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Measles

Measles is a vaccine-preventable respiratory infection that can result in hospitalization, pneumonia, encephalitis, and death. The illness initially presents with a high fever, red eyes, cough, runny nose, photophobia, and is followed by a red, raised body rash starting on the head and face that then progresses to the rest of the body. Individuals may be contagious for a few days before they present with symptoms, which increases the potential of exposing others to the infection. Because measles is highly communicable, vaccination is the best line of defense, and successful prevention and control requires high levels of immunity in all communities.

Last year, there were a total of five measles cases in Michigan. All five 2014 cases in Michigan were unvaccinated individuals and related to international travel and secondary spread from those cases. From 2001 – 2012, the average number of measles cases reported nationally per year was about 60. In 2014, 644 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). The vast majority of cases were among persons who had no history of vaccination against measles. This is the greatest number of cases since measles elimination was documented in the U.S. in 2000. The United States was able to eliminate measles because it has a highly effective measles vaccine, a strong vaccination program that achieves high vaccine coverage in children and a strong public health system for detecting and responding to measles cases and outbreaks. From January 1 to January 30, 2015, 102 people from 14 states were reported to have measles most associated with a large, ongoing multi-state outbreak of Measles linked to an amusement park in California. This outbreak probably started when someone got infected overseas, visited the amusement park and spread the disease to others. The majority of cases reported for this outbreak, for which information is available, did not get vaccinated or did not know if they have been vaccinated. As evidence reveals from this outbreak, measles spreads quickly among unvaccinated people and from state to state. ►

The measles vaccine is highly effective and very safe. Adults who do not have evidence of immunity against measles should get at least one dose of the vaccine. The first of two routine childhood measles vaccine doses is given at 12 months of age. For international travel, infants as young as 6 months should be vaccinated against measles.

For more information on Measles, see the
CDC web site:

<http://www.cdc.gov/features/measles/index.html>

or

<http://www.cdc.gov/measles/cases-outbreaks.html>

Director,
Bureau of Laboratories
Sandip Shah, Ph.D.,
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BOL Instituting Electronic HL7 Messaging for Test Requests and Test Results

The MDCH Bureau of Laboratories (BOL) is in the process of developing the capability to electronically receive test requests and send test results to submitter electronic health record (EHR) systems via HL7 (Health Level 7) messaging for newborn screening, infectious disease testing and trace metals testing. We expect to go live with infectious disease and trace metals messaging in the third or fourth quarter of 2015 and with newborn screening in the fourth quarter of 2015.

HL7 messages transmit data between different systems using standardized vocabularies and formatting. In-coming HL7 messages send information to the MDCH BOL requesting a test on a specimen that is being sent to the BOL. This message is generated by the submitting agency's electronic system and contains the demographic information that is currently captured on a hand-written test request form. With HL7 messaging, hand-written forms are no longer needed; the sample will be sent to the BOL without a form. When the sample arrives, the demographic information including test requested will be pulled into the laboratory information management system from the corresponding HL7 message. Test results will be returned to the submitting agency electronically and automatically populate the agency's electronic patient record. There will no longer be a need to sort and file patient test results. The result will be available to the health care professional faster than any other current method of result delivery.

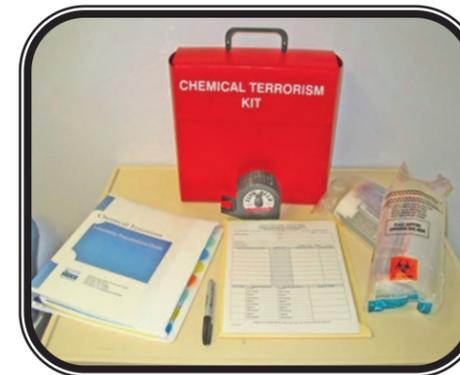
Join Our HL7 Messaging Pilot Project

The BOL is currently recruiting agencies to pilot HL7 messaging. Pilot agencies will be the first to utilize HL7 electronic messaging with the BOL. If your facility would like to participate in our pilot project, please contact Patty Clark at ClarkP@michigan.gov.

Laboratory Response Network-Chemical (LRN-C) Level 3 Activity Update!

Teresa Miller

Does your facility have this Chemical Terrorism (Response) Kit? If so, it needs to be updated and any



healthcare professionals responsible for collecting, labeling, packaging, and shipping blood and/or urine specimens will need additional Chemical Threat Response training. In 2014, thirty-four Michigan hospitals and public health laboratories received updated Chemical Threat Response Kits and 344 healthcare professionals successfully completed the training session.

Requirements for Chemical Threat Response have changed!

The Centers for Disease Control and Prevention (CDC), through their Cooperative Agreement with the Bureau of Laboratories, is offering a free kit update and Chemical Threat Response training addressing these changes. Attendees will be awarded 1 contact hour of continuing education units for successful completion of the program based on attendance, 80% pass rate on the test, and completion of a program evaluation. All personnel involved in collection, labeling, packaging, and shipping blood and/or urine specimens from persons exposed to chemical warfare agents or toxic industrial chemicals are strongly encouraged to complete this training.

We hope to hear from you! For more information call Teresa Miller at (517) 241-0925 or email millert28@michigan.gov.



Post Office Changes May Affect Patient Testing and Results

Martha Boehme, MLS(ASCP)CM

MDCH clients who use the U.S. mail for shipping specimens or receiving their lab reports should expect significant delays in 2015 when planned changes in the U.S. postal service take effect. Mail processing services are being regionalized as part of a plan to cut nearly \$20 billion in operating costs by 2017. The plan calls for closure or elimination of mail processing facilities in Kalamazoo, Lansing, and Iron Mountain. Single-piece First-Class mail will no longer be sorted at these facilities, and may take a day or two longer to reach the destination city.

The Michigan Department of Community Health Bureau of Laboratories is in the process of implementing several measures in response to these changes in an effort to ensure that specimens and reports are delivered as quickly as possible. We now offer specimen return service using the United Parcel Service (UPS) rather than using USPS express mail service for sentinel flu kits, HIV viral load, and bacterial/fungal cultures. We are piloting a contract with a courier system in an effort to ensure rapid delivery from higher volume clinical partners. Transit times will be longer for submitters who send specimens by First-Class mail, and we encourage submitters to consider all options when submitting specimens, including other package services.

In addition to delivery methods of specimens, the Bureau of Laboratories has also identified the packaging used may also impact delivery time. The familiar round double canister system we have used for years cannot be processed through postal sorting machines, and must be hand-canceled. In response to this, MDCH is looking at cost-effective alternative shipping containers to replace them. And as a reminder, specimens must be packaged properly in leak-proof and durable packaging that meets IATA and DOT regulatory requirements, even when transported by courier.

Laboratory reports will take longer to reach clients who elect to receive their patients' results as printed hard copies. In order to most effectively address this issue, we strongly encourage all clients to sign up for our current secure fax reporting option or the recently implemented Electronic Test Ordering and Result (ETOR) system for infectious disease and trace metal testing. The Bureau of Laboratories is also in the process of implementing HL7 messaging for all BOL testing. The laboratory is hopeful that this will be an option for test ordering and reporting later this year and we are currently looking for agencies that would be willing to help us pilot this new system.

For more information on any of these options, please contact Matthew Bashore, MDCH DASH Unit supervisor at BashoreM@michigan.gov or Martha Boehme, Quality Assurance Section manager at BoehmeM@michigan.gov.



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