

Lab Subcommittee Meeting
Region I IPP AB Meeting
November 9, 2011

Participants

- Gary Budnick (Conn)
- Carol Loring (NH)
- Eunice Froeliger (VT)
- Tracy Stiles (MA)
- Arthur Kazianis (MA, Chair)
- Bob Ireland (RI)
- Jemelie Bessette (ME)
- Jaya Mathur (JSI)
- John Papp (CDC, by phone)

A. CDC Lab Update (John Papp)

- a. Guidelines update
 - i. The guidelines are still with Dr. Bolan awaiting clearance
 - ii. There has been no communication between John and Gale about any issues with the guidelines
 - iii. Gary saw the most recent draft (pre-clearance)
 - iv. Dr. Bolan felt that we would want to include more information on GC culture and susceptibility testing
- b. Looking at evaluating differences in GC transport mediums
 - i. John could share this information at a future meeting
- c. ME may switch to Genprobe/Aptima on the Panther
 - i. If Jemelie has questions, can email John directly for more information
- d. Is there any progress on putting together a validation panel for OP/pharyngeal for BD users?
 - i. Trying to work with Illinois
 - ii. Talking with CMS to see if they would allow some spike specimens to be used for verification
 - 1. It's high on the division director's radar
 - iii. Even with Genprobe, working with San Francisco to get specimens, there is a backlog
 - 1. Vermont has been on the list for a panel for a few months

B. Updates

- a. Connecticut
 - i. BD on viper system
 - 1. Running validation for extraction technology
 - 2. Conn has completed the validation
 - 3. Report is written up and the SOP has to be approved, but will probably just not order any more of old collection devices
 - a. Will send a letter – after X day, will not accept old collection
 - b. One person hired full time with IPP money to handle STD testing
 - ii. Numbers haven't gone down much
 - iii. Hanging in there with money
 - iv. Now want to look at OP and rectal – next project

- v. Building a new lab (in Rocky Hill, south of Hartford) – substantially completed
 - 1. Expecting to move in early spring/summer 2012
 - 2. Hired a moving consultant
- b. Maine
 - i. Doing a fair amount of testing (volume is about the same), IPP up and strong
 - ii. Getting the Panther at the beginning of the year (for CT, GC, HPV, etc.)
 - 1. Jemelie will report back on what CDC recommends regarding testing for all on the Panther
 - iii. Have leftover from their panel for the Genprobe, so could give to another lab
 - 1. RI is on the list for getting a panel in January
 - 2. Perhaps VT – they can talk more offline
 - iv. The lab is short-funded, e.g. doing data entry to keep the lab going
- c. New Hampshire
 - i. Things are okay, have had budget cuts
 - ii. IPP tests have gone up, because non-IPP tests have been cut and providers are doing more to get tests covered by IPP
 - iii. NH STD grant doesn't provide a position for STD testing in the lab; provided money for re-agents
 - 1. They can't find the money
 - 2. Program manager and lab want the same things, but there are other people throwing wrenches into that
 - iv. Have any states done work on pooling specimens? No
 - 1. NH might do a study on that
 - 2. Will review the literature
 - v. New LIMS went live in June, using Chemware
 - 1. It's fine but not as good as expected
 - 2. Hopeful that they can get web portal up and running for providers to enter data
 - a. Have to enter data in every field or else won't save
 - b. If patient is not under 25, get a message that not eligible
 - c. Will transmit the data electronically to JSI
 - 3. Connecticut also uses Chemware
 - vi. Overall, have a decrease in samples to the lab
 - vii. NH will probably have to change criteria again in January, because can't afford to do all the testing that there is a demand for under IPP
 - 1. The lab director wants to be reimbursed for every test performed, but not enough money under IPP
- d. Massachusetts
 - i. MA has been using BDQX extraction technology since January
 - 1. Huge time saver
 - 2. Anticipate that it has played a role in eliminating contamination issues in the lab
 - ii. Have been able to retain CT testing staff (though lost some HIV and hepatitis staff)
 - iii. Lab staff enter minimum data necessary to run the test
 - 1. MA doesn't have central receiving staff
 - 2. Office staff have been cut, so the lab staff does more administrative work now

- iv. Excited about the idea of electronic ordering because it would cut down on mistakes, but MA is not close to this yet
 - e. Rhode Island
 - i. Numbers about the same
 - ii. Losing one staff person, have reasonable reassurance that can replace that person
 - iii. Have a position funded under ACA grant for a floater that can cross-train and go to whichever lab is necessary; existing staff will be put in this position
 - iv. Talking about moving to the Panther
 - 1. Have to figure out if it will be cost-effective
 - v. Switched to Abbott Argitech a year ago for HIV testing and it's great
 - 1. Could possibly put CT/GC on the Abbott, though probably won't happen
 - vi. Waiting for largest hospital they work with to get electronic ordering system figured out
 - f. Vermont
 - i. Trying to get the panel for OP/rectal
 - ii. Using Star LIMS
 - iii. Environmental testing taking a lot of effort
 - iv. A couple of years ago, prices rose and so lost Planned Parenthood, so testing levels fell
 - 1. Still get tests from colleges
 - 2. Trying to negotiate with Planned Parenthood again
 - v. Lab information specialist retired, another lab staff took over, but now short-staffed
 - 1. Looks as though she'll be able to hire someone new
- C. Transit and Turnaround Time Study
 - a. Transit time for the whole month of February
 - b. First full week in May (7-11) for turnaround time study
- D. Environmental Testing and Contamination Monitoring
 - a. Everyone will send Jaya their protocols and she will distribute all materials out to the group
 - b. Connecticut does environmentals monthly, follows Viper insert; keep an eye on positivity rate to make sure it's not too abnormal
 - c. In MA, anything about 15% is a flag for contamination
 - i. If a run fails, the lab repeats the run
 - ii. Will do more environmental testing
 - d. VT cleans thoroughly on a regular basis
 - i. Repeat positives with the assay-specific test
 - ii. ME flags equivocal, but also bleaches daily
 - e. NH had a problem with environmental contamination with a new staff person
- E. New Priority Areas and Objectives
 - a. Carol drafted a new Priority Area 2
 - b. Arthur drafted a new Priority Area 4
 - c. Will revisit these items at the next subcommittee conference call (assuming that that is timely enough to make revisions for the next application)
- F. Offenders
 - a. Carol sent out offenders letter but didn't receive a response