Washington State Department of Health

ELABORATIONS

News and Issues for Washington's Clinical Laboratories

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26th Annual Clinical Laboratory Conference

The 26th Annual Clinical Laboratory Conference will be held on November 12, 2019 at Foster Links Golf Course in Tukwila. This is an excellent opportunity to hear about the current status of health care from a variety of experts.

Dennis Weissman, president of Dennis Weissman & Associates, LLC, in Washington, D.C., is the keynote speaker for the conference. He is presenting, "Federal Policies & Market Forces Shaping the Laboratory Industry: Assessing Key Stress Factors in 2020 & Beyond"
A nationally known consultant and thought leader for the clinical laboratory and anatomic pathology sectors, Dennis is President of Dennis Weissman & Associates, LLC, a consultancy which provides market intelligence on Medicare and health care reform policies and strategies as well as business and financial trends affecting the health care industry. Dennis previously founded and served as publisher of Washington G-2 Reports (now G2 Intelligence), an information company that reports on the U.S. clinical lab industry via newsletters, research reports & conferences.

Heading into 2020, learn how a series of federal reimbursement and policy initiatives plus heightened market volatility are affecting both the financial and competitive viability of clinical labs and pathology practices nationwide. Meantime, ongoing moves by the Trump Administration to chip away at Obamacare mandates via its executive power and legal challenges raise concerns over turbulence in insurance markets, thereby assuring that healthcare remains a dominant issue during the 2020 election cycle.

Melissa P. Upton, MD, FASCP is board certified in Anatomic Pathology and Cytology and is currently Professor Emeritus of Pathology at University of Washington, where she practices part-time, focusing in GI and liver pathology, frozen sections, and autopsy pathology. From 2002 through June 2010, Dr. Upton was Associate Director of the Anatomic Pathology Division at the University of Washington Medical Center in Seattle, Washington. Her publications encompass a broad range of anatomic pathology, and, more recently, she has focused in GI and liver pathology, and in oral squamous carcinoma.
Dr. Upton is the Immediate Past President of the American Society for Clinical Pathology and served as 2018-2019. She also serves as the Continuing Medical Education (CME) Editor for the American Journal of Clinical Pathology, developing CME/Self-Assessment Modules. She formerly chaired the ASCP Commission for Continuing Professional Development., which oversees the entire ASCP portfolio of educational programs and materials.

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Inside This Issue

Practice Guidelines

The following practice guidelines have been developed by the Clinical Laboratory Advisory Council. They can be accessed at the LQA website.

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Bioterrorism Event Mgmt
Bleeding Disorders
Chlamydia
Diabetes
Group A Strep Pharyngitis
Group B Streptococcus
Hepatitis
HIV
Infectious Diarrhea
Intestinal Parasites
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PSA
Rash Illness
Red Cell Transfusion
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STD
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Tuberculosis
Urinalysis
Wellness

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She is passionate about education and teamwork to innovate and support inquiry, and to apply new advances to improve public health through laboratory diagnostics. She hopes to continue to help laboratory professionals, including pathologists, to build effective teams in developing better patient care, training, and communication, based on respectful collaboration, creative thinking, and joy in our work.
Her presentation is, "The ASCP Choosing Wisely Campaign and the ASCP National Pathology Quality Registry (NPQR)." The focus will on the efforts by the American Society for Clinical Pathology to address evolving challenges faced by pathologists and laboratory professionals in providing appropriate tests for the right patient at the right time, at the right cost.

Nancy Anderson, MMSc, is the Senior Advisor for Clinical Laboratories in the Division of Laboratory Systems (DLS) at the Centers for Disease Control and Prevention (CDC). She is responsible for managing a number of CDC's responsibilities under the Clinical Laboratory Improvement Amendments (CLIA) program. Prior to this position, she was Chief of the Laboratory Practice Standards Branch, with many of the same responsibilities. In her years with the CLIA program, she has contributed to developing several regulations, as well as CLSI guidelines promoting laboratory quality. She is currently on the CLSI Board of Directors and the Joint Commission Laboratory Advisory Committee. Ms. Anderson has a Master of Medical Science (MMSc) degree in clinical microbiology from Emory University and clinical laboratory experience in hospital laboratories in New York, Florida, and Georgia, and in the CDC Special Bacteriology Reference Laboratory.

Her presentation will provide an overview of the Division of Laboratory Systems (DLS) at the Centers for Disease Control and Prevention (CDC), focusing on their role in the Clinical Laboratory Improvement Amendments (CLIA) program. She will highlight DLS management of the Clinical Laboratory Improvement Advisory Committee (CLIAC) and discuss recent CLIAC recommendations. She will also describe free online laboratory training courses developed by DLS.

Scott Lindquist, MD, MPH, completed his medical training at the University of Washington School of Medicine as a student of the WAMI (Washington, Alaska, Montana, and Idaho) program. He completed a residency in pediatrics at the University of North Carolina at Chapel Hill and an Infectious Disease Fellowship at Baylor College of Medicine in Houston, Texas. He completed his Masters in Public Health at the Harvard School of Public Health. Dr. Lindquist has drawn upon this broad background to focus upon underserved populations and infectious diseases. He has combined all the aspects of his training as a Health Officer/Director of Health for the Kitsap County Health District from 2001–2014. In addition, he serves as a pediatrician and public health officer at the Port Gamble S'Klallam Tribal Medical Clinic where he has worked one day a week since 2001. Dr. Lindquist has been the Washington State Tuberculosis medical consultant since 2002 and currently serves as the State Epidemiologist for Communicable Diseases and Deputy Health Officer for Washington State. His presentation will provide an overview of recent measles and Hepatitis A outbreaks and information on the current planning and testing for Ebola.

Emily Schneider, MPH, is a regional epidemiologist with the Antibiotic Resistance Laboratory Network (ARLN) at the Washington State Department of Health in the Office of Communicable Disease Epidemiology.

Since its discovery in 2009, *Candida auris* has emerged as a global concern. The CDC-funded Antibiotic Resistance Laboratory Network (ARLN) strives to rapidly detect and respond to *C. auris* as it continues to spread. This presentation will highlight the ARLN testing activities and

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ELABORATIONS is a free monthly publication of the Washington State Department of Health (DOH) Public Health Laboratories (PHL) and Office of Laboratory Quality Assurance (LQA).

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Public Health Laboratories

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elaborate on the importance of *Candida auris* detection, containment and prevention.

Who Should Attend?

- Laboratory directors
- Laboratory and office managers
- Department supervisors
- Bench personnel
- Billing personnel
- Compliance Officers

The conference offers something pertinent whether you work in a physician office laboratory, an independent laboratory, or a small or large hospital.

Location

The conference is held at the Foster Links Golf Course with easy access from Interstate 5 and the airport. See the Laboratory Quality Assurance website. For information and a registration form for the 2019 conference or contact Leonard Kargacin. The $95 per-person registration fee includes a continental breakfast, breaks and lunch. Make your plans to attend today. You still have time to register.

New Legionella Tests at PHL

The Washington State Public Health Laboratories (PHL) is now offering additional *Legionella* testing? Per Washington Administrative Code (WAC 246-101), laboratories are still required to submit *Legionella* bacterial isolates to PHL. The PHL now offers culture and real-time polymerase chain reaction (RT-PCR) testing for clinical specimens such as bronchial lavages, bronchial washes and sputum. In addition the PHL offers RT-PCR and culture for environmental specimens such as water samples and environmental swabs as part of public health case and cluster investigations pending local health jurisdiction (LHJ). Prior approval is not required for clinical testing at PHL.

The PHL offers testing for *Legionella* using two different methodologies. The first is a multiplex RT-PCR assay that amplifies unique sequences within the *Legionella* genome. These target sequences include a region of the wzm gene to identify for *L. pneumophila* SG1, a portion of the mip gene to identify *L. pneumophila* other than SG1 and portion of the 23S rRNA gene to detect all species and serogroups belonging to the genus *Legionella*. Because *Legionella* can be difficult, costly and time consuming to culture; the RT-PCR offers a rapid way (one-day turnaround time) and better sensitivity to identify or rule out suspect specimens. The second method is by culture. To culture a specimen, the PHL uses a panel of buffer charcoal yeast extract (BCYE) media, which have different types of antibiotics added to the media. Because patients often have other flora in their specimen, using BCYE with different antibiotic additives allows for easier culturing all *Legionella* species in a specimen by reducing background flora with little to no inhibition of the target organism. Recovery of a *Legionella* isolate is vital to outbreak investigations as it can allow for a direct link from patient to an environmental source.
For more information about specimen submission, please see the Microbiology Test Menu.

About Clinical Testing:

If able, please remind clinicians who use your laboratory that CDC recommends that urine and respiratory specimens be collected from patients suspected to have Legionnaires' disease. CDC recommends that urine antigen testing and respiratory culture be performed. If feasible, please consider updating test menus to prompt clinicians to order both tests.
Urine antigen tests are quick and non-invasive, but able to identify only *Legionella pneumophila* serogroup 1 infections. Cultures of respiratory specimens are necessary to detect all *Legionella* species and serogroups and to allow comparison between patient and environmental specimens during case and cluster investigations.

Legionellosis is caused by numerous different *Legionella* species and serogroups but most recognized infections are due to *L. pneumophila* serogroup 1. The extent to which this is due to testing bias is unclear since only *L. pneumophila* serogroup 1 is identified via commonly used urine antigen tests; other species and serogroups must be identified through PCR or culture, tests which are less commonly ordered. More information about *Legionella* testing is available from CDC.

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New Legionella Tests at PHL, cont'd from page 3

Legionellosis is a bacterial respiratory infection that can result in severe pneumonia and death. Most cases are sporadic but legionellosis is an important public health issue because outbreaks can occur in hotels, communities, healthcare facilities, and other settings.

Legionellosis was first recognized in 1976 when an outbreak affected more than 200 people and caused more than 30 deaths, mainly among attendees of a Legionnaires' convention being held at a Philadelphia hotel. The disease involves two clinically distinct syndromes: Pontiac fever, a self-limited flu-like illness without pneumonia; and Legionnaires' disease, a potentially fatal pneumonia with initial symptoms of fever, cough, myalgias, malaise, and sometimes diarrhea progressing to symptoms of pneumonia, which can be severe.

About Legionellosis:

Exposure is through inhalation of aerosolized water contaminated with *Legionella* bacteria. Although the bacteria are commonly found in natural or artificial freshwater environments, there are rarely sufficient quantities of *Legionella* to cause an infection. Factors that allow the bacteria to amplify to higher concentrations include higher water temperatures (77-108 F), stagnation, sediments, biofilms, and the presence of amoebae.

Epidemiologic risk factors for exposure to *Legionella* include recent travel with an overnight stay outside of the home, exposure to whirlpool spas, and maintenance work or repairs on domestic plumbing. Nationally, legionellosis outbreaks have been associated with potable water systems, whirlpool spas, and cooling towers. Such sources promote both amplification and aerosolization of contaminated water. Hotels, hospitals, long-term care facilities, and cruise ships have also been sites of outbreaks. Recently, legionellosis has been in the news due to an increased emphasis on primary prevention via water management planning and the concomitant release of numerous CDC materials on this topic, and because of multiple recent outbreaks nationwide.

Information about primary prevention via water management planning is available here.

The Washington State Department of Health Legionellosis Investigation and Reporting Guideline (targeted to local health jurisdictions) is available here.

For more information about legionellosis in Washington State available here.

Plan to attend the 26th Annual Washington Clinical Laboratory Conference November 12, 2019

Calendar of Events

Training Classes:

2019 Northwest Medical Laboratory Symposium
October 9-12 Lynnwood, WA

26th Annual Clinical Laboratory Conference
November 12 Tukwila

2020 ASCLS-WA Spring Seminar

April 23-24 Richland

Contact information for the events listed above can be found on page 2. The Calendar of Events is a list of upcoming conferences, deadlines, and other dates of interest to the clinical laboratory community. If you have events that you would like to have included, please mail them to ELABORATIONS at the address on page 2. Information must be received at least one month before the scheduled event. The editor reserves the right to make final decisions on inclusion.

Washington State Department of Health

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For persons with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TTY/TDD 1-800-833-6388).

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