

LABORATORY TRENDS



August 16, 2013

In this Issue:

Laboratory News	1
Recent Outbreaks/Clusters	3
Other Gastrointestinal Outbreaks..	4
Other Respiratory Outbreaks	5

Laboratory News

BCPHMRL Report Distribution Move from Medinet to Excelleris

Background

Shortly, we will be moving report distribution vendors from Medinet to Excelleris for the BC Public Health Microbiology & Reference Laboratory (BCPHMRL). Subject Matter Experts within the BCPHMRL have been working hard over the last few months to ensure that results are accurately reported by Excelleris. Medinet has been working with us to ensure a smooth transition. This will consolidate most, if not all, your reports into a single view for your convenience and is another step towards the goal of paperless (fully electronic) results reporting by the end of 2014 by the Lower Mainland Laboratories.

Distribution Methods

- Clinicians currently using an electronic medical record (EMR) or already accessing Excelleris Launchpad will receive our reports directly into their EMR/Launchpad inbox with no intervention required. **So as not to miss any reports during the transition, if you currently receive your laboratory reports from Medinet electronically, please do not stop downloading your reports from Medinet until you have been notified by Excelleris to stop.** You will receive further communications on how to proceed.
- Clinicians and other clients who do not use an EMR or do not have an Excelleris account will continue to have their results distributed via fax, or hardcopy by postal mail, until the transition to electronic reporting is completed. These clinicians and other clients should consider setting up an Excelleris account in order to receive electronic reporting.

Outlined below are some changes to expect with the move to this new results distribution system:

Reports

- **Clinical**
BCPHMRL reports will look significantly different from previous Medinet reports. We are working very closely with Excelleris to produce clear formatting.
- **Water Testing**
For those clients who have electronic subscriptions to HealthSpace or WaterTrax, reports will continue to be sent electronically without any changes. Those clients who receive paper copies will see the familiar BCPHMRL water testing report embedded between an Excelleris header and footer, but there will be no change in the content.
- **Reportable Communicable Diseases (RCD)**
Clients will see a RCD report with an Excelleris header and footer; there will be no change in the content of the report.

Information and Customer Service

- **How to set up an account with Excelleris:**
For questions regarding report delivery/distribution or to sign up for electronic distribution, contact Excelleris Customer Support at support@excelleris.com or 1-866-728-4777.
- **Report Interpretation:**
The Lower Mainland Laboratories Call Centre will continue to provide interpretation and content services for these reports: 1-877-747-2522.

Feedback

If you have any questions about the overall Excelleris project, please direct them to ReportDistribution@phsa.ca.





Annual Emergency Response Assistance Plan Training

One of the mandates of the Biosafety, Biosecurity, Biohazard Containment (BBBC) Program at the BCPHMRL is emergency response. The BBBC maintains links with regional, provincial and national partners for emergency management activities and performs routine exercises in chemical, biological, radiological and explosive event response.

Transportation of Dangerous Goods regulations require Emergency Response Assistance Plans (ERAPs) for certain Dangerous Goods when transported. The Public Health Agency of Canada (PHAC) is the national ERAP coordinator for transport emergencies involving Infectious Substances Affecting Humans and Risk Group 4 pathogens and has Provincial/Territorial Response Coordinators and Response Teams that can be activated in the event of an accident (spill) involving a specimen shipped from an internal site within Canada. The BBBC Team is a member of and coordinates the BC Provincial Response Team located at the BCPHMRL. Their role is to contain and decontaminate the spill and liaise with local authorities responding to the event. The Provincial Response Team is activated by the Provincial Response Coordinator (BCPHMRL Medical Microbiologist On Call) who will communicate with federal/local authorities and manage any exposures to the pathogen.

In addition to the BBBC Team there are three volunteer ERAP members from the BCPHMRL. They perform annual training using the specialized ERAP equipment and maintain proficiency on ERAP procedures on the potential handling of Risk Group 4 pathogens to mitigate the effect of the dangerous goods at the accident site. This year's training was a success and included a simulated spill decontamination event. Future plans include table top discussions and drills with local First Responder groups (HAZMAT).





Recent Outbreaks and Clusters

Unlicensed Dentist Malpractice

Fraser Health Authority (FHA) is following up on patients of an unlicensed dentist who has been illegally practicing for the last 10 years. Due to poor infection control practices and potential exposure to unsterilized equipment there is a risk of transmission of blood borne infections. FHA is thus recommending that patients get tested for HIV and hepatitis (B and C).

Public health will either provide clients with a laboratory requisition or provide clients with information to bring to their healthcare provider to arrange for testing. An outbreak code, [DC130807](#), has been assigned to this event and we encourage all health-care providers to display this identifier on the requisition for these orders to the BCPHML.

Cyclosporiasis

The BC cyclosporiasis cluster remains at six adult cases with no travel history during the incubation period; the source remains unknown and investigations are ongoing. Cases have also been detected in Ontario.

A large-scale outbreak of cyclosporiasis beginning in mid-June is also occurring in the US. Over 500 cases with no travel history have been documented to date from 17 states with least 30 hospitalized individuals. Investigations have revealed a common supplier of a salad mix to restaurants in Iowa and Nebraska but have not found the source of illness in the 15 other states affected (CDC, Aug 9, 2013).

Measles

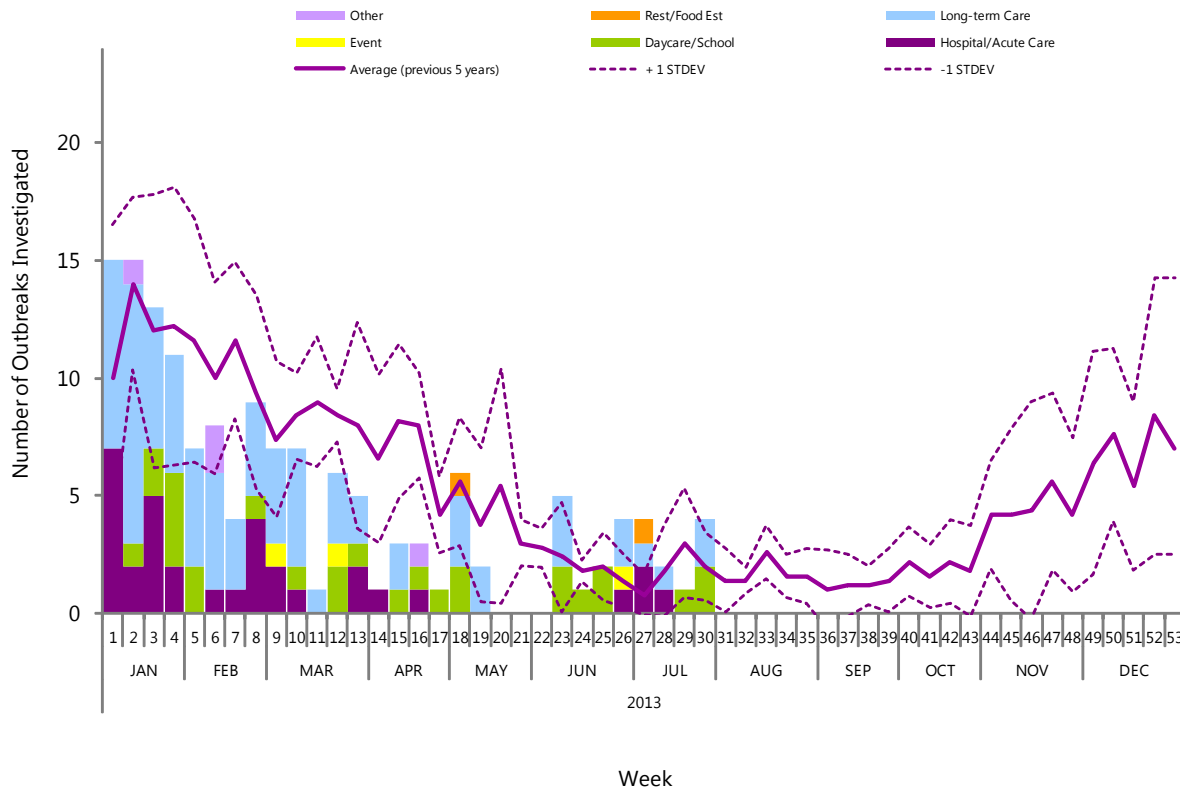
A recently confirmed measles case had links to a case with previous travel to the Netherlands where the infection was presumably acquired. The Netherlands has been experiencing a large measles outbreak since May, 2013. The individual has ties to a community in FHA with a history of resistance to vaccination and further exposed a maternity ward in a FHA hospital. FHA has alerted residents of Abbotsford, Mission, Chilliwack, Agassiz, Harrison Hot Springs and Hope that there may be a risk of measles in their communities.



Other Gastrointestinal Outbreaks

In July, the Environmental Microbiology Program at the BCPHMRL investigated 10 gastrointestinal (GI) outbreaks. Outbreaks were identified from three long-term care facilities, three daycares/schools, three hospitals and one event (Figure 1). Samples for laboratory testing were submitted for five (50%) of these outbreaks. Norovirus was confirmed in three (60%) of these outbreaks at two longterm care facilities and one hospital.

Figure 1
Gastrointestinal outbreaks investigated* since January, 2013, Environmental Microbiology, Public Health Advanced Bacteriology & Mycology, Parasitology and Virology Programs, BCPHMRL.



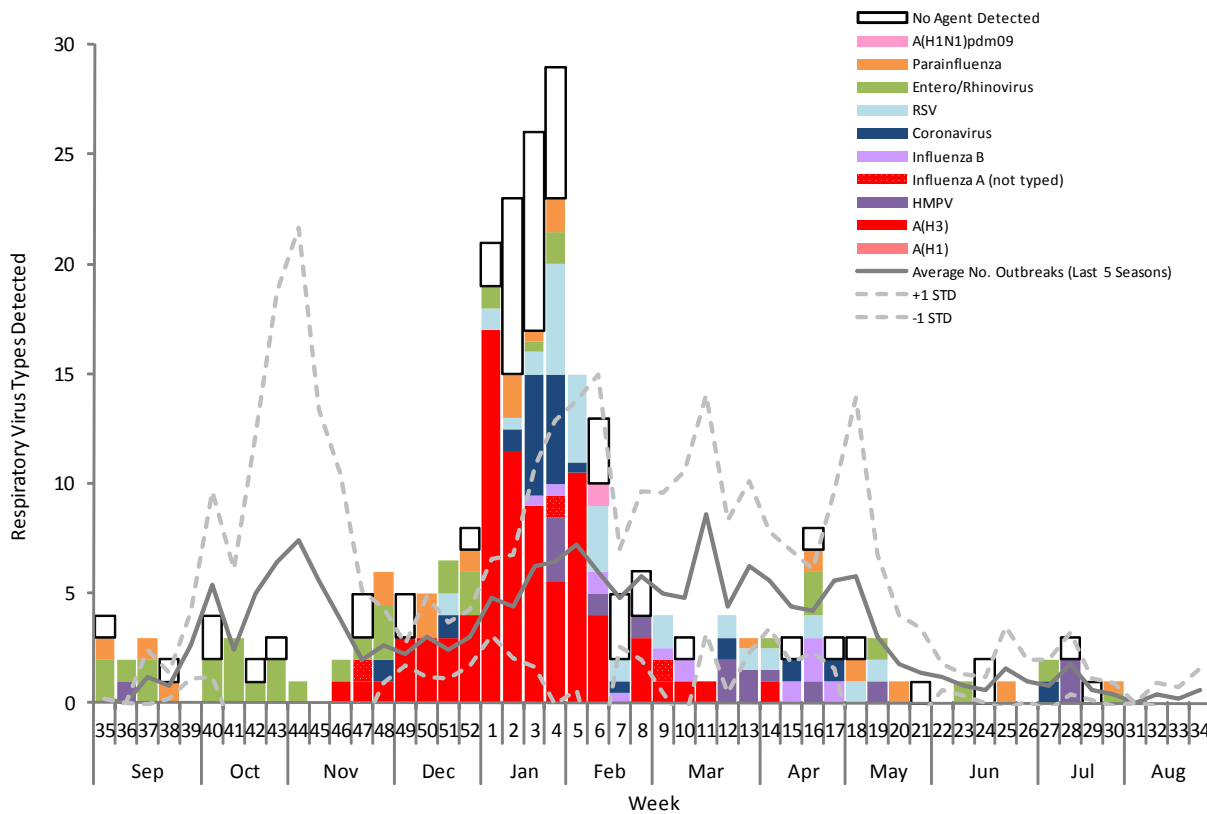
* The data available are from outbreaks in which the BCPHMRL has been notified. Some acute care microbiology laboratories are also testing for norovirus in the province and these data may not include outbreaks from all Health Authorities. Given the nature of GI outbreaks, samples are not always available for testing.



Other Respiratory Outbreaks

In July, samples were submitted to the BCPHMRL for seven respiratory outbreak investigations from six longterm care facilities and one hospital. The number of outbreaks investigated is on the higher limit of what has been historically observed at this time of the year (Figure 2). Human metapneumovirus was detected in outbreaks at two longterm care facilities, corona virus was detected in another longterm care facility, enterovirus/rhinovirus was detected in another longterm care facility while the final longterm care facility had coinfection with entero/rhinovirus and parainfluenza virus.

Figure 2
Respiratory outbreaks investigated* by respiratory season, Virology Program, BCPHMRL.



* Figure 2 reflects respiratory sample results submitted for investigation to the PHMRL and may not be representative of respiratory outbreaks in the entire BC community.



A Report of the BC Public Health Microbiology & Reference Laboratory, Vancouver, BC

The BC Public Health Microbiology Reference Laboratory (BCPHMRL) at the BCCDC site provides consultative, interpretative testing and analyses for clinical and environmental infectious diseases in partnership with other microbiology labs and public health workers across the province and nationally. The PHMRL is the provincial communicable disease detection, fingerprinting and molecular epidemiology centre providing advanced and specialized services along with international defined laboratory core functions province-wide.

This report may be freely distributed to your colleagues. If you would like more specific information or would like to include any figures for other reporting purposes, please contact us.

Editor: Yin Chang

Contact: yin.chang@bccdc.ca

Website: www.bccdc.ca/PHSALaboratories

Co-Editors:

Biosafety, Biosecurity, Biohazard Containment Program

Public Health Lead: Neil Chin

Assistant Biosafety Officer: John Tansey

Environmental Microbiology Program

Program Head and Medical Microbiologist: Dr. Judy Isaac-Renton

Section Head: Brian Auk

Molecular Microbiology & Genomics Program

Program Head and Medical Microbiologist: Dr. Patrick Tang

Section Head: Alan McNabb

Parasitology Program

Program Head and Medical Microbiologist: Dr. Judy Isaac-Renton

Section Head: Quantine Wong

Pre-Analytical, Central Processing & Receiving Program

Program Head and Medical Microbiologist: Dr. Judy Isaac-Renton

Section Head: Annie Mak

Public Health Advanced Bacteriology/Mycology Program

Program Head and Medical Microbiologist: Dr. Linda Hoang

Section Head: Ana Paccagnella

Public Health High Volume Serology Program

Program Head and Medical Microbiologist: Dr. Mel Krajden

Section Head: Annie Mak

Technical Support Program

Section Head: Dr. Mabel Rodrigues

TB/Mycobacteriology Program

Program Head and Medical Microbiologist: Dr. Patrick Tang

Section Head: Dr. Mabel Rodrigues

Virus Isolation Program

Program Head and Medical Microbiologist: Dr. Mel Krajden

Section Head: Alan McNabb

Zoonotic Diseases and Emerging Pathogens Program

Program Head and Clinical Microbiologist: Dr. Muhammad Morshed

Section Head: Quantine Wong

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

