

THE APHL MINUTE

IN THIS ISSUE:

Laboratory Systems in Africa	1
Policy News	7
TB Report	8
PulseNet Update	8
Fellowships	10
NLTN	11
NEHA Annual Education Conference	13
Food Safety Committee Meeting	14
Newborn Screening and Genetics Symposium	15
Lab Integration	16
PHIN Follow-Up	16
Annual Meeting Update	17
Member News: Ohio	18

Growing Laboratory System Girds Effort to Arrest AIDS in Africa

Delivering clinical laboratory services in Africa can be daunting. “You may be at a laboratory in a district-level hospital with good space and appropriate personnel,” explained Emilia Rivadeneira, a medical officer with the CDC’s Global AIDS Program (GAP), “and you may think this a good site for setting up flow cytometry, for example. But as you’re talking with the people there, the lights go off. Then you need to figure out what kind of generator you have. Then a truck drives by and a cloud of dust blows through the window. Then you need to think about air conditioning so you can close the windows. And if two to three years down the line (US support agencies) don’t have the money to continue this program, will the country be able to pick it up?”

Despite these challenges however, Rivadeneira and other laboratory advisors interviewed for this article agree that it is a propitious time for ramping up Africa’s nascent laboratory system. While the continent has long contended with endemic malaria, tuberculosis and other infectious diseases, it faces perhaps its gravest microbial menace in the form of the virus called HIV.

The HIV/AIDS epidemic in Africa is so big that—depending upon where one looks—it is possible to find cause for either despair or hope. Of the more than 42 million HIV-infected individuals in the world, 70% live in sub-Saharan Africa though it accounts for only 10% of the global population. Fully 90% of HIV-infected children worldwide are born on the

The magnitude of the need in Africa can overwhelm the weak-of-heart.

African continent. And yet, while international aid has been slow in coming, the outsized scale of the epidemic has finally prompted a more proportionate response. In the past few years the international community has committed more money for HIV/AIDS interventions in Africa than for probably any other single illness anywhere in the world: \$15 billion from the United States government alone through the President’s Emergency Plan for AIDS Relief.

An Elevation of Hope

According to Rivadeneira, this investment elevates hope. “We are at a time that is pretty impressive,” she said. “At the big international AIDS meeting in Durban in 2000 it was unheard of that we could actually even treat people in developing nations with antiretrovirals. Now, (world public health leaders) are all saying people need to get care with antiretrovirals and we need to look at CD4 (immune cell) counts. We may eventually get to (routine assessment of) viral loads. There has been a total change in attitude.”



The APHL Minute is published by:

The Association of
Public Health Laboratories
2025 M Street, NW, Suite 550
Washington, DC 20036-3320
Phone: 202.822.5227
Fax: 202.887.5098
Email: info@aphl.org
Web: www.aphl.org

PRESIDENT'S THOUGHTS

Communication and Coordination Are Key To Our Success

Well, this year has certainly flown by! I want to thank our past president, Norm Crouch, and the APHL staff for helping me during my term as president-elect. I am always impressed with how active our organization and its members are outside of their day jobs. We have increasing numbers of members volunteering for association activities, whether it's committee or task force work, responding to our calls to work in global laboratory system development, or simply responding to our many requests for information.

I want to thank both new and returning committee chairs and members for their commitment to the organization. The changes recommended by the Governance Task Force—the addition of board liaisons on each committee and the creation of a council of committee chairs—have improved communication and coordination. The APHL committee structure ensures that we have a scientific base to the public health laboratory perspective that we are so effectively making public in our advocacy.

One of the most important items we need to endorse this year is our new membership structure proposal. As APHL matures, it needs to take a broader view of the public health laboratory community. The proposed structure retains the core emphasis of the association on public health laboratories, but encourages greater participation from some of our partner laboratories across the country. Having APHL foster these kinds of partnerships will reap better systems to protect the public's health. To learn more about the proposal, visit the APHL Web page. This proposal will be brought forward for a vote in September at the 2004 annual business meeting in St. Paul, MN.

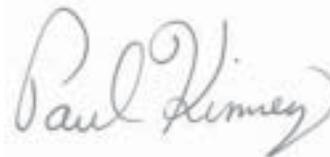
On a grander scale, coordination is increasingly important for the success of many national programs. Whether it's the Laboratory Response Network (LRN) from CDC, Food Emergency Response Network (FERN) from FDA/USDA, Biowatch from DHS/EPA/CDC or the Biological Detection System (BDS) from the Postal Service/CDC, the state and local response in a lot of states falls on the same laboratory or group of laboratories. There is very little interagency coordination at the national level, leaving it to the states

to step up and provide a forum for communication and coordination. Some examples of how this is being done will also be presented at our national meeting in Minnesota.

APHL has never been more popular with federal agencies. With the success of the LRN, we are being approached by a wide variety of federal agencies that either want to join the LRN or set up another laboratory network and interact with us. In response, I have asked Dr. Jim Pearson (VA) to take on a new role as Terrorism Preparedness Liaison to meet with the various federal agencies and report directly to the board about the progress and developments that are taking place.

I have no doubt that this year will be a busy one. For starters, we have two annual meetings between now and next July, due to our co-located 2004 meeting in September with the Association of State and Territorial Health Officials (ASTHO). And also, as you know, our field is a constantly evolving one. I think the increased participation in APHL's committees and programs signals that, as an association, we're prepared to keep our hands on the pulse of the change. It's going to be a good year.

Sincerely,



Paul Kimsey, PhD



EXECUTIVE DIRECTOR'S NOTE

Making a Difference



I hope it's often that you are able to say with great certainty: "I really made a difference today." I've been thinking about this over the past few months as word has spread from Congress, the Administration, and from most state and local governments that the budget woes don't seem to end. Amid the gloomy news, I wondered, "Has APHL made a difference?" And, from my vantage point, the answer is yes—APHL *has* made a difference. And not just over the past two months, but over the course of the past year.

By now you should have received our annual "Year in Review," covering the events of 2003. It was our attempt to chronicle the difference that our members and the association made. It highlighted the events that shaped the association's year from our collaboration with CDC on the unfolding SARS epidemic, to the release of the federal support for chemical terrorism laboratory preparedness, to the collaborative work on LIMS requirements, to our success in the policy arena. If you haven't yet received your copy you can find it on our Web site at www.aphl.org/docs/Year_in_Review_2003.pdf or contact Shauna Dillavou, 202.822.5227 ext. 217 or sdillavou@aphl.org for one. It's a good reminder of what a difference—a positive difference—our members make every day.

A related point was driven home to me while attending a World Health Organization meeting of the public health laboratories in Africa. That point is simply this: the work we do here matters greatly to the laboratory leaders *across the globe*. The work we do—to improve quality laboratory practice, to promote the role of public health laboratories, to build quality laboratory systems—all of it helps to increase the value proposition that public health laboratories bring to the citizens of all countries.

There were remarkable similarities in the dialogue among the laboratory leaders from the 46 African nations. I heard attendees say things like: "Our role is not well understood;" "We need to improve the voice of laboratories to increase input to policy makers;" "The

lab is the backyard of medical provision;" "Lab leaders need to be more proactive, which is difficult since laboratorians are quiet by nature;" "Integration is needed with program managers;" "We need to have greater collaboration across health sectors." APHL President Paul Kimsey reminded me how many times words like these have been uttered here, in sidebar discussions at APHL meetings, or NLTN trainings, or in regional meetings coordinated through our National Center for Public Health Laboratory Leadership. Does this sound familiar? It should. Paul was right; we've said the same things on this side of the Atlantic.

Although we have much to offer our colleagues abroad, we have as much to gain by working side by side to improve our global public health laboratory system. As the President's Emergency Plan for AIDS Relief (PEPFAR) continues to build, I hope that you will consider some role in supporting the laboratory infrastructure aspects to which APHL will be integral. It feels good to make a difference, and this global work is a difference that touches lives every day, everywhere.

Sincerely,

Scott Becker, MS

Along with this change in attitude has come a growing need for laboratory services to support HIV/AIDS prevention and treatment programs and a budding effort on the part of the CDC, US Agency for International Development, World Health Organization (WHO), APHL, and other partners to help local Africans make those services available. Moreover, development of solid laboratory systems for HIV/AIDS-related testing will yield a pay-off in multiple areas by providing a platform for implementing testing programs for diabetes, hepatitis, malaria, and other illnesses. But the challenges are many.

Identifying the Challenges

Guy-Michel Gershy-Damet, a Zimbabwe-based advisor for the WHO's Laboratory Regional Programme on AIDS, says the laboratory has long been considered the "spare wheel of the car" as far as AIDS programming is concerned and finds it hard to compete for scarce resources. Five of 38 African countries surveyed by WHO in 2003 reported that development partners provide more than three quarters of the budget for the national reference laboratory. In one country, non-governmental organizations provide more than half of all funding to HIV public health laboratories.

Part of the problem is organizational. Austin Demby, with CDC GAP's Lab Systems Support program, noted that African laboratories are usually affiliated with hospitals and may fall under the pharmacy or clinical services as a line item for fiscal purposes. "The person who represents the laboratory is often a pharmacist or a clinician," said Demby. "And that person is going to look after the pharmacy or clinical services first."

But part of the problem is definitely one of perception: policy makers do not value the laboratory because they do not understand its vital role in HIV/AIDS prevention and care. Ever so slowly, this situation is changing as interventions become more sophisticated and more dependent on laboratory data.

HIV Treatment Hinges on Lab

Trevor Peter, who directs the Botswana-Harvard AIDS Institute HIV Reference Laboratory in Gaborone, explained via email that "in Botswana, one of the most

important sources of data for evaluating the (AIDS) treatment program two years after start has been lab-based. Often people do not realize this beforehand—the focus is on delivery of drugs—but in the end people are less interested in the drug combinations used and the doses given than they are in the average increase in CD4 (cell) counts, the occurrence of side effects and the durable suppression of viral load. All of this information comes from lab tests, and one to two years into antiretroviral therapy programs in different countries everyone will be interested in these parameters."

As African health officials are beginning to appreciate, a more fitting metaphor for the laboratory is the steering wheel of the car: since laboratory data is the most objective measure of health status, it is the preeminent tool to guide the direction of virtually all HIV/AIDS interventions. What is the burden of infection among pregnant women? How long do high-risk individuals remain virus-free? Who is failing treatment and at risk of developing drug-resistant viral strains? The answers to all of these questions are dependent upon laboratory data. Already, noted Peter, "lab data is relied upon heavily for policy-making... as the basis for deciding the geographic and demographic focus of treatment and prevention programs."

The challenge for laboratory leaders such as Gershy-Damet and Peter is twofold. They must continue to elevate the perception of the laboratory even as they work to elevate the laboratory's performance. Invariably the two are related.

Performance Pressure From the Outset

The laboratory really has to get it right. The number of errors the system can tolerate without losing credibility is a very small number.

—Ralph Timperi

Ralph Timperi, director of the Massachusetts State Laboratory Institute and a frequent on-site technical advisor to laboratories in Southeast Asia and Central and South America, said that even under the best of circumstances the role of the laboratory is a demanding

one. "The laboratory really has to get it right," he said. "The number of errors the system can tolerate without losing credibility is a very small number."

The cost of errors can be high. Timperi said that "if physicians don't have confidence in the laboratory system, they actually use less accurate means to get

answers.” Rivadeneira noted separately that inconsistent laboratory performance can initiate a “vicious circle.” She said, “In Nigeria, for example, if clinicians lose faith in their hospital laboratory—samples are lost or results don’t seem to correlate with how the patient is doing clinically—they will start referring their patients to private labs outside that hospital. Then the hospital lab loses revenue; it is unable to maintain the same level of equipment and reagents; then it is offering fewer tests than it was before.”

Often one of the biggest problems in laboratory testing programs in resource-limited nations is lack of a comprehensive quality assurance (Q/A)

program. “What you can do quickly,” said Timperi, “is purchase equipment, renovate space, buy reagents. What you can’t do quickly—the challenge to (third-world laboratory initiatives)—is have competent practice that produces accurate laboratory data that is trusted by the users: the clinicians.”

But there are no “cookie-cutter” solutions to Q/A programs, he said. “They have to fit the individual countries; they have to be culturally-appropriate, so it’s properly understood and practiced.” The initial cost to establish a rigorous Q/A program tends to be high due to the costs of outside technical assistance, staff training and systems development. But, Timperi noted, “Once you reach that critical mass of leaders, it doesn’t require high-intensity resources to maintain (a Q/A program).” In the end, Q/A programs are sustainable solely through the commitment of individuals.

Creative Means Needed

Which brings up another challenge: there are too few trained laboratorians to meet Africa’s overwhelming testing needs. And said Demby, “After a huge investment on the part of the government to train individuals, there is not enough recompense and they move to greener pastures within the continent or outside the continent.”

International aid organizations are moving in two directions to expand Africa’s laboratory capacity. The first is aimed at the big picture. Tom Hearn, deputy director of the division of laboratory services in CDC’s Public Health Program Practice Office, said, “When you look at lab services, you’re looking at a system. Testing is not an isolated event. It’s linked to where the patient is

coming in to get testing, getting specimens from point A to point B. All of the systems have to be in place to offer a viable service.” In some countries, said Hearn, “some systems are working well.”

His focus is on the formation of a laboratory network throughout Africa through which laboratory leaders can learn from one another and adapt best practices to local situations. For example, countries are still trying to determine the minimum level of laboratory support

The laboratory has long been considered the “spare wheel of the car.”

—Guy-Michel Gershy-Damet

necessary to effectively monitor AIDS patients in resource-limited countries and which laboratory services need to be offered at multiple sites versus those that need to be centralized.

“Not any one country has all of the answers,” said Hearn.

The second effort is what Demby calls *strategic technical assistance*: sending expert advisors on-site to help locals beef up testing services one laboratory at a time. In recent years many such programs have proliferated at the CDC, the WHO, and also at APHL.

While APHL’s global health program has been in operation for over ten years, a major focus on laboratory improvement in Africa did not begin until 2000, when the association received new funding through the GAP Leadership and Investment in Fighting an Epidemic (LIFE) initiative. Program Director Yvette Benjamin said that during the relatively short time that funding has been available, APHL has sent more than a dozen laboratory experts to at least eight African nations.

Success in Zimbabwe

One of these experts is Leonard LaFazia, a supervisory scientist with the Rhode Island public health laboratory whose work in Zimbabwe exemplifies both the challenges and rewards of laboratory technical assistance. LaFazia first visited Zimbabwe’s National Reference Microbiology Laboratory (NRML) in Harare four years ago. At that time, he said, there wasn’t much there. Essential laboratory equipment had just been purchased under the direction of Eileen Burke, a CDC employee. And a staff of seven newly-hired technicians was working on the most elementary screening tests for HIV. There were no standard operating procedures (SOPs). No quality assurance program.

In addition to the usual challenges in revving up a new laboratory testing program in any country, LaFazia said his Zimbabwe colleagues had to deal with a 600% inflation rate, meager salaries, an unstable political situation, problems safeguarding laboratory equipment and reagents, a dysfunctional transportation system that led to nine- or ten-hour roundtrip commutes to work, and, of course, the ever-present specter of AIDS. During the last month that LaFazia spent in Zimbabwe, he said virtually everyone he knew in the country had attended an AIDS-related funeral.

LaFazia's job was to work with beleaguered local staff to do everything that needed to be done: writing SOPs, establishing re-order points for basic supplies, inventorying the facility's physical assets and consumables, beginning the process of switching from log books to an electronic information management system, establishing a Q/A program, and more. In all of these efforts, said LaFazia, "you've got to make sure that (local laboratorians) are more or less leading the way. They own (the process)."

Not anyone country has all of the answers.
—Tom Hearn

Four years later the combination of strategic technical support and the dedication of local staff has borne fruit. Today the NRML develops the testing standards for all of Zimbabwe. It performs HIV testing from dry blood spots to whole blood, conducts Western blot confirmatory testing for HIV, validates rapid HIV test kits, oversees all training for rapid HIV testing in rural areas, and, according to LaFazia, performs flow cytometry at a level comparable to a US laboratory doing the same work, handling about 65 CD4/CD8 cell counts per day. "It's quite impressive," he said. "(The local laboratorians) have a lot of pride in their work."

Within the next few months the NRML will be inspected by members of the International Standards Organization (ISO). Said LaFazia, "I'm very confident it will be an ISO-certified facility."

But, he noted, "all that work is dependent on sustainability." Already two of the seven technicians on staff have left for higher-paying work outside Zimbabwe.

Balancing Magnitude with Hope

The magnitude of the need in Africa can overwhelm the weak-of-heart. The WHO reports that antiretroviral therapies are available to fewer than 1% of the 4.4 million AIDS patients in Africa; voluntary counseling and testing are available to only 6% of those who need them; interventions to prevent mother-to-child HIV transmission are available in only 1% of the 27 million births that occur in Africa each year.

And yet . . . over the past 18 months the number of Rwandan AIDS patients receiving antiretrovirals has jumped from 900 to 2000. Rapid HIV screening tests have been evaluated and are in growing use in Botswana, Zimbabwe, Kenya, and a number of other countries. In Rwanda, after years of controversy regarding what surveillance data should be used for policymaking officials now defer to a single set of statistics backed by laboratory data. And in May, 46 African nations were represented at the CDC/WHO-sponsored Third Regional HIV/AIDS Public Health Laboratory Network meeting in South

Africa, more than twice the number represented at the first network meeting in 2001.

Said Timperi, "We all deserve part of the blame for not moving more quickly to address this problem." Today, he said, aid organizations are playing catch-up; "putting the equipment in the second floor (of the laboratory) while we're pouring the (quality assurance) foundation." But, he continued, "the goal is so noble that everyone is committed to making it work."

After visiting Zimbabwe on and off for four years, LaFazia has his own perspective on what it will take to battle against AIDS in Africa. Taking his cue from the Zimbabwe people themselves, he said, "You have to be patient, have to be optimistic, and you have to have hope." ■

POLICY

House Newborn Screening Follow-up Bill Introduced

Congresswoman Lucille Roybal-Allard (D-CA) recently introduced bi-partisan legislation that would provide federal grant support for newborn screening education and follow-up care. The bill, H.R. 4493, would provide a funding opportunity specifically for training and education for state public health laboratory personnel. Analysis conducted by APHL has revealed that the bill closely parallels similar legislation that was introduced in the Senate last year by Senator Christopher Dodd (D-CT), S. 1068. Congresswoman Roybal-Allard's bill would begin to provide funding in fiscal year 2005, a year earlier than Senator Dodd's. Both members introduced comparable legislation in the previous session of Congress.

The bills are primarily intended to expand the understanding of health care providers and parents on the tremendous importance of newborn screening. APHL is working closely with the staff from the offices of Senator Dodd and Congresswoman Roybal-Allard to offer technical assistance to allow for a greater role for public health laboratories in these bills.

House Hearing on BT Preparedness

The House Select Committee on Homeland Security held a hearing, "Towards A National Biodefense Strategy," on June 3, 2004. Following the introductory remarks by Chairman Chris Cox (R-CA) and ranking member Jim Turner (D-TX), the committee heard testimony from a number of federal officials including Dr. Penrose Albright, assistant secretary for science and technology at the Department of Homeland Security and Dr. William F. Raub, acting assistant secretary of health and human services for public health emergency preparedness. Dr. Shelly Hearne, executive director of the Trust for America's Health also testified.

Witnesses described the progress made and the improvements in preparedness for a biological incident, the plans to address the need to further biomedical research to provide more certain and comprehensive responses, and cautioned against reductions in the effort to make much-needed improvements in public health infrastructure. The committee members queried the witnesses on interagency coordination on biodefense matters, the length of time required for vaccine development and whether there were ways to reduce that period. There were also questions related to the appropriateness of reductions in federal funding for state and local preparedness. ■

Call for Nominations

2 New Awards Added to Recognition Program

Public health laboratorians provide life-saving services to Americans every day. These actions are performed quietly behind the scenes of a chaotic health system, and recognition is not always forthcoming.

Each year, APHL members take charge and nominate public health laboratorians to receive long-due and well-deserved honors. This year, in addition to the annual Lifetime Achievement Award, the association introduces two new awards.

APHL Lifetime Achievement Award

This award recognizes individuals who have established a history of distinguished service to APHL, made significant contributions to the advancement of public health laboratory science or practice, exhibited leadership in the field of public health, and/or positively influenced public health policy on a national or global level.

APHL Gold Standard Award for Public Health Laboratory Excellence

This award is given to an APHL member (either an individual or an organization) that makes significant contributions to the advancement of public health laboratory science and/or practice.

APHL On The Front Line

This award honors an individual or organization **outside** of the APHL membership that makes significant contributions to APHL, its membership and mission.

How to Nominate

Nomination guidelines will be provided by email to the entire membership in July and will also be available on the *Members Only* section of the Web site. The awards will be presented at APHL's annual meeting in St. Paul, MN, September 28-October 1, 2004. Please take the time to nominate deserving laboratorians!

INFECTIOUS DISEASES

HIV

APHL To Assist with HIV Inquiries

In order to facilitate responses to inquiries related to HIV programmatic and testing issues from state and local public health laboratories, the APHL/CDC HIV Steering Committee has initiated a new procedure. All questions may be sent to Anthony Tran, atran@aphl.org or 202.822.5227 x229, to be forwarded to the appropriate subject matter experts at CDC. In addition to assuring timely response to inquiries, this process will allow APHL to consolidate common questions and answers to share with all of its members. This process is designed to facilitate communication and in no way should interfere with existing lines of communication between local and state public health laboratories or between these laboratories and CDC. ■

TB TASK FORCE

TB Task Force Report Distributed

The final report from the Tuberculosis (TB) Task Force, "The Future of TB Laboratory Services, A Framework for Integration, Collaboration and Leadership," was published in May 2004. State public health laboratories and TB control programs are encouraged to use the report as a guide in responding to the 2005 TB Elimination and Laboratory Cooperative Agreement that was recently released in the Federal Register.

With the guidance of Eric Blank, the task force convened in 2002 with the primary goal of improving TB control through promotion of the optimal use of laboratory services and effective information and tracking. In addition to recommending a systems approach for TB control that involves clinicians, laboratories and TB controllers, three laboratory benchmarks are proposed: assessment of available laboratory services, assessment of the true costs of TB laboratory services and development of jurisdictional strategic plans to address needs identified. Several models for TB service networks are described to assist states in developing a systems approach to TB control.

Copies of the report have been sent to each state public health laboratory, to key contributors and to the CDC. In order to promote implementation of the recommendations, the report will be distributed at the American Society for Microbiology annual conference and the National TB Controllers Association workshop, as well as to partners such as the Advisory Council for the Elimination of TB, the American Society for Clinical Pathology (ASCP) and other clinical and health care organizations.

APHL will soon convene a TB Steering Committee to further the implementation of these recommendations. If you need copies of the final report or have any questions, contact Anthony Tran, HIV, STD, TB program manager, at atran@aphl.org or 202.822.5227 x229. ■

PULSENET

Record Crowd Gathered to "Get Connected" at PulseNet Update Meeting

Approximately 180 participants gathered for the 8th annual PulseNet Update Meeting in San Diego, which was co-hosted by the California Department of Health Services, the Los Angeles County public health laboratory and the San Diego County public health laboratory. Dr. Paul Kimsey, director of the California state public health laboratory, opened the meeting with a warm welcome to participants. Presentations by Dr. Craig Hedberg, University of Minnesota, School of Public Health, and Dr. Norman Crouch, director of the public health laboratory division at the Minnesota Department of Health, examined PulseNet's success, noting that routine surveillance, real-time subtyping and real-time epidemiologic evaluation are all essential components for an effective foodborne disease surveillance network.

In support of the theme "PulseNet: Getting Connected," ensuing sessions focused on ways to improve or strengthen communication between laboratories and their epidemiologists, as well as ways to connect to local and national databases, the Federal PulseNet Laboratories, the PulseNet Validation Laboratory, PulseNet International and other molecular networks. The final session highlighted the progress

toward the development of next-generation subtyping methods. Highlights of the week included BioNumerics training workshops and small group break-out sessions that focused on lab/epi interactions, laboratory troubleshooting concerns, and software and communication issues. From such interactions, participants were able to focus on making improvements to the PulseNet network in their own public health laboratory.

Progress Toward PFGE Protocols for *Y. pestis* and *F. tularensis*

This past year, the CDC's Kristy Kubota has been working with the Bacterial Zoonosis Branch in Fort Collins, CO, to develop PulseNet protocols for *Yersinia pestis* and *Francisella tularensis*. In August, three laboratories (the PulseNet laboratories in Colorado and Wyoming, as well as a laboratory at Los Alamos National Laboratory in New Mexico) participated in the evaluation of the *Y. pestis* pulsed field gel electrophoresis (PFGE) protocol. The test was a success, with only minimal problems identified. The Bacterial Zoonosis Branch is currently working with Applied Maths for customizations for a *Y. pestis* database. Work has now begun towards the development of a PulseNet PFGE subtyping protocol for *F. tularensis*. CDC, Fort Collins, is requesting the submission of all recovered *F. tularensis* isolates to their national reference collection in order to provide detailed molecular epidemiologic analysis of *F. tularensis* strains in the United States. Currently, the CDC is evaluating *BlnI*, *PmdA*, and *BamHI* enzymes as possible candidates for a *F. tularensis* PFGE database. Additionally, the CDC will evaluate multi-locus variable number tandem repeat analysis (MLVA) to determine if more polymorphisms are seen with this technique. To send recovered *F. tularensis* isolates to the national reference center or to participate in the evaluation of the PFGE protocol for *F. tularensis*, contact Kristy Kubota at 970.266.3559 or email kkubota@cdc.gov.

Annual Survey of PulseNet Activities

Later this summer, APHL will launch a survey of PulseNet activities for the calendar year 2003. This survey will be sent to PulseNet laboratorians via a Web site

BRING YOUR FOODBORNE EPIDEMIOLOGISTS TO SEATTLE IN 2005

The 2005 PulseNet Update Meeting will be held at the Westin Seattle, from Monday, May 9 through Wednesday, May 11. To continue building lab/epi relationships, the CDC is working to host a parallel meeting of foodborne epidemiologists. Please encourage your colleagues to attend this first parallel meeting of PulseNet stakeholders.

link. The questions asked will be very similar to those asked last year, with the addition of several questions written by APHL's Food Safety Committee. The results will guide the development of the *PulseNet Annual Report of 2003*. Please support your PulseNet staff as they gather data for this survey.

PulseNet International Networks Keep Making Progress

The success of PulseNet USA and the increasing recognition of the international nature of infectious disease have prompted countries in North America, Europe, South America and the Asia-Pacific region to initiate similar and compatible foodborne disease molecular subtyping networks. PulseNet Canada has been functioning and self-sufficient for several years. In March of 2004, the second planning meeting for the PulseNet Asia Pacific region took place in Hong Kong, with representation from Vietnam, Thailand, Taiwan, the Philippines, the People's Republic of China, New Zealand, Malaysia, Korea, Japan, Hong Kong, Bangladesh, Australia and a new member, India. The two-day planning session was preceded by a three-day training session, during which twelve laboratorians from nine member countries learned PFGE methods and BioNumerics software. In July of 2004, the PAHO/WHO Pan American Institute for Food Protection and Zoonoses (INPPAZ) will host the first training session for the PulseNet Latin America network. This will be a five-day session including both PFGE and BioNumerics software and will be taught by staff members from the CDC and the Institute Malbran in Argentina. ■

APHL TO HELP WITH TRAVEL ARRANGEMENTS TO IMMEM7

The American Society for Microbiology (ASM) is co-sponsoring the 7th International Meeting on Microbial Epidemiological Markers (IMMEM7) in Victoria, British Columbia, on May 11-14, 2005. APHL will assist with scheduling travel arrangements for interested PulseNet USA participants.

FELLOWSHIPS

APHL's EID Fellows Shine at ASM Meeting

A record number of APHL's EID fellows attended the 104th annual general meeting of the American Society for Microbiology. Many fellows presented posters at the meeting.

Class IX Training Fellow **Joan Kenney** presented "A New Mexico Pilot Study for a Comprehensive Surveillance Program of Vector-Borne Diseases", co-authored by former EID Fellow **Debra Horensky**. Kenney and Horensky work at the New Mexico Department of Health.



EID Fellows Logan Wolpin, Ana Quevedo, Joan Kenney, and Jon Duczowski gather at Kenney's poster.

"Detection of Serum Bactericidal Activity to *Neisseria meningitidis* Groups A, C, Y, and W135 Using a Fluorescent Metabolic Indicator" was presented by **Nina Glass**, Class IX training fellow in the CDC's Division of Bacterial and Mycotic Diseases.

Ann Mintie presented the poster "Implementation of the QuantiFERON-TB Blood Test in a Public Health Laboratory." Mintie is a Class IX training fellow at the San Francisco Department of Public Health.

James Amburgey co-authored "Toward a Rapid and Efficient Method for Simultaneous Microbe Recovery in Drinking Water Using Ultrafiltration with Chemical Dispersants and Surfactants." Amburgey is a Class IX research fellow in the CDC's Division of Parasitic Diseases.

Leah Kostelnik co-authored "Infection Exclusion of Two *Anaplasma phagocytophilum* Strains is Unidirectional in Mice." Kostelnik is a Class IX training fellow at the CDC's Division of Viral and Rickettsial Diseases. The poster was co-authored by former EID Fellow **Virginia Pitzer**.

International EID Fellow **Yuping Ran** presented "Discovery of Two Morphotypes of *Penicillium marneffii*

that Differ in Virulence and Proteinase Production." Ran works in the CDC's Division of Bacterial and Mycotic Diseases.

Class IX Training Fellow **Jill Thompson** presented "A Three-target Multiplex Real-time PCR Assay for the Detection of *van* Genes in Enterococci." Thompson works at the New York State Department of Health.

Kiersten Meachem, a Class IX training fellow in the CDC's Division of Vector-Borne Infectious Diseases presented

"Eliminating False PCR Positivity when Screening *Dermacentor* for *Francisella tularensis*." This poster was co-authored by former EID Fellow **Jessica Versage**.

Class IX Training Fellow **Matthew Navidomskis** co-authored "Occurrence of *Salmonella* species in an Iowa Watershed Using BAX PCR Assay and Improved Culture Techniques." Navidomskis works in the University of Iowa Hygienic Laboratory.

Shannon Manning co-authored "Decreased Penicillin Susceptibility among *Neisseria meningitidis* Isolates from Michigan." Manning is a Class VIII research fellow in the Michigan Department of Community Health.



EID Fellow Yuping Ran (right) and mentor Chris Morrison.

Gowrisankar Rajam presented "Comparison of Pneumococcal Vaccine and Non-vaccine Serotypes to Adhere to Nasopharyngeal Epithelial Tissue Culture Cells." Rajam is an international EID fellow working in the CDC's Division of Bacterial and Mycotic Diseases. Rajam also gave an oral presentation at the 4th International Symposium on Pneumococci and Pneumococcal Diseases (ISPPD-4) in

May in Helsinki, Finland. The presentation was titled "Adherence Interactions among Competing Pneumococcal (Pnc) Vaccine (VS) and Non-vaccine Serotypes (NVS) in an *in vitro* tissue culture assay."

Fellows Participate in Disease Investigations Overseas

Jennifer Ross recently returned from a five-week field assignment in Peru, related to her work on *Cryptosporidium*. While in Peru she worked with collaborating researchers from the Universidad Peruano Cayetano Heredia and the non-governmental organization PRISMA. In the university lab, she reviewed DNA extraction and PCR procedures by processing samples from a *Microsporidia* infectivity study. Working with PRISMA she helped map and photograph a shantytown on the outskirts of Lima that is the site of an intervention study. The study will investigate the effect on morbidity associated with introducing piped water to the community. Ross is a Class IX training fellow in the CDC's Division of Parasitic Diseases.

Ryan Novak spent two weeks in American Samoa executing a survey estimating the seroprevalence of *Leptospiriosis* in humans and identifying risk factors associated with seropositivity. The project was a joint collaboration among the American Samoa Environmental Protection Agency, American Samoa Department of Health, LBJ Tropical Medical Center and the CDC. Novak was involved in designing field sampling strategies, interviewing participants, processing blood/serum samples and analyzing data. News about the project and the presence of CDC scientists on the island spread quickly, and Novak and his colleagues participated in seven interviews for television, radio and newspaper. Novak said,



Ryan Novak is interviewed for the evening television news in American Samoa.

“From then on everyone was saying ‘You’re the CDC doctors from the news.’ We can attribute at least some of the 95% survey response rate to this publicity... we often had to turn away volunteers in favor of random selection.” He described the project as “an unbelievably successful field experience... definitely one of the most rewarding professional experiences that I have had, allowing me to use my lab skills while developing some in field epidemiology.” Novak is a Class IX research fellow in the CDC's Division of Bacterial and Mycotic Diseases. ■

NLTN

State Training Coordinators Discuss Outreach to Sentinel Laboratories



State training coordinators gather to discuss outreach to sentinel laboratories and future training efforts.

Thirteen northeastern state training coordinators (STCs) gathered with NLTN, APHL and CDC staff at an annual regional meeting, “Sentinel Laboratories-Collaboration, Connectivity and Communication.” Rose Ann La Fisca, director of policy, planning and regulatory compliance at the New Jersey public health laboratory, welcomed the group to Spring Lake, NJ. As an STC in the early days of the NLTN, La Fisca was able to provide a unique perspective on the past fourteen years of the program. Later, Dennis Flynn, director of the NJ laboratory, also welcomed the group warmly. The meeting's presentations focused on outreach to sentinel labs and other public health partners. STCs reported on the success of the training activities delivered to sentinel labs in their respective states, and then shared plans for future training developed in collaboration with the NLTN.

Modern Methods for Influenza Detection and Subtyping

Public health laboratorians from 16 states gathered at a one-week laboratory methods course, "Modern Methods for Influenza Detection and Subtyping," in May. The program was sponsored by APHL, CDC/NCID/Influenza Branch and NLTN, and was hosted by the Georgia public health laboratory. Due to the overwhelming success, the course will be offered again in October 2004.

The faculty reviewed traditional influenza testing methods, and then offered student hands-on experience with molecular detection



and subtyping assays using different real-time

platforms. Highlights of the course included sessions on tissue culture troubleshooting, appropriate use of commercial rapid influenza kits and laboratory/epidemiology interaction. The CDC emphasized the need for public health laboratories to submit a subset of influenza isolates to the agency for further characterization throughout each flu season; this data will be used to monitor the emergence of new strains and to aid in the selection of new vaccine strains.



CDC's Amanda Balish guides Denise Bolton (NH) in reading a HAI plate for Influenza subtyping.

Students were treated to a tour of the CDC's influenza branch laboratory at the end of the week.

The techniques taught in the course will allow state public health laboratories to provide appropriate, timely laboratory results to clinicians, state and local epidemiologists, the CDC and ultimately to the World Health Organization. Enhanced influenza preparedness, including the

use of rapid molecular detection and subtyping methods, will be critical in the event of an influenza pandemic.

Newborn Screening Training Team Makes Footprints Across Texas

A key component to ensuring the health of babies is the collection and testing of neonatal specimens. Proper specimen collection and processing was the focus of the "Texas Newborn Screening Symposium: Let's Get it Right the First Time," cosponsored in three locations across the state by the Texas Department of Health, Bureau of Laboratories, and the National Laboratory Training Network. State training coordinator Dr. Jim Harris facilitated the on-site programs. Faculty was comprised of expert laboratory and program staff.

The majority of the 115 participants were medical staff, including nurses, phlebotomists and medical assistants. After the course, many of the participants planned to make specific modifications to their collection and submission protocols, which are areas of particular importance; improved specimen collection will result in fewer rejected specimens, which must then be recollected. The ensuing delay in diagnosis can cause a postponement of medical treatments, which can have a dramatic effect on the long-term quality of life of the baby. The NLTN will follow up with participants to determine whether these changes have been made. ■

NATIONAL LABORATORY TRAINING NETWORK



www.nltn.org
1.800.536.NLTN (6586)

- Free Lending Library
- Nationwide Training Events
- Continuing Education in Convenient Formats
- Nationally Recognized Continuing Education Units

For more information, contact Linette Granen at lgranen@nltn.org.

68th NEHA Annual Educational Conference & Exhibition

The National Environmental Health Association (NEHA) held its 2004 Annual Educational Conference & Exhibition (AEC) in May in Anchorage, Alaska. APHL staff exhibited at the conference and saw a large demand for the 2003 food safety and chemical terrorism reports.

There were over 150 educational sessions, including pre-conference workshops: "Epi-Ready," on foodborne disease epidemiology and surveillance training, "From Fear to Fantastic – Presentation Skills for the Trainer in Us All," and a "Food Safe Schools Action Guide." Presentations and educational sessions focused on children's environmental health, drinking water quality, environmental health in schools, environmental health leadership development, and vector control and zoonotic diseases.

Conference attendees had an opportunity to tour the Alaska state public health laboratory in Anchorage. The tour showed the main operating areas of the lab and included explanations of the equipment used and tests performed. Lab staff also gave presentations on bioterrorism preparedness and food safety issues. APHL staff members, Jeremy Gillissen and Chris Mangal, were given a private tour of the facility by the laboratory director, Dr. Bernard Jilly.

Terrorism and All-Hazards Preparedness Conference

The *Terrorism and All-Hazards Preparedness Conference* was held simultaneously with the NEHA AEC. Joseph Henderson, MPA, associate director, Office of Terrorism Preparedness and Emergency Response, CDC, delivered the opening remarks and keynote address. Henderson explained the CDC's role in terrorism preparedness and described the Laboratory Response Network (LRN) as a national asset, poised to respond to a terrorist event.

Elin Gursky, ScD, senior fellow for biodefense and public health at the ANSER Institute for Homeland Security, delivered a presentation on strategies for improving public health capacities and competencies in a new era of threats. Gursky discussed how public health

officials could better address the new challenges. Additionally, there were several presentations and poster sessions addressing emergency response planning, bioterrorism preparedness tabletop exercises, hospital terrorism preparedness, and chemical and radiological response planning.

Attendees were also able to tour the 103rd Weapons of Mass Destruction Civil Support Team (WMD/CST), stationed at Fort Richardson, AK, and the Municipality of Anchorage Emergency Operations Center (EOC). The 103rd WMD/CST is a full-time, federally funded National Guard unit designed to enhance local and regional terrorism response capabilities in suspected or known WMD events. The tour provided attendees with an opportunity to observe the equipment used by the CST.

Food Safety and Protection Conference and Exhibition

The Food Safety and Protection Conference was also held concurrently in Anchorage. Presentations were targeted to industry and public health sectors. Bernard Jilly, PhD, MT (ASCP), HCLD (ABB), Alaska public health laboratory director and APHL Training and Education committee chair, delivered a presentation on botulism in the state. Jilly reported that Alaska has the highest rate of foodborne botulism in the US, due almost exclusively to the methods of preparation and consumption of certain native foods. As such, botulism occurs more frequently in the native population. The state public health laboratory is creating targeted outreach in native dialects and working to distribute a learning program widely.

There were additional presentations focusing on the trends in food safety training and certification, a vessel sanitation program and other food safety issues.

NEHA offered a CD-ROM of all presentation and handout materials to the 2004 AEC attendees. For those who were unable to attend, visit www.neha.org to obtain the CD-ROM for \$15.00 plus \$3.00 shipping/handling. ■

FOOD SAFETY

Food Safety Committee Meeting

APHL's Food Safety Committee held its annual meeting in Washington, DC on May 20-21. During a strategic planning session, the group identified a number of priority issues affecting food safety; further discussion yielded priority objectives for the committee to address.

Major objectives for the Food Safety Committee:

- (1) Leadership and Coordination: Instead of a unified food safety system, a proliferation of systems and testing methods are in place, due in part to the diversity of laboratories involved in food safety at the federal, state and local level, the inherent difficulties in sharing security information between federal and state partners, and competing interests between various stakeholders.
- (2) Technical Issues
- (3) Marketing and Advocacy
- (4) Resources: The lack of sufficient general funding for laboratories to obtain needed workforce and equipment, as well as a lack of focus by legislators on normal laboratory activity, contributes to major gaps in food safety capacity.

The committee then discussed how to resolve these issues. It plans to identify partners and clarify the roles of those involved in food safety, and to issue position statements on a number of technical issues. The committee also began to create a food safety brochure: Linda Potts of Health Consulting Group, Inc. led the discussion as the committee identified its needs, goals and audience.

On the second day of the meeting, liaisons gave updates and APHL staff Doug Drabkowski and Patina Zarcone discussed laboratory information management systems. Also, position statements on leveraging bio-terrorism funding for PulseNet and on federal-state coordination were discussed. The committee expects to have a position statement completed and approved by the end of June.

A food safety survey, a follow-up to the 2001 Food Safety Laboratory Capacity Assessment Project, was reviewed and given final approval. The survey is in the final stages of preparation, and the group hopes to prepare an internal report and an issue brief based on the data in time for APHL's annual meeting in September. This survey, as opposed to its

comprehensive predecessor, is significantly smaller and more focused. Its goal is to obtain measurable and specific data on laboratory capacity and capability for public education purposes. APHL encourages members to respond, as the data obtained will be used to identify critical gaps in laboratory capacity, especially at the state level.

Other agenda items included an update by Karen Breckenridge on the National Laboratory Training Network's food safety microbiology course in Richmond, VA, on July 16, as well as APHL's request for applications for monies to fund state projects to improve the food safety capacity of laboratories. The RFA process has seen some delays, but awards will be made this summer.

For more information on APHL's food safety program, contact Jeremy Gillissen at jgillissen@aphl.org or Jennifer Liebreich at jliebreich@aphl.org. ■

NEWBORN SCREENING

Record Numbers Attend Newborn Screening and Genetic Testing Symposium

The 2004 Newborn Screening and Genetics Testing Symposium was the largest-ever gathering in the history of newborn screening and genetics testing meetings: more than 390 participants represented forty-four states and twenty countries. In record numbers, the participants represented diverse fields, from laboratorians to nurses, state health officials to vendors. The symposium addressed state and national issues including quality assurance/quality control, follow-up care, reports from state newborn screening programs, new technology, policy and ethical issues.

The pre-conference workshop, "Quality Assurance and Quality Control in Newborn Screening," featured speakers from the CDC, state public health laboratories, and private laboratories, and was well received by over 180 participants. Topics discussed included "Practical Applications of Quality Control," "Implementation of Tandem Mass Spectrometry, QA/QC," "Hemoglobinopathies Screening Quality Assurance" and "Proficiency Testing for Newborn Screening Phenotypic and Genotypic Confirmation Assays."

Also in the pre-conference, Dr. David Millington, of the Biochemical Genetics Laboratory at the Duke University Medical Center, addressed key issues confronted by follow-up coordinators and nurses in his presentation,



Ken Pass (NY), Harry Hannon, chief, newborn screening branch at CDC, Jane Getchell (DE), and Audrey Manley of the March of Dimes pause after the keynote address.

"Interpretation and Follow up of Abnormal Results from Tandem Mass Spectrometry." The quality assurance/quality control and the follow-up workshops will become a permanent part of the curriculum of future symposiums.

Symposium attendees gave particular acclaim to a session, "Newborn Screening for Childhood Immune Disorders: From Immunodeficiency to Autoimmunity." Co-sponsored by the Center for Biotechnology and

Genomic Prevention of the Medical College of Georgia and the Newborn Screening Quality Assurance Program, it featured experts in the field of childhood immune disorders. Dr. Jennifer Puck of the National Institutes of Health gave a presentation, "Detecting Severe Combined Immunodeficiency Disorder (SCID) from Newborn Dried Blood Spots." In it, she noted that the "TREC [T-cell Receptor Excision Circles] assay is a promising tool for large-scale newborn screening for SCID."



Bill Becker (OH) presents an award for outstanding service to NSQAP; Harry Hannon accepts the award.

In recognition of twenty-five years of outstanding service and dedication to public health laboratory newborn

screening program, Dr. Bill Becker (OH) presented an award plaque from APHL and a personal letter of appreciation from Senator Christopher J. Dodd (D-CT) to the CDC's Newborn Screening Quality Assurance Program. The newborn screening branch chief, Harry Hannon, PhD, accepted the award and letter on behalf of the program.

The symposium has been an avenue to exchange ideas and information among attending participants for 23 years. This year, numerous voices sang its praise in subsequent written reviews; one notable comment: "I have been to many conferences in several fields of Clinical Chemistry, but the meeting in Atlanta was my first in neonatal screening. I have never felt this feeling of unity, helpfulness and willingness to share information and data before," said Leifur Franzson, University Hospital, Genetics and Molecular Medicine, Iceland.

The next newborn screening and genetic testing symposium will be held October 24-27, 2005 in Portland, OR. For more information, contact Jelili Ojodu, newborn screening and genetics program manager, 202.822.5227 x235 or jojodu@aphl.org. ■

INFORMATICS

Public-Private Laboratory Integration Project 2004

APHL is excited to kick off a public-private laboratory integration project slated to run from July 1, 2004 to February 28, 2005. The project's innovative activities will encourage greater public and private laboratory integration and cooperation, serving as a stepping-stone for states to further build a system of public and private laboratories that addresses public health concerns. Ten states have been funded to execute their project plans.

Arkansas will be developing education materials, creating a public health laboratory Web site and conducting training for private laboratories.

Connecticut will be performing a full assessment of laboratory information management needs and developing plans for a comprehensive LIMS with bi-directional private laboratory communication.

Iowa will be installing a ReplixFax system for communication with private laboratories and surveying the effectiveness of facsimiles in information dissemination.

Massachusetts will be educating and surveying private laboratories in their capacity to identify and characterize community associated methicillin-resistant *Staphylococcus aureus*.

Michigan will be educating private laboratories on the use of glomerular filtration rate calculations for the early detection of kidney disease and improving the reporting of diseases identified by laboratory methods other than culture.

Minnesota will be designing workshops, establishing a lending library and meeting with private laboratories regarding environmental health issues.

Nebraska will implement STATpack secure telecommunications system for real time transmission between the state and private laboratories.

North Dakota will develop a laboratory response network Web site to serve as a clearinghouse for information, education and training tools.

Rhode Island will be creating a bi-directional information system connecting its new LIMS with private laboratories.

Wisconsin will continue its work in developing a public health and environmental protection laboratory system that is a collaboration of the public and private sectors.

Look for future updates as we begin these ten exciting projects.

APHL Co-Sponsors Successful PHIN Stakeholders Meeting

Approximately 1,300 people attended the 2nd Annual CDC Public Health Information Network (PHIN) meeting, representative of a wide range of local, state and federal public health professionals, including public health commissioners, laboratory bench scientists and seasoned information technologists. Scott Becker, APHL executive director, gave a presentation, "Data Can't Wait," in the second plenary. In it, he outlined initiatives to develop and train the public health laboratory information technology workforce; educate policymakers about the need for sustained funding for public health information infrastructure; and work with our partners to demonstrate the value of integrated health information systems in laboratory diagnostics and clinical treatment.

Steve Hinrichs, chair of APHL's Management and Information Systems Committee, moderated a panel discussion on "Integrating Laboratory Data into Public Health Systems." This session provided a forum to discuss integration of laboratory results to promote improved public health outcomes and to provide potential solutions to barriers in the exchange of vital public health laboratory data within agencies at the local, state and federal levels. There was representation from three state laboratories: Steve Hinrichs (NE), Jack Krueger (ME) and James Pearson (VA). Also on the panel were Claire Broome (CDC), Alan Melnick (a local public health official from OR), James Case (UC Davis veterinary laboratory) and Gerald Anderson (FDA). The next steps toward laboratory data interoperability across local, state and federal agencies were identified:

- ◆ APHL and its partners will convene a meeting with multiple federal agencies to move forward the agenda of interoperability of laboratory data horizontally and vertically
- ◆ Partner agencies will request time for a presentation within standards development organization HL7, possibly within an emergency medical response special interest group meeting,
- ◆ Public health partners will identify and create information and data use agreements; will also build a business case for why information and data is needed.

All the presentations from the conference have been posted to the CDC PHIN Web site for downloading

at www.cdc.gov/phn. For further information regarding the conference or APHL informatics initiatives, please contact Patina Zarcone, APHL informatics and LIM systems manager at pzarcone@aphl.org. ■

APHL ANNOUNCES NEW BOARD OF DIRECTORS, COMMITTEE CHAIRS

APHL 2004-2005 Board of Directors

Dr. Paul Kimsey (CA)

President (2004-2005)

Dr. Katherine Kelley (CT)

President-Elect (2004-2005)

Dr. Norman Crouch (MN)

Past President (2004-2005)

Dr. Susan Neill (TX)

Secretary/Treasurer (2003-2006)

Dr. Ming Chan (FL)

Member-At-Large (2003-2006)

Dr. Frances Downes (MI)

Member-At-Large (2004-2007)

Vacant, Member-At-Large (2002-2005)

To be filled promptly by election

Dr. Aloysius Hanson (MI)

Associate Member Representative (2003-2005)

Dr. Sydney Harvey (CA)

Associate Member Representative (2004-2006)

APHL 2004-2005 Committee Chairs

Emergency Preparedness & Response

Dr. Norman Crouch (2004-2007)

Environmental Health

Dr. Mike Wichman (2004-2007)

Global Health, Dr. Eric Blank (2004-2007)

Leadership, Dr. Stan Inhorn (2004-2007)

Food Safety, Dr. David Carpenter (2004-2006)

Infectious Disease

Dr. Jane Getchell (2002-2006)

Informatics (formerly MIS)

Dr. Steven Hinrichs (2001-2005)

Knowledge Management (formerly Data & Information), Dr. Ming Chan (2003-2006)

Membership & Recognition

Dr. Scott Zimmerman (2000-2005)

Newborn Screening & Genetics

Dr. Ken Pass (2002-2005)

Policy, Planning & Legislation

Dr. Ann Willey (2002-2005)

Training & Education

Dr. Bernard Jilly (2003-2006)

2004 APHL Annual Meeting

The 2004 APHL annual meeting, co-located with the Association of State and Territorial Health Officials' (ASTHO) annual meeting, will take place at the Radisson Riverfront Hotel in St. Paul, MN, from September 28 to October 1, 2004. The conference theme is "Communication, Cooperation and Coordination: Building Bridges in Public Health." Several sessions and functions will be held in conjunction with ASTHO. Topics covered in these sessions include protecting America's food in an era of terrorism, international public health issues, and presentations by Julie Gerberding, director of the CDC, and Betty Duke, director of HRSA.

In addition to joint sessions, APHL will host sessions focused on public health laboratory issues and science such as: integration of current laboratory networks in an all-hazard approach; collaboration with sentinel laboratories; triage of unidentified samples, policies and procedures; state public health and environmental health lab cooperation; HIV strategies; global health initiatives; and LIMS. ASTHO's concurrent session topics will cover newborn screening, chronic disease, infectious disease, obesity and school health, branding, communications, immunization, preparedness, environmental health, disparities, workforce development, and suicide and mental health. A preliminary program will soon be posted on the APHL annual meeting Web page.

Registration for the 2004 conference will be handled by ASTHO. There will be a link from the APHL Web site to ASTHO's where online registration will be available with use of a credit card. Payment by check or purchase order is available via fax or mail. The cost is \$450 for APHL members and \$525 for non-members. Emeritus members and guests should contact Terry Reamer, APHL's meetings manager, at 202.822.5227 x220 or treamer@aphl.org, for more information about their fee structure and registration process. Early registration ends on August 27, 2004.

APHL has negotiated a rate of \$110 (single/double) plus tax for rooms at the Radisson Riverfront Hotel. To make your reservation, contact the hotel directly at 651.292.1900 or 800.333.3333. Be sure to mention that you are attending the 'ASTHO/APHL annual meeting' to receive this rate. Reservations must be made by August 27, 2004 to take advantage of the special rate.

For more information, visit APHL's annual meeting Web page, www.aphl.org/National_Conferences/2004_annual_conference/.

MEMBER NEWS

William Becker Leads Ohio State Laboratory Into the Future

William Becker loves his job. As director of the Ohio Department of Health (ODH) laboratory, he said, "No two days are the same; each brings a challenge... For example, yesterday I was asked to arrange for rabies virus testing on a human skin biopsy sample."

Becker, a clinical pathologist who practices part-time at Ohio State University Hospitals, has headed the Ohio laboratory since 1998. In the half dozen years of his tenure, he has overseen several success stories. Perhaps the most significant of these relate to newborn screening. In recent years the laboratory has instituted a customer service program so that technologists and nurses can answer newborn screening questions in real-time. The program, said Becker, has been "invaluable" and "widely appreciated across the state."

A second newborn screening improvement was the expansion of the testing panel from five disorders screened per baby in 1998 to 29 disorders in 2003—adding chiefly fatty acid, organic, and amino acid disorders. The expansion, said Becker, was prompted by both evolving science and politics, with the state legislature, a concerned group of Ohio parents and private interest groups all showing interest. The expansion was made possible by the purchase of tandem mass spectrometry equipment—the newest newborn screening technology—and the "incredible" dedication of laboratory workers to come up to speed on the new screening protocols in a short amount of time.

Of course, since the turn of the century, the Ohio lab has also weathered some serious challenges that have led to other changes. "The laboratory was profoundly impacted by the anthrax events of 2001," noted Becker, with staff and other laboratory resources "stretched beyond traditional limits." During that crisis, laboratorians tested hundreds of items for anthrax, including some pretty odd samples, such as brand new stereo speakers and an urn—complete with ashes—taken from a local mausoleum. In order to complete

priority anthrax-related testing, select routine testing services were temporarily outsourced to external laboratories.

In addition to raising questions about so-called *surge capacity*, the anthrax emergency highlighted other important issues. "We learned a lot about safety and security because of the event," Becker noted. Staff continues to hone readiness systems even today.

An ongoing challenge is budgetary. Because of state budget cuts, the laboratory is suffering staffing limitations and, said Becker, "has had to downsize its test menu and look to outside sources, both public and private, for public health testing." No final decisions have been made on which tests will be outsourced, but a number of reference microbiology and selected serology tests are under consideration.

But there is good news for the future. The state public health laboratory is currently situated on the campus of The Ohio State University, just north of downtown Columbus, where it shares a building with the laboratories of the Ohio Environmental Protection Agency (EPA). While the site offers some advantages—such as proximity to the university medical center and other research facilities—the building is more than three decades old and in need of costly upgrades. Rather than renovate the existing facility, state officials are planning to relocate both the Department of Health and the Ohio EPA laboratories to a new site in eastern Columbus adjacent to the Ohio Department of Agriculture laboratories. Thus, while Ohio does not have a consolidated laboratory system, all of the state labs will be co-located, improving both communication and resource-sharing among them.

The new facility will be at least the third home of the ODH laboratory since it was established about a century ago, in 1898. The original laboratory was located in the

Ohio Department of Health Laboratory Profile

Location-- Columbus, Ohio, on the campus of The Ohio State University

Laboratory Organization-- Microbiology, Newborn Screening, Radiological Chemistry

Staff-- 65

attic of the State House Annex directly above the private offices of members of the Ohio Supreme Court. From time to time the Supreme Court bailiff would request that the lab workers cease activities because the noise and odors emanating from the laboratory were noticed by the judges, usually at times of important sessions. In 1912, when there was an opportunity to relocate the laboratory, the Supreme Court voted unanimously in favor of the request.

In addition to his full-time work in Ohio, Becker is active in both national and international venues. He serves on the US Secretary's Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children, as well as the APHL Board of Directors. In recent years he has also been active in the CDC Global AIDS Program, through which he has traveled to Zimbabwe as an on-site technical advisor.

Despite the complexity and variety of his work, Becker's goals for the ODH Laboratory remain simple and steadfast: "to continue to offer high quality, timely, cutting edge laboratory testing to all of our partners."

Bioterrorism: Close Encounters of the Lab Kind

Getting the Word Out There

Iowa sponsored a Web cast on May 6, 2004, "Bioterrorism: Close Encounters of the Lab Kind," that portrayed to a general audience the challenging nature of public health laboratory work. Other laboratories may want to consider organizing a similar program for students or the public to convey the diversity of work and issues confronted by public health laboratories.

In the Web cast, University Hygienic Laboratory employees and APHL members, John Vargo, Lucy DesJardin, and Bonnie Rubin highlighted some of the unusual chemical and biological projects handled by their laboratory. Vargo gave the example of a local wedding in which guests became ill after the catered reception, explaining the laboratory's role in the ensuing testing and investigation of the food. DesJardin described the 2003 monkeypox incidents in the Midwest. No human cases developed in Iowa, but concerns were high since the infected animals had been shipped to and transported from the state. She explained the challenges of testing a hedgehog that had stiffened into a ball, spikes bristling outward, in a safety setting that discouraged the use of sharps. Rubin then concluded the forty-minute presentation by detailing the laboratory's state of preparedness, explaining the functionality of the Laboratory Response Network and statewide training efforts.

Copies of the program can be obtained through the Web, www.public-health.uiowa.edu/icphp/grand_rounds/session5/grnd_round5_3.html.

APHL ANNUAL BUSINESS MEETING

**Radisson Riverfront Hotel
St. Paul, Minnesota
Tuesday, September 28
1:00pm – 4:30pm**

This constitutes official notification to APHL members. The purpose of this meeting is to discuss items of strategic importance to APHL.

Iowa Public Health Labs Celebrate 30th Year of Accreditation

The American Industrial Hygiene Association recently recognized laboratories that have been accredited by its Industrial Hygiene Laboratory Accreditation Program (IHLAP) for 30 years. APHL is pleased to note that Iowa's University Hygienic Laboratory (UHL) is on the list. UHL facilities in Des Moines and Iowa City have maintained accreditation since 1974. For more information, see www.aiha.org/LaboratoryServices/html/labserviceshome.htm. ■

STAFF NEWS

James Ford is APHL's new manager of laboratory systems/standards, effective May 3, 2004. Ford supports project management activities for public-private laboratory integration and other national issues relating to laboratory performance standards and best practices. Ford has a bachelor's degree in chemistry and comes from Shire Laboratories of Rockville, MD. He is knowledgeable of the pharmaceutical and clinical trial industries and has experience in regulatory environments, including cGMP, FDA and ICH. Ford has written and edited numerous scientific documents including SOPs, qualification protocols and validation reports. He also has experience in the technical documentation and implementation of laboratory information management systems.

Debbie Foster, MLIS, has joined APHL as the National Laboratory Training Network library assistant. She earned a master's degree in library and information studies from the University of California at Berkeley. Foster brings more than ten years of experience with online publishing and periodical indexing and abstracting to the Richmond, CA, NLTN office. In her spare time she operates an online used book business.

Frances Whalen, MPH, MT(ASCP), is the new director of the National Laboratory Training Network, effective June 7, 2004. Whalen is a medical technologist with 32 years of health experience, more than 17 of which is in management. Her experiences include outreach planning and implementation, finance management, personnel and technical administration, as well as interdisciplinary education. Most recently Whalen served as the manager of pathology and laboratory services at a hospital in Albemarle, NC.

Patina Zarcone, MPH, will be relocating to Boston at the end of June 2004 but will continue to serve full-time in her position as APHL's informatics and LIM system manager. A new mailing address, phone and fax number will be provided shortly after her transition to Boston. ■

The APHL Minute Staff

Emily Mumford, Editor
Shauna Dillavou, Assistant Editor
Jody DeVoll, Advisor

Contributors

Scott Becker, Executive Director
Patricia Blevins, Emerging Infectious Disease Program Manager
Doug Drabkowski, Director of Strategic Initiatives and Research
Jim Ford, Laboratory Systems/Standards Manager
Jeremy Gillissen, Food Safety Program Manager
Linette Granen, NLTN Communications and Marketing Manager
Rosemary Humes, Director of Infectious Disease and Preparedness
Valerie Johnson, CDC Training Advisor
Paul Kimsey, President
Peter Kyriacopoulos, Director of Public Policy
Nancy Maddox, Writer
Chris Mangal, Emergency Preparedness and Response Program Manager
Jelili Ojodu, Newborn Screening and Genetics Program Manager
Eva Perlman, Senior Director of Professional Development
Terry Reamer, Meeting Manager
Sharon Rolando, PulseNet Program Manager
Heather Roney, Fellowship Program Manager
Elizabeth Szymczak, NLTN Manager
Anthony Tran, HIV, STD, TB Program Manager
Shawna Webster, Assistant to the Executive Director
Patina Zarcone, Informatics and LIM Systems Manager

APHL Board of Directors

Paul Kimsey, President
Katherine Kelley, President-Elect
Norman Crouch, Past President
Susan Neill, Secretary-Treasurer
Ming Chan, Member-at-Large
Frances Downes, Member-at-Large
Scott Becker, Ex-Officio

The Association of Public Health Laboratories (APHL) is a national, non-profit dedicated to working with its members to strengthen public health laboratories. By promoting effective programs and public policy, APHL strives to provide public health laboratories with the resources and infrastructure needed to protect the health of U.S. residents and to prevent and control disease globally.

This publication was supported by Cooperative Agreement Number 303019 and 319522 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or imply an endorsement by APHL officers, members, staff or management.

To submit an article for consideration, contact Emily Mumford via email, emumford@aphl.org.