. APHL, CDC, and the American Association of Veterinary Laboratory Diagnosticians (AAVLD) have initiated discussion on this issue with the support of the APHL Infectious Disease Committee and the APHL/CDC LRN Working Group. To date, action to include qualified veterinary diagnostic laboratories in the Laboratory Response Network (LRN) has been limited.

National security provides the impetus for adding veterinary diagnostic laboratories to the LRN. Recent experience with monkeypox and West Nile encephalitis has shown that significant zoonotic outbreaks can emerge unexpectedly anywhere in the United States. These could be deliberate acts of terrorism, or naturally occurring events. In either case, we must be vigilant and prepared to respond effectively. As we have seen with SARS, such an event can have devastating consequences for public health and the nation’s economy.

For public health preparedness, the expanded LRN will provide close inter-laboratory collaboration. At the state level, collaboration between public health and veterinary laboratories is essential for optimal detection and identification of zoonotic outbreaks that may impact human health. Prompt notification of a specific zoonotic infection by a veterinary laboratory may directly affect implementation of public health measures to prevent and control the spread of the same infectious agent within public communities. Effective communication and sustained cooperation between the laboratories will turn positive test results in animals to timely reports to state public health officials.

State and local public health laboratories and state veterinary diagnostic laboratories may differ in mission, but clearly there are important reasons to work together. In doing so the health of both animals and humans will be served.

Sincerely,

Norman A. Crouch
EXECUTIVE DIRECTOR’S NOTE

Dear Members,

If we take a good look around, we see many examples of successful collaborations — some of which seem highly unlikely — McDonalds and the public health people offering grilled chicken salads as an alternative to the Big Mac, Philip Morris and anti-smoking advocates discouraging America’s youth from becoming addicted. If sworn enemies can collaborate, the private and public laboratories in this country, with many interests in common, surely have no excuses.

With the current demands on public health laboratories, it is easy to retreat into our own independent worlds, but in the past few months APHL has focused energy on precisely this sort of coalition building and outreach. Members have demonstrated that although it is difficult to dig out of a sea of meetings, emails, meetings, phone calls, meetings and more meetings in order to foster partnerships, it is essential to our work and common mission. From emergency preparedness and response to workforce shortages, we can benefit greatly from working together.

September’s web-cast, “Disease, Disaster, and Detection: Partnering with Public Health Laboratories, launched these recent activities. A product of yet another collaboration — this time between National Center for Public Health Laboratory Leadership and UNC’s School of Public Health — the program explored Minnesota’s efforts to engage clinical labs in a statewide laboratory system. We would like to thank Norm Crouch and his staff for sharing this valuable experience and innovative approach with the greater public health community as well as Lou Turner and Bob Martin for their “on camera” expertise.

We often see such examples of originality among our members. While at the National Laboratory Training Conference III meeting in Chicago, I learned about a new learning tool for elementary-aged children, a coloring book created by the University of Iowa’s Hygienic Laboratory called “Color Me Healthy.” Other more “pipeline” issues were addressed such as the critical workforce shortage. Sean O’Connell presented on Tennessee’s efforts to tap into a new source for laboratorians. Furthermore, I watched presentations on the achievements of the National Laboratory System project. What an appropriate topic given our public-private collaborations theme! Although we often hear about the approaches pioneered by the NLS demonstration states, the feature article in this issue discusses some of the efforts in other parts of the country.

Shortly after Chicago, we had the opportunity to connect with members of the clinical laboratory community from all over the U.S. At the G2 Lab Institute Conference, the private labs sought out APHL’s perspective on potential areas for collaboration and proved that if we take the lead in reaching out, we will find receptive partners.

Just as APHL works to establish a dialogue with other national organizations, you engage private laboratory counterparts on the local level. These parallel activities are mutually supportive and have the potential to improve many areas of laboratory work, even outside the realms of workforce, training, and bioterrorism. It may mean we have to miss a few conference calls and skip a few meetings on the usual business, but my guess is that these days you are getting your fill.

Sincerely,

Scott J. Becker
four states, “all states should have someone to focus on clinical lab relations using bioterrorism (BT) grant funds.”

Connecting with Clinical Laboratories

In New York City, the impetus for strengthening the citywide laboratory network came before the anthrax attacks, in 1999. Sara Beatrice, assistant commissioner for New York City public health laboratories, said a confluence of three events jumpstarted public health efforts to intensify outreach to the clinical community: the first outbreak of West Nile virus in the U.S. (which occurred in New York City), establishment of the LRN (which links public and private labs employing standard protocols to test for possible BT agents), and, for the first time ever, availability of federal funding for BT preparedness.

“Collaboration with clinical laboratories is not a luxury,” said Beatrice. “It’s a very real necessity.” The credible threat of emerging infectious diseases and bioterrorism was an important motivator for the New York City laboratory and its public health partners. Ready funding was an enabler.

The New York City health department set up a broadcast fax system to communicate with health care providers including clinical labs, started a speakers bureau to send physicians and lab workers into clinical and community settings to explain concerns about emerging pathogens, and established a committee to advise the city health commissioner on BT and emerging infectious diseases. The advisory committee includes directors from leading clinical and university-based laboratories, as well as representatives from the Federal Bureau of Investigation, city police and fire departments, the state health agency, and the local office of emergency management.

More recently, the city laboratory has hosted trainings to certify someone in each clinical lab to properly package and ship specimens containing potential BT agents. It has also produced posters and magnets listing key public health contacts and conducted workshops on laboratory safety, chain-of-custody procedures, and other topics. Today, city laboratory staff are in the midst of one-on-one site visits to clinical labs to assess safety, shipping, and testing protocols and to offer advice “from a partner point-of-view, not a regulatory point-of-view.”

Similar activities are underway in other states. In Iowa, Bonnie Rubin, the bioterrorism response coordinator for the state public health lab, and Mike Pentella, a public health microbiologist, have, over the past year, vastly improved the state lab’s ability to communicate with Iowa’s far-flung 137 clinical labs.

So far, said Rubin, the most successful outreach activity has been on-site training at individual clinical labs. “We can get many more people to attend if we go to them,” she said. “We want to make sure that the people outside the lab not only know what the lab can do in an emergency, but also what it shouldn’t be doing, such as environmental samples.” In fact, site visits can include county health directors and emergency management coordinators, as well as hospital infection control and emergency department staff.

And are the lab workers receptive? “They love it,” said Rubin. “They love it.”

Other successful outreach activities have included a detailed survey of each clinical lab (conducted via telephone to establish voice contact with the laboratory), statewide videoconferences on West Nile Virus and other timely topics, a plan for electronic data exchange, and wet workshops at the state laboratory (with all travel expenses paid for participants). Finally, Pentella and Rubin have attended CDC and Health Resources and Services Administration meetings in Iowa and arranged to speak at laboratory professional society meetings within the state. Because these meetings are often planned in border cities to attract laboratory professionals throughout the region, Rubin said “we can reach two states for the price of one” and begin to coordinate laboratory activities across states.
Meeting Demands for Surge Capacity
But, while enhanced disease surveillance is perhaps the primary goal of public-private laboratory collaboration, public health laboratories have found that the benefits of partnership do not end there.

When anthrax was detected in New York, the public health lab called an emergency session of its advisory committee. Private laboratory directors, said Beatrice, “not only offered to provide us staff who could help with the BT surge, they said they would try to make arrangements to cover the routine testing load for our laboratory,” thus freeing up city lab workers to focus on the crisis. While the public health lab never needed to accept all of these offers, it did use private laboratorians for surge testing and also moved city staff into a BSL-3 lab made available by a nearby research institute.

Just this past summer, when New York City was paralyzed in the greatest power outage in U.S. history, a private laboratory again came to the rescue. The public health lab employed a back-up generator to restore electricity to a large swath of its facilities—but not, as it turned out, to the BSL-3 isolation room where “high-profile powder jobs” and BioWatch Capacity, continued on page 6...

Defining Partnership in Minnesota
As one of four National Laboratory System pilot sites, Minnesota has been a proving ground for public-private laboratory collaboration. According to Minnesota laboratorians, the task of building a seamless laboratory system is no more and no less complicated than actualizing the concept of partnership. In a satellite broadcast and Web cast that aired in September as part of the University of North Carolina’s Public Health Grand Rounds program, Minnesota’s state lab director Norm Crouch explained, “I think we have to take that word partner at what it really means. It can’t be just a relationship on paper . . . . It really has to be something that you feel, something that accomplishes something for both parties.”

In Minnesota, there is broad recognition that each of the state’s 125 clinical microbiology labs has something to contribute to the partnership. The SPHL provides training, information, and alerts. And hospital labs, private clinical labs, and local public health labs provide data and isolates.

Pat Ackerman, supervisor of the Minneapolis Children’s Hospital microbiology lab, gives the SPHL high marks for its efforts to be involved at the local level. “Whenever we’ve had anything unusual or we’ve had questions regarding organisms or susceptibilities, we’ve been able to find someone in the health department that can answer our questions. They’ve made a point to get to know the people who work in the laboratories . . . and build that partnership. And that’s been a very rewarding situation.”

Crouch, for his part, readily notes that, “to raise the bar (of laboratory practice) so we can respond to any kind of emergency, we have to have that connection with all those local partners who know when something’s happening.” In particular, molecular sub-typing and digital communication promise new opportunities to link investigations across states, but depend upon a process to get disease isolates into the public health laboratory quickly.

Once an investigation is underway, relaying information back to local labs becomes a vital part of partnership. “There are many things (local laboratorians) get out of our relationship,” said Crouch. “But an important one is that they feel connected. They’re not just out there scurrying around, working very hard to provide laboratory data for the doctors who are treating patients. That’s an important role. But now they also feel connected to something much larger . . . which is public health.”

(The archived Web cast can be accessed at www.publichealthgrandrounds.unc.edu.)
work are conducted to test for BT agents. Loss of the BSL-3 room, though, was not a problem: the city laboratory had an agreement in place with a nearby research lab to take over its BSL-3 room in just such an emergency. Thus daily BT testing resumed with little delay.

Although Astles averred that, “we have a long way to go before every state is up to a minimal level of connectivity with clinical laboratories,” New York and Iowa demonstrate just how good—and how beneficial—those relations can be. Since the anthrax attacks, Beatrice said two naturally occurring cases of plague and one case of brucella have been detected in New York City (all brought into the city by travelers). “Hospital laboratorians were very quickly able to connect the dots,” she said, and to make the appropriate contacts with city laboratory staff.

“Showing that this system can work is very positive feedback.”

Clinical Laboratory Community Seeks APHL Perspective

On October 9, 2003 Scott Becker, APHL Executive Director, addressed a crowd of 500 members of the clinical laboratory community at Washington G2’s Lab Institute Conference. The conference, entitled “Moving to the Next Level,” focused on major policy and business issues affecting the delivery of quality diagnostic testing and related healthcare services. Becker’s invitation to speak before a national audience of laboratory, pathology and hospital interests reflects growing recognition of the work of public health laboratories.

Becker began by explaining the evolution of APHL and the new demands confronting public health labs in a post-anthrax environment. In the remainder of his presentation, he concentrated on the importance of fostering public-private laboratory partnerships, especially in the area of emergency response.

Becker shared his vision for the future. “What we’d like to see is 50 state public health laboratory systems, each supported by and supporting a strong association of county and city, hospital, and independent laboratories.”

Following the talk, he answered questions from a receptive crowd. Audience members — from a university laboratory worker to a company developing assays of public health significance — approached Becker to begin an ongoing dialogue.

Technology & Emerging Disease Threats Examined in Briefing

“Technology and Emerging Infectious Diseases” was the topic of a policy briefing sponsored by the Forum on Technology and Innovation on September 25, 2003. Speakers included James Pearson, director of Virginia’s Division of Consolidated Laboratories, who focused on how technology has helped the public health community to improve safety, advance laboratory-testing methods, and identify new partners. Speaking about challenges and accomplishments, Pearson brought a laboratory perspective to the broader discussion of how technology is transforming the realm of public health—from biotechnology ensuring the safety of the blood supply to a standards-based approach to information systems.

“We have just scratched the surface in our use of technology,” explained Pearson, who noted public health laboratories’ improved capacity to scan for
emerging infectious diseases. Speakers were generally optimistic about technology’s potential to revolutionize practice, but John Barr, President and CEO of V.I. Technologies, asserted that our society actually depends on such technological change. “I don’t believe our current approach to [screening] the blood supply is sustainable,” he cautioned.

Speakers agreed that in the area of bioterrorism our ability to harness technology depends not only on funding, but on continuous practice. Dual-use technology is essential, according to Timothy Broadbent, Deputy Director for Integrated Systems in the Office of the Director, CDC. “You cannot have systems dedicated solely to emergencies. The only way to become competent is to use them all the time.” From the public health laboratory to the biotech company, better and faster technologies are clearly in demand.

Senatorial Delegation Sees Progress in HIV Testing, Treatment in Botswana

“In 2020, when it is estimated that more than 85 million people will have died from HIV/AIDS, how will we look back upon this day? Will we have proven the experts right with inaction? Or will we have proven them wrong with initiative? I hope that we will be able to say that in the year 2002 we took our stand against HIV/AIDS and began to turn back what could have been, but never became the most deadly disease in the history of the world.”

- Speech of Senator Bill Frist, M.D. July 24, 2002

In August Senator Bill Frist, M.D., (R-TN), US Senate Majority Leader and ranking member of the Senate African Affairs Subcommittee, led a Senate delegation to several sub-Saharan African countries severely affected by the HIV/AIDS pandemic. The purpose of the delegation was to witness firsthand the impact of AIDS on the continent and to assess how to best spend the $15 billion dollars promised by President Bush to combat AIDS in Africa and the Caribbean. Sub-Saharan Africa is home to 30 of the world’s 42 million people infected with HIV.

In Botswana, a country where approximately 38% of the population is HIV positive, the delegation had the opportunity to learn about laboratory efforts to manage the disease. They toured the new antiretroviral therapy (ARV) laboratory in Francistown, which provides clinical testing (CD4 and viral load) in support of monitoring and treatment for HIV-positive individuals in the northern half of the country. APHL member Laura Povinelli of the Wisconsin state laboratory just returned to the U.S. after six months of on-site work to activate the new lab. During the delegation’s visit, laboratory staff fielded the Senators’ questions on rapid test technology and screening and monitoring. To date, the Botswana government supports the largest public anti-retroviral therapy program in sub-Saharan Africa.

Other items of interest on the delegation’s program included meetings with Botswana’s President and Minister of Health and tours of voluntary counseling and testing centers. Impressed with the coordinated
response to the HIV/AIDS pandemic, Frist told the Associated Press that Botswana’s war against AIDS should serve as a model for other countries fighting the disease.

He explained, “We have captured the spirit and energy of the Botswana community as the people work to develop their country in the face of the challenges of the HIV/AIDS epidemic. We will take back to the Senate and to our constituents what we have seen and learned.”

“"We are extremely disappointed that following two years of significant investment of laboratory resources and personnel effort the project is not being continued. The developed expertise is likely to be lost, and before the technology can be implemented the expertise will have to be redeveloped,” explained Dr. John Sherwin, Chief of the Genetic Disease Laboratory in Richmond, CA.

While every state has a formal mandate to conduct newborn screening, the number of tests provided by state public health laboratories varies from as few as four to as many as 36. California requires screening for four disorders, and this research project tested for an additional 25.

The Department of Health started offering MS/MS screening for newborns in January 2002 when California State Assembly Bill 2427 — enacted in September 2000 — mandated that the GDB evaluate the use of MS/MS in the state’s newborn screening program. The state legislature allocated $4 million for the project.

The project tried to identify which of the 25 inheritable metabolic disorders detectable by MS/MS are both clinically significant and responsive to treatment and should therefore be included in the state’s mandatory newborn screening program. Early detection and treatment of certain amino acid, fatty acid oxidation and organic acid disorders in newborns using MS/MS can prevent such outcomes as mental retardation, seizures, coma, and death. The MS/MS research project was designed to enable follow-up and evaluation of data in a centralized, consistent and closely monitored process.

During the project, the GDB offered the screening free of charge to parents who agreed to participate. As of July 2003, roughly 310,000 newborns had been screened for metabolic disorders using MS/MS technology. Of those newborns screened, 425 were referred for follow-up and 41 eventually were diagnosed with genetic disorders other than phenylketonuria, which was already included in the current screening program. Two disorders with potentially severe consequences — methylmalonic acidemia (MMA) and medium chain acyl-CoA dehydrogenase deficiency (MCADD) — accounted for half of the disorders diagnosed.

Environmental Health

Biomonitoring Session at ASTHO Draws Crowd

At the ASTHO-NACCHO 2003 Joint Conference in Phoenix, Arizona, APHL presented, “Critical Tools for Making Sound Public Health Decisions — Biomonitoring and the National Electronic Disease Surveillance System (NEDSS), which attracted a standing room-only crowd of 90 people.

The session focused on use of biomonitoring in epidemiologic investigations of chronic disease trends and examined ways to apply this information in responding to constituents’ environmental health concerns. Eric Sampson, Director of NCEH’s Division of Laboratory Sciences, explained CDC’s national biomonitoring program, and David Mills, Laboratory Director of New Mexico, described activities of the Rocky Mountain Biomonitoring Consortium. James Blumenstock, New Jersey’s Acting Deputy Commissioner for Health, served as moderator.

Newborn Screening

CA’s Tandem Mass Spectrometry Research Project Halted

The California Department of Health Genetic Disease Branch (GDB) Tandem Mass Spectrometry (MS/MS) research project ended on June 13, 2003, because the state is no longer able to fund the program.
Since the research program ended, the department has told parents who want their newborns to receive this supplemental screening to contact private laboratories that provide this service for a fee. The state is continuing to collect laboratory, diagnosis, treatment and outcome data as part of a three-year evaluation process funded by the Health Resources and Services Administration.

For more information about the research program, e-mail msms@dhs.ca.gov.

(Footnotes)


### Steering Committee Will Lead FERN

Participants agreed that the laboratory network will include a steering committee, an operational unit, five regional coordination centers (RCCs), and various support programs. A steering committee comprised of officials from key federal agencies and state and federal laboratories will develop guidelines for FERN and supervise the operations unit and support programs.

The operations unit will oversee implementation of policies and procedures, and coordinate the RCCs and support programs. Support programs will provide training, assist with method development and validation, and conduct proficiency testing. The five RCCs will coordinate state and local laboratories in different regions of the country.

### A Critical Look Ahead, Plans Formed

Attendees were enthusiastic about the progress of the meeting but emphasized the need for the emerging laboratory network to have a dedicated, full-time staff person and expressed concern about budget issues and the cost of participating in FERN. They also pointed to the need to coordinate the involvement of multiple federal agencies and laboratories to avoid “turf” issues. In addition, Pearson said that it is important for states to be represented in the network’s leadership, as most of FERN’s resources will be state-controlled.

Participants selected Patrick McCaskey, executive assistant for laboratory operations at FSIS, and John Marzilli, deputy associate commissioner for regulatory affairs in the FDA’s Office of Regulatory Affairs, to serve as steering committee co-chairs. Meeting attendees urged that FERN be closely integrated with the CDC’s existing Laboratory Response Network (LRN), which could serve as a useful model.

Five working groups will be created to discuss communication, governance, methods development and validation, and other important issues. For more information about the laboratory network, contact Mitchell Berger, APHL’s program manager for food safety, mberger@aphl.org, 202.822.5227 x 245.
Connecting Through Training

“Connecting Through Training” was the theme of the third National Laboratory Training Conference that was held in Chicago, IL, September 21 – 24, 2003. Sponsored by APHL, the CDC Public Health Practice Program Office, and the National Laboratory Training Network (NLTN), this conference brought together laboratory state and bioterrorism training coordinators, staff of NLTN, APHL and CDC, and others involved in public health laboratory training to network, study the role of training in the current laboratory environment, identify similar needs and concerns, and find ways to work cooperatively to maximize resources.

To kick off the conference, Gen Probe and Nikon hosted a welcoming, Mardi Gras-themed reception, complete with purple, gold and green balloons, beads, and festive music. The next day, Jeff Jacobs, APHL Associate Executive Director, welcomed the attendees and introduced the keynote speaker, Dr. Ed Thompson, CDC Deputy Director, who presented “The Value of Networking: Working Together to Accomplish Our Goals.” Presentations followed on hot topics such as chemical terrorism, SARS and BT-preparedness training. Also, in response to a late-breaking issue, a session was added to address the training requirements for HIV rapid testing.

General Sessions Highlight Training Resources and Collaboration

The first general session identified the resources available to state public health laboratory trainers from CDC, APHL and NLTN, and highlighted some individual state successes in collaboration and communication. Likening the building of a workshop to the building of a house, another main module, “This Old Workshop,” focused on the building blocks of a successful training program. Immediately following, participants were able to choose one of six breakout sessions, which honed in on specific aspects of organizing different types of training. In the third general session, Dr. Bob Martin, CDC, gave an overview of the National Laboratory System, highlighting the national pilot projects. The final general session featured twenty laboratory state and bioterrorism training coordinators presenting successful training and collaboration projects, as both oral presentations and poster sessions. Finally APHL President Norman Crouch wrapped up the conference by challenging the group to utilize all available resources and new contacts in future training endeavors.

State Training Coordinators, A Key Component to Success

NLTC III served as a venue for the National Laboratory Training Network to emphasize the state training coordinators’ role as a vital part of the network and a key component in the future success of its training efforts. According to the initial tally of conference evaluations, eighty-two percent of the attendees rated this conference as “excellent.” Ninety percent of state training coordinators attended. Comments from the evaluations included, “The networking and sharing were priceless!” and “The committee planned an excellent program.” Another attendee commented that there was “not a boring moment.” Kudos to the conference organizing committee: Chairperson Susan Bailey (APHL), Bobbi Albert (APHL/NLTN), Shoolah Escott (CDC/NLTN), Marguerite Oates (APHL/NLTN), Melissa VonHatten (APHL/NLTN), Louise Linton (CDC), Karen Hartwig (PA), Beth Hochstedler (IA), Susan Shiflett (MI), and Shelley Smith (AK).
“Become a Disease Detective: Discover Public Health” was the theme of the Public Health Career Conference held at the University of Texas at Austin (UT) on September 16, 2003. The goal of the event was to raise the awareness of University of Texas students, Austin area high school students, university advisors, and other educators about the field of public health. Sponsors included the University of Texas, the Texas Department of Health Bureau of Laboratories, and APHL.

Organized by Dr. Leanne Field, Program Director, Clinical Laboratory Science Program-UT, and Dr. Diane Kneeland, Senior Career Advisor-UT, the program offered a luncheon, exhibits, an evening presentation, and a career panel. Academic advisors and career counselors from all colleges within the university participated in the luncheon session where representatives from the Texas Schools of Public Health, and Allison Foster, Deputy Executive Director of the Association of Schools of Public Health, outlined academic opportunities and career paths available to students in public health.

Dr. Joseph McCormick opened the evening program with a keynote presentation, “From Ebola and HIV in Africa to TB in South Texas.” In his thirty-year career at the CDC, McCormick served in roles that entailed extensive international travel and study of viral hemorrhagic fevers and HIV. Currently, he is the Assistant Dean, UT Houston School of Public Health in Brownsville, TX. McCormick has authored nearly 200 scientific publications. Autographed copies of his book, “Level 4 Virus Hunters of the CDC,” were raffled off to twenty students. Following this presentation, Susan Neill, PhD, MBA, director of the state public health laboratory in Texas, Dennis Perrotta, PhD, Texas State Epidemiologist and Richard Respess, PhD, CDC, Global AIDS Program discussed their careers, representing professional opportunities at the state, federal and international levels.

Exhibitors included APHL, CDC, Texas Department of Health Bureau of Laboratories, Austin/Travis County Health and Human Services Department, Association of Schools of Public Health, the Texas Department of Health, Council of State and Territorial Epidemiologists, Peace Corps, US Public Health Service, UT Health Science Center at Houston School of Public Health, Texas A&M University Health Science Center School of Rural Public Health, University of North Texas Health Science Center at Fort Worth School of Public Health, UT Natural Sciences Career Services, UT Health Professions Office, UT School of Nursing, and UT Public Health Student Association.

Eva Perlman, Rachel Collins, and Linette Granen attended the event on behalf of APHL. They answered scores of questions and distributed more than 250 copies of “The Pfizer Guide to Careers in Public Health” along with information on public health laboratory careers, APHL’s National Center for Public Health Laboratory Leadership, and the Emerging Infectious Disease Fellowship Program.

Approximately 500 university and high school students participated in the conference. For more information on this highly successful event, see the conference website at www.sbs.utexas.edu/publichealth. The site also provides resources on public health careers.
APHL initiated the ninth class of EID laboratory fellows in August, following an orientation program at the CDC in Atlanta. This year’s class includes 30 pre-doctoral training fellows, twelve post-doctoral research fellows, and eight international fellows, making this the largest class of fellows ever!

Half of the US-citizen fellows will be hosted by APHL-member local and state laboratories, including the California Department of Health Services, Delaware Public Health Laboratory, Florida Department of Health (Miami and Tampa laboratories), University of Iowa Hygienic Laboratory, Michigan Department of Community Health, New Mexico Department of Health, New York State Department of Health, Oregon State Public Health Laboratory, San Francisco Public Health Laboratory, Virginia Division of Consolidated Laboratory Services, and the Washington State Public Health Laboratory. Fellows will also be placed in CDC laboratories in Fort Collins, CO, and Atlanta, GA.

Fellows began their one- and two-year assignments in September. APHL looks forward to working with these fellows, their mentors, and host laboratories over the coming year.

Class VIII Research Fellow Mike LaGier received a competitive travel award to present an abstract at the American Biological Safety Association (ABSA) annual meeting in Philadelphia in October. “The use of microsphere-based immunoassays for multiplexed detection of select agent biotoxins” is based on LaGier’s work at the Wadsworth Center in Albany, NY.

Doan Cong Nguyen and Lindsay Edwards, both from the Influenza Branch of CDC’s Division of Viral and Rickettsial Diseases, received travel awards to attend the 2nd Orthomyxoviruses Research Conference in Florham City, NJ, in August. Nguyen, a Class V international EID fellow, gave a presentation entitled, “Multiple Viral Subtypes, Including Highly Pathogenic H5N1 Strains, Circulating in Live Bird Markets.” Edwards, a Class VIII training fellow, presented, “Antigenic Characterization of Recent Avian Influenza A H5N1 Viruses Isolated from Humans.” Edwards presented this work again in October at the Options for the Control of Influenza V meeting in Okinawa, Japan.

Class VIII Training Fellow Elizabeth Sargent participated in this summer’s human monkeypox outbreak investigation. She performed PCR and
RFLP analysis on samples and helped provide a phylogenetic analysis for use in a paper on the outbreak. Sargent said, “I was able to get a feeling for an outbreak response, particularly the laboratory component. I have been able to observe how the state labs and CDC respond and work together as well as see the follow up questions that are initiated.”

Sargent is based in CDC’s Poxvirus Section, Division of Viral and Rickettsial Diseases. Shalini Parekh, a Class VIII training fellow from CDC’s Division of Parasitic Diseases, also worked on the monkeypox outbreak. She helped conduct an extensive survey of all 50 states to evaluate their response to the epidemic.

Shannon Manning, a Class VIII research fellow based at the Michigan Department of Community Health in Lansing, MI, likewise participated in an outbreak investigation. Working with the Michigan Bureau of Epidemiology, she tracked down patients with suspected E. coli O157:H7-associated infections.

Publications

An article by Class VII Research Fellow Amanda Loftis, “Quantitative Real-time PCR Assay for the Detection of Ehrlichia chaffeensis,” appeared in the August 2003 issue of the Journal of Clinical Microbiology. Loftis recently completed her two-year fellowship in CDC’s Division of Viral and Rickettsial Diseases. She has since been offered a position in the laboratory – congratulations, Amanda!

EID Fellow Works in American Samoa

As part of her fellowship assignment, Susan Wilson recently spent three weeks in American Samoa. She assisted in the ongoing work of the filariasis elimination program PacELF (the Pacific Programme for the Elimination of Lymphatic Filariasis). Wilson accompanied her mentor on the trip to check the prevalence of filariasis and monitor the success of the program. She performed sera collection (by finger stick blood samples) and ICT card testing of residents from four villages, and was responsible for microfilarial screening in the laboratory. She also helped with programmatic issues related to promoting public awareness of the disease. Wilson is a Class VIII training fellow in CDC’s Division of Parasitic Diseases.

APHL Launches New Environmental Health Traineeship and Fellowship Program

APHL and DLS/NCEH are pleased to offer state public health laboratories a new traineeship and fellowship program in environmental health. The traineeship program provides short-term (2-6 week) specialized training in environmental health technology and testing methods. Designed for current laboratory staff, this program will be conducted at another state health department, NCEH/CDC, or other state or federal agencies such as ATSDR, EPA, NIEHS, or NIOSH. The fellowship program funds a pre- or post-doctoral student for a one- to two-year assignment to address specific environmental health technology needs.

For more information or application materials, please contact Heather Roney, fellowship program manager, at hroney@aphl.org.
Board Actions Proceed Despite Isabel

The APHL Board of Directors convened its regularly scheduled, three-day meeting on Friday, September 19 in Washington, DC, despite the passing of Hurricane Isabel and the series of delays and closings that followed in her wake. Friday’s meeting, though greatly shortened, included reports from Bob Martin at PHPPO/DLS in Atlanta and an intensive SARS update.

On Saturday, Dr. Eric Blank, director of Missouri’s state public health laboratory, reported by conference call on the latest version of the Task Force on the Future of TB Laboratory Services document, which the board approved, and the last ASTHO Management committee meeting. The board also approved a staff initiative to refresh APHL’s image and logo to more clearly represent the laboratory community. The board reviewed APHL’s current financial standing and funding sources and participated in a short overview of their fiscal responsibilities.

The true focus of Saturday’s meeting, however, was the board’s review of committee action plans and charges. The group agreed to take a more directive role in prioritizing and monitoring committee work. The board will meet by conference call in October to establish priorities for the remainder of FY04 and to create a streamlined process for assessing committee progress.

On Sunday the board advised Executive Director Scott Becker on his efforts to improve APHL’s staffing structure. If you would like a copy of the minutes, please contact Shawna A. Webster at swebster@aphl.org or 202.822.5227 ext. 225.

LA Public Health Laboratory: New Threats, Old Building

Henry Bradford, Director of Louisiana’s Public Health Laboratory, approaches the challenges of his lab with guarded optimism. Bioterrorism funds have improved laboratory capacity and the laboratory is effectively responding to West Nile. Yet, his staff works to safeguard the public’s health in an overcrowded, run-down laboratory built in 1957. Despite years of discussions about a new building, space is tight, security insufficient and progress slow.

“The $500,000 the laboratory recently received to begin construction represents a set-back. Last year we had $2 million and couldn’t do it,” states Dr. Bradford. Although $14.2 million will follow in later years, the project, estimated to take 18 months and $23 million to complete, has been on hold for almost a decade.

In an environment of shrinking budgets and dwindling resources, the Louisiana lab faces challenges familiar to many states. A typical public health laboratory in many respects, it must balance routine public health testing such as newborn screening, rabies, TB, and AIDS with the demands of each new health threat. According to Dr. Bradford, “our laboratory response to West Nile has been a particularly effective one because we understand the disease. Being sub-tropical, we have had a chronic problem with arboviruses.”

The New Orleans-based laboratory has coped well with its mixed blessing—new, state-of-the-art equipment purchased with BT money and the lack of space to house it. “We have learned to be creative to accommodate necessary equipment and support for instrumentation,” explains Dr. Bradford. Space issues aside, BT funding has greatly improved laboratory capacity. With more and better-trained staff, the lab can respond effectively to all outbreaks of disease, no matter the cause.

The Louisiana laboratory has reason to be cautiously optimistic, as it has managed to play a constantly
evolving role in the public’s health. It was set up in 1897 to do rudimentary bacteriological analysis and test heating oil. Today, 123 staff statewide run approximately one million tests a year. It successfully weathered the burden of anthrax, testing what Bradford refers to as an “inordinate number of samples.” Getting a new laboratory building, it seems, may prove to be just as challenging.

New Mexico’s State Laboratory Training Coordinator, Hector Sanchez, of Albuquerque, passed away October 1, 2003 at the age of 56. After a career of 30 years as a microbiologist, Sanchez remained active in the laboratory field. At the time of his death, he was the QC/QA Director for the Department of Health Science Laboratory Division for the State of New Mexico. Sanchez’s warm personality, great sense of humor and zest for life endeared him to all who met him. Colleagues in New Mexico and around the country will miss him. In lieu of flowers, memorials may be made to St. Jude’s Children’s Research Hospital, 505 N. Parkway, Memphis, TN 38105.

Staff News

Mitchell Berger became APHL’s new Food Safety Program Manager on September 8, 2003. Berger comes from Thompson Publishing Group where he served as Editor of the FDA Enforcement Manual Monthly Bulletin and warningletters.com. He has also worked at the CDC National Center for Infectious Diseases and the Georgia Department of Natural Resources. Berger earned a JD and MPH in environmental and occupational health from Emory University and has the Regulatory Affairs Professionals Society Regulatory Affairs Certification.

Jeff Jacobs, Associate Executive Director of Programs, has left APHL effective October 15 for a position as Vice President, Public Policy, for the American Society for Clinical Pathology (ASCP). Jacobs worked at APHL for three of his fifteen years of experience in the public health arena and is responsible for initiating the association’s movement towards greater impact on public policy. He has had many opportunities to witness the importance of collaboration between the public health and clinical laboratory sectors and expects to work with APHL and its members on future projects. APHL wishes him well in his new position.

Anthony Tran has joined the APHL Infectious Disease Program as HIV, STD, TB Program Manager. This is a new position at the Association, funded through CDC’s National Center for HIV, STD and TB Prevention. In his new role, he will facilitate improved communication among APHL members and CDC on critical laboratory issues, funding resources, and regulatory changes related to HIV diagnostics, TB testing, and new technologies for STD diagnostics. Tran received his Bachelor’s Degree in Medical Technology and his MPH in Community Health Education from the University of Maryland. Tran has worked as a research technologist at NIH, and most recently managed numerous research and evaluation projects at George Mason University’s Center for the Advancement of Public Health.

Staff Reorganization

In an effort to better align APHL’s staff structure with its strategic initiatives, Executive Director Scott Becker has recently initiated an internal reorganization, to be phased in over the next eight months. The changes made are intended to clarify staff roles and responsibilities and position the association for future growth and effective member service.

Effective November 1, Carol Clark assumes the title of Chief Operating Officer and Eva Perlman will become the Senior Director of Professional Development. Ultimately there will also be a Senior Director for Scientific Affairs and a new Director of Public Affairs to round out the senior leadership team. The creation of this position devoted solely to public policy (Director of Public Affairs) is a direct response to member requests for a unified policy focus reflecting the specific needs of public health laboratories.

Clark will oversee a new area for the association, fundraising and development, the strategic management of APHL Cooperative Agreements, Commu-

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...communications and Member Services, Finance and Administration, Meetings, Human Resources and Office Support. Perlman will now lead a strengthened education and training department, to include the National Laboratory Training Network (NLTN), the National Center for Public Health Laboratory Leadership, and our expanding Fellowship programs. A new director for the NLTN will be hired.

All of APHL’s scientific programs will be consolidated under the new Senior Director for Scientific Affairs and Preparedness, providing strategic direction for membership needs in this area. Programs gathered under this new position include Infectious Disease, Environmental Health, Public Health Preparedness, Strategic Initiatives and Research, and Global Health.

APHL will provide periodic updates as the reorganization progresses and new staff is hired. Questions may be directed to Scott Becker or Doris Riley, Human Resources Manager.