

Connection

A Newsletter of CCH Laboratory Services

April 2017

Medical Laboratory Professionals Week, April 23-29

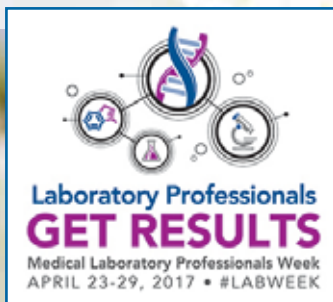
Medical Laboratory Professionals Week (MLPW) provides an opportunity to increase public understanding of and appreciation for the clinical laboratory.

Whether a technologist, phlebotomist or pathologist, there are over 300,000 practitioners of medical and clinical laboratory science in the United States. Since the development of this career group in the 1920s, the clinical laboratory science professional has played an increasingly vital role in the diagnosis and prevention of disease. With an estimated 60-70 percent of decisions regarding a patient's diagnosis and treatment being based on laboratory results, MLPW is a time for medical laboratory staff to celebrate their integral role in healthcare delivery.

To recognize this contribution, CentraCare Health hospital and clinic sites are recognizing Medical Laboratory Professionals Week in honor of the great care provided by all members of the laboratory team.

Thank you for allowing us to be a part of your health care delivery.

We appreciate the opportunity to work with you!



2017 Laboratory Legislative Symposium

Cindy Johnson, CCH Laboratory Section Director

The 29th annual Legislative Symposium held March 20 and 21 in Washington, DC, brought laboratory professionals and leaders together to bring their legislative priorities to Congress. These included:

- **Laboratory Workforce:** There is a growing crisis with critical shortages in the laboratory workforce. Long-term trends show the number of graduates and those becoming certified is relatively flat. Even with remarkable gains in productivity made possible through automation, the workforce is unable to keep up with the growth in demand. This shortfall will directly impact the health and welfare of patients.
- **Laboratory Reimbursement and Protecting Access to Medicare Act (PAMA):** Implementation of PAMA is scheduled to begin in January 2018. Early feedback on a flawed data reporting system is that the cuts to the Clinical Lab Fee Schedule will overshoot the original \$350 billion annual target. This will lead to dramatic cuts in the menu of available tests for practitioners diagnosing and treating patients. It will reduce capital investment in clinical laboratories leaving important new tools that address issues like antibiotic resistance unavailable for use. Finally, it is likely to drive consolidation, the loss of well-paying scientific jobs, and reduce even further the choice of and speed with which test results are available for practitioners and patients.
- **Laboratory Developed Tests (LDTs):** The laboratory community is sharing expert perspective on this regulatory issue in advance of the FDA's expected request for guidance from Congress on this issue later this year.

There were over 130 attendees from the American Society for Clinical Laboratory Science, the Clinical Laboratory Management Association, the American Society for Clinical Pathology, American Medical Technologists and the Association of Genetic Technologists representing 43 states. From the show of hands, it appeared that approximately 40 percent of the participants were first-time attendees; many who were students from various laboratory programs.

On day one of the symposium, leaders and legislative experts from the laboratory professional organizations provided education on issues affecting clinical laboratories. The experts offered tools on how to successfully present the issues to congressional members and their legislative assistants on Capitol Hill during the current political climate.

Special guest, Nicholas Uehlecke, professional staff member for the U.S. House of Representatives, Ways and Means Committee,

with more than five years of experience in D.C., provided attendees with an overview of what a visit to the "hill" might be like. He stressed the importance of laboratory professionals making the trip out to Washington and stated that our dialogue with our congressional leaders should not stop there. He encouraged us to keep in contact with our legislators through email correspondence, phone calls or even inviting our congressional members to tour our respective laboratories when they are back home in their districts.



Members (L-R) Dean Porter, Matthew Yang, Cindy Johnson, Bridget Parsons from the Minnesota delegation had an opportunity to spend time on Capitol Hill to meet with Landon Zinda, Legislative Counsel for Representative Tom Emmer's office to review the laboratory debriefing papers.

On day two of the symposium the rest of our laboratory colleagues converged on Capitol Hill with enthusiasm. Members of the Minnesota Laboratory Delegation visited with legislative assistants from the offices of Senators Klobuchar and Franken as well as the rest of our respective House of Representative members. We had the opportunity to share what we do every single day to impact the care of our patients and the vital role we play as the silent partner on the health care team in providing the foundation for the diagnosis and management of many conditions. This opening statement was a mechanism to invite conversation and ease into our main talking points.

The 2017 Laboratory Legislative Symposium gave the delegates an opportunity to provide a unified front on behalf of the laboratory profession. We returned home from Washington, D.C., with a first-hand knowledge of the political system in action and the confidence to know that we can make (and have made) an impact on legislative and regulatory issues.

For additional information:

<http://www.ascls.org/advocacy-issues/action-center>

Zika virus and referral testing

Jess Hom, Specimen Referral Center Co-Lead



Zika virus primarily is spread to humans by an infected Aedes mosquito, but it can also be spread via blood transfusion, laboratory exposure, organ/tissue transplantation, and sexual transmission. The other major mode of transmission is intrauterine or perinatal maternal/fetal transmission.

The Zika virus was first discovered in 1947 in a monkey in Uganda. Africa and Southeast Asia saw only sporadic human cases until 2007. It is likely that additional cases occurred but were not reported.

Yap island in the Federated States of Micronesia saw the first outbreak of Zika in 2007. In 2013-2014, there was an outbreak in French Polynesia with more than 28,000 suspected Zika virus infections reported. 2015 ushered in the first outbreak in the Americas, in Brazil. Outbreaks currently are occurring in many locations in the Americas, including the Commonwealth of Puerto Rico and the U.S. Virgin Islands.

Symptoms and treatment

Symptoms of Zika typically are mild and self-resolving. Roughly 20 percent of people infected with Zika actually get sick. Symptoms typically begin 2-7 days after being bitten and include:

- Fever
- Rash
- Joint Pain
- Red Eyes (conjunctivitis)

Due to the mild nature of symptoms, most people do not realize they have been infected. Hospitalization is uncommon and fatalities due to Zika are rare.

The virus remains in the blood for about a week but can be found longer in some patients. Reverse-transcriptase polymerase chain reaction (RT-PCR) testing is the preferred method for diagnosing Zika virus during the first week following onset of symptoms.

There is no vaccine or medication available for the prevention or treatment of Zika virus.

Prevention

The best way to prevent a Zika infection is to protect against mosquito bites:

- Wear long-sleeved shirts and long pants
- Use air-conditioning or window/door screens to keep mosquitoes outside
- Sleep under a mosquito bed net if sleeping outside
- Use insect repellent
- Cover cribs, strollers and baby carriers with mosquito netting
- Treat clothing and gear with Permethrin

Zika and pregnancy

Microcephaly and other poor pregnancy outcomes have been reported in babies of mothers who were infected with Zika virus while pregnant. The CDC recommends that women who are pregnant or want to become pregnant should avoid travel to Zika regions. If travel to Zika regions cannot be avoided, the CDC has established the following guidelines for those that wish to become pregnant:

- Female travelers should wait until eight weeks after travel/onset of symptoms before trying to conceive
- Male travelers should wait until six months after travel/onset of symptoms before trying to conceive

Confirmatory testing

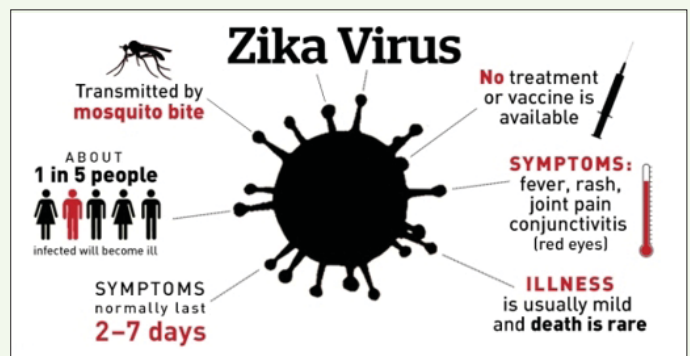
If Zika testing is desired, an order for a Miscellaneous Battery (LAB021498) should be placed. Mayo Medical Laboratories (MML) has two options for Zika testing, MZIKV for non-pregnant individuals and PNZIK for pregnant individuals.

It should be noted that there are three questions to be answered when ordering Zika virus testing to MML, which include whether or not the patient is pregnant, have they traveled to or are they residents of a Zika region, and are they symptomatic. In non-pregnant individuals, travel to a Zika region is not a clinical indicator for testing if the patient is asymptomatic.

For more information on testing algorithms:

http://www.mayomedicallaboratories.com/it-mmfiles/Zika_Pregnant.pdf

http://www.mayomedicallaboratories.com/it-mmfiles/Zika_Nonpregnant.pdf



Influenza ...It Can't Be True!

Cindy Johnson, CCH Laboratory Section Director

I was in disbelief when the laboratory test for Influenza A came back positive. How could this be? I got the flu shot this year as part of CentraCare Health's influenza vaccination program. My family can attest that I am a "germaphobe" — even though I work in the laboratory environment — and am very diligent in handwashing and wiping down shopping carts before use. Needless to say, the diagnosis of influenza caught me by surprise.

Influenza (flu) is a highly contagious viral respiratory infection that occurs most often in the late fall, winter and early spring. Flu symptoms may include a fever (101°F-102°F), muscle/body aches, a cough, nasal congestion and sore throat. The symptoms usually are worse for the first 3-4 days of onset but it can take 1 to 2 weeks to completely recover. Sometimes the flu can lead to a bacterial infection such as an ear or sinus infection, bronchitis and even pneumonia so an early diagnosis can be vital in monitoring patients.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that the flu affects between 5-20 percent of the U.S. population every year. On average, more than 200,000 people in the United States are hospitalized each year for respiratory and heart conditions associated with seasonal influenza virus infections.

On a weekly basis, the Minnesota Department of Health (MDH), in partnership with the CDC, provides an Influenza & Respiratory Illness Activity Report on their website. This surveillance program includes information on hospitalized influenza cases by region and age for our state. These cases are based on disease reports of laboratory-positive influenza tests. Laboratory specimens from hospitalized patients with acute respiratory illness are submitted to the MDH-Public Health Laboratory (PHL) by hospitals and laboratories for further testing.

The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories that voluntarily submit testing data weekly. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform polymerase chain reaction (PCR) testing for influenza and three also perform PCR testing for other respiratory viruses. MDH-PHL provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage. Tracking the laboratory results assists health care providers with patient diagnosis of influenza-like illness (ILI) and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community.

Included on the MDH website is information related to suspected outbreaks in K-12 schools. The schools report influenza-like illness when the number of students absent with ILI reaches 5 percent of total enrollment or when three or more students with ILI are absent from the same classroom. Long Term Care facilities also report to MDH when they suspect an outbreak of influenza. Laboratory-confirmed outbreaks are reported on this section of the website. In the outpatient area, MDH collaborates with health care providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with ILI.

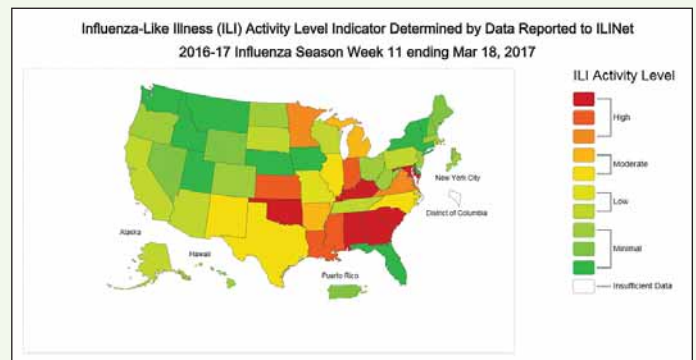
All this information is collected and submitted to the CDC for further surveillance, reporting and graphical data analysis. CDC's Influenza Division provides essential information for the World Health Organization (WHO) to make recommendations on appropriate viruses to be included in annual seasonal influenza vaccines as well as vaccines for pandemic preparedness.

When asked by friends and family if I am going to get the flu shot next season the answer was a resounding "YES." The annual flu vaccine is the most effective way to prevent the flu. Everyone 6 months of age and older should get a flu vaccine every season. For the 2015-2016 influenza season, CDC estimates that influenza vaccination prevented approximately 5.1 million influenza illnesses, 2.5 million influenza-associated medical visits and 71,000 influenza-associated hospitalizations.

For more information:

<http://www.health.state.mn.us/divs/idepc/diseases/flu/stats/flustats11.pdf>

<https://www.cdc.gov/flu/weekly/>



2017 Minnesota Clinical Laboratory Collaborative

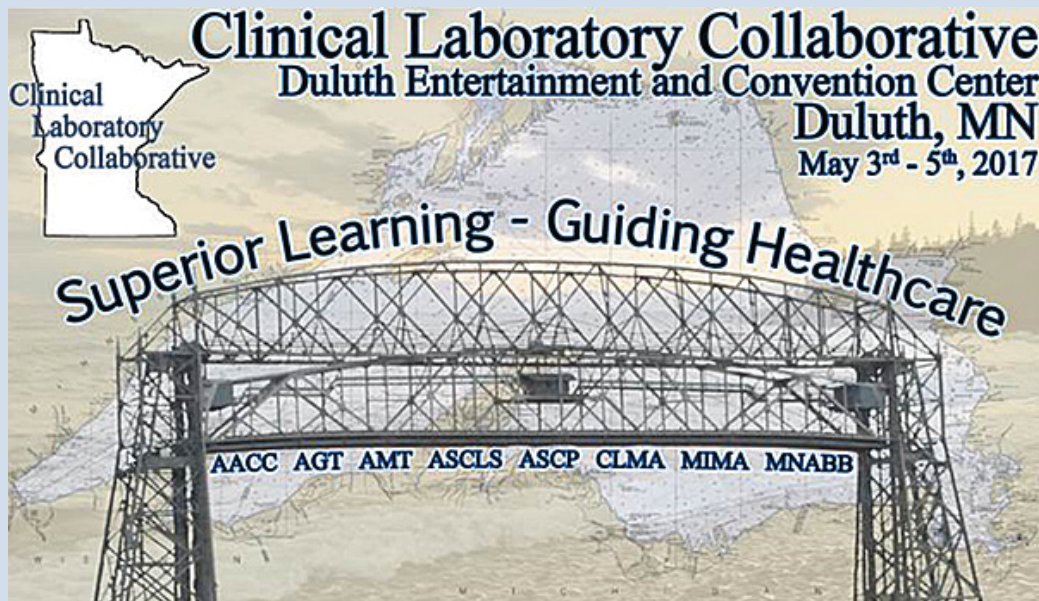
May 3-5



Duluth Entertainment Convention Center
350 Harbor Drive
Duluth, MN

Join us May 3-5 at the annual laboratory professionals conference in Duluth to network with fellow laboratory professionals, participate in a variety of educational sessions, meet with vendors in the exhibit hall, raise laboratory scholarship funds through a silent auction and contribute charitably to the Damiano Center. The Damiano Center provides services to over 2,000 job-seekers and low-income workers to help them acquire or maintain employment.

We hope to see you there!



For additional CLC meeting and registration information, visit www.asclsmn.org

QUESTIONS AND COMMENTS

If you have questions or comments, please contact **Jeremy Angell**, coordinator, CentraCare Laboratory Services, 320-251-2700, ext. 57248 or cclabser@centracare.com. If you would like to be added or removed from our email distribution list, please let us know.

