

Laboratory Outreach Communication System (LOCS) Call

Monday, January 22, 2024, at 3:00 P.M. ET

- **Welcome**
 - Sean Courtney, CDC Division of Laboratory Systems
- **SARS-CoV-2 Variants Update**
 - Clint Paden, CDC Coronavirus and Other Respiratory Viruses Division
- **Respiratory Virus Response (RVR) Update**
 - Eduardo Azziz-Baumgartner, CDC Influenza Division
- **Wisconsin Clinical Laboratory Network – A Public-Private Laboratory Collaborative Network for Emergency Response and So Much More!**
 - Erin Bowles, Wisconsin State Laboratory of Hygiene

About DLS

Vision

Exemplary laboratory science and practice advance clinical care, public health, and health equity.

Four Goal Areas



Quality Laboratory Science

- Improve the quality and value of laboratory medicine for better health outcomes and public health surveillance



Highly Competent Laboratory Workforce

- Strengthen the laboratory workforce to support clinical and public health laboratory practice



Safe and Prepared Laboratories

- Enhance the safety and response capabilities of clinical and public health laboratories



Accessible and Usable Laboratory Data

- Increase access and use of laboratory data to support response, surveillance, and patient care

LOCS Calls

DLS Home > CDC's Laboratory Outreach Communication System (LOCS)

DLS Home

- About Us
- LIVD Mapping Tool for SARS-CoV-2 Tests
- Strengthening Clinical Laboratories
- CDC's Laboratory Outreach Communication System (LOCS)**
 - LOCS Messages Archive
 - LOCS Calls**
 - LOCS Calls Archive
 - CLCR Call Archive
 - LOCS Message Level Types
- Laboratory Communicators' Network
- Free Educational Materials for

CLCR calls are now LOCS calls!

Clinical Laboratory COVID-19 Response (CLCR) Calls are now Laboratory Outreach Communication System (LOCS) Calls. Find an archive of CLCR call audio files, transcripts, and slide presentations, [here](#).

CDC's Division of Laboratory Systems (DLS) convenes regular Laboratory Outreach Communication System (LOCS) calls with clinical laboratories and other audiences. The calls are an opportunity for CDC and other participants (such as federal partners and professional organizations) to provide updates and answer questions from the laboratory and testing community. These calls take place on the third Monday of each month at 3:00 PM Eastern time. DLS posts the audio, slides, and transcripts online after each call.

To submit questions for consideration, email DLInquiries@cdc.gov in advance or use the question and answer (Q&A) function in Zoom during the call. Because we anticipate a large number of participants on this call, and many questions, we may not be able to directly and immediately address every issue. However, we will note your questions and feedback and tailor the content of future calls accordingly.

On this page, you can find:

- LOCS Call information
- Transcripts
- Slides
- Audio Recordings

<https://www.cdc.gov/locs/calls>

We Want to Hear From You!

Training and Workforce Development

Questions about education and training?

Contact LabTrainingNeeds@cdc.gov



DLS ECHO Biosafety Program

- 11 ECHO sessions since January 2023
- Upcoming areas of discussion for 2024 include:
 - Laboratory Biorisk Management
 - Stepwise Process to Improve Biorisk Management System
 - Leadership: Roles, Responsibilities and Authorities
 - Biorisk Management Performance Evaluation
- For questions, contact DLSbiosafety@cdc.gov

Safe Labs

Biosafety > Resources

- Biosafety
- Initiatives
- Trainings
- Resources**
 - Biological Risk Assessment: General Considerations for Laboratories
 - ECHO (Extension for Community Healthcare Outcomes) Biosafety Project**
 - Biosafety Town Hall
- Related Links
 - [Division of Laboratory Systems \(DLS\)](#)

ECHO (Extension for Community Healthcare Outcomes) Biosafety Project

[Print](#)

The Extension for Community Healthcare Outcomes (ECHO) Biosafety Project addresses challenges in clinical and public health laboratories through the development of a community of practice (CoP). This project is an adaptation of the clinician-based [ECHO Model](#)™, developed by the University of New Mexico Health Sciences Center. The [ECHO Model](#)™ invites peers to engage in a virtual environment on a frequent, regular basis where they share support, guidance, and feedback. The goal of this project is to use the ECHO Model to improve biosafety in clinical and public health laboratories by increasing the knowledge and skills of the biosafety CoP members to address previously identified biosafety gaps. The objectives of this project are to:

- Discuss biosafety challenges among clinical and public health laboratory professionals
- Foster collaborations and sharing of laboratory biosafety expertise
- Promote the application of best biosafety practices and advance the culture and practice of laboratory safety

The ECHO Biosafety sessions will be 60-90 minutes each and occur every four to six weeks. The CoP members convening at the sessions will share best practices, tools, and resources to address biosafety gaps in clinical and public health laboratories.

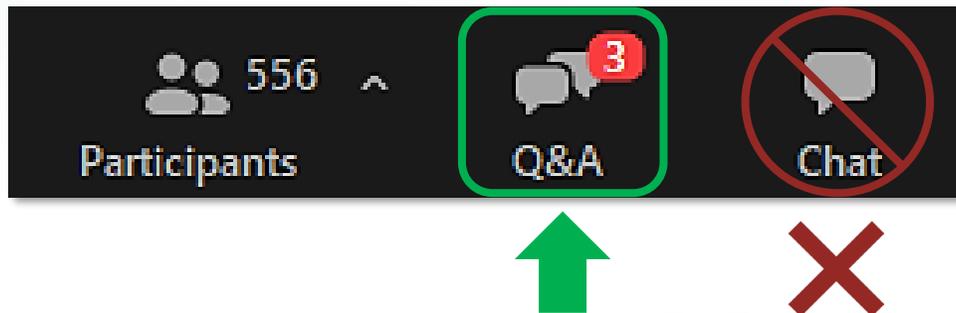
For questions, contact DLSbiosafety@cdc.gov.

www.cdc.gov/safelabs/resources-tools/echo-biosafety.html

How to Ask a Question

- **Using the Zoom Webinar System**
 - Click the **Q&A button** in the Zoom webinar system
 - Type your question in the **Q&A box** and submit it
 - **Please do not submit a question using the chat button**

- For media questions, please contact CDC Media Relations at media@cdc.gov
- If you are a patient, please direct any questions to your healthcare provider



Division of Laboratory Systems

Slide decks may contain presentation material from panelists who are not affiliated with CDC. Presentation content from external panelists may not necessarily reflect CDC's official position on the topic(s) covered.



SARS-CoV-2 Variants Update

Clint Paden, PhD

CDC Coronavirus and Other Respiratory Viruses Division





Respiratory Virus Response - SITREP

Monday, January 22, 2024



Agenda: January 22nd

- Respiratory Disease Situation Report
- Respiratory Surveillance and Specimen Submission



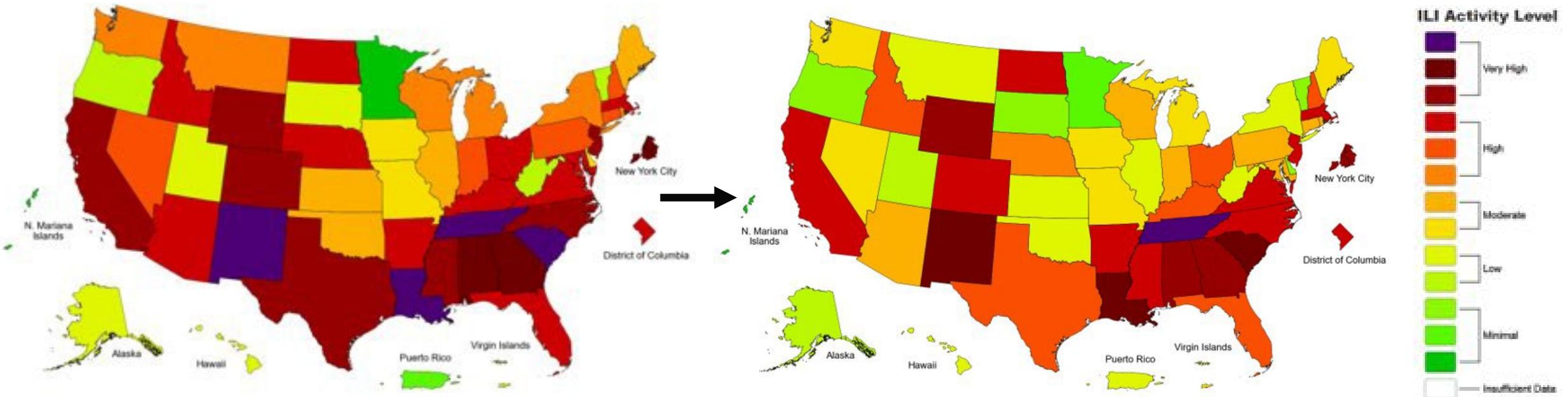
Respiratory Disease Situation Report

Slight downturn in outpatient/ED respiratory illnesses



Week Ending 01/06/2024

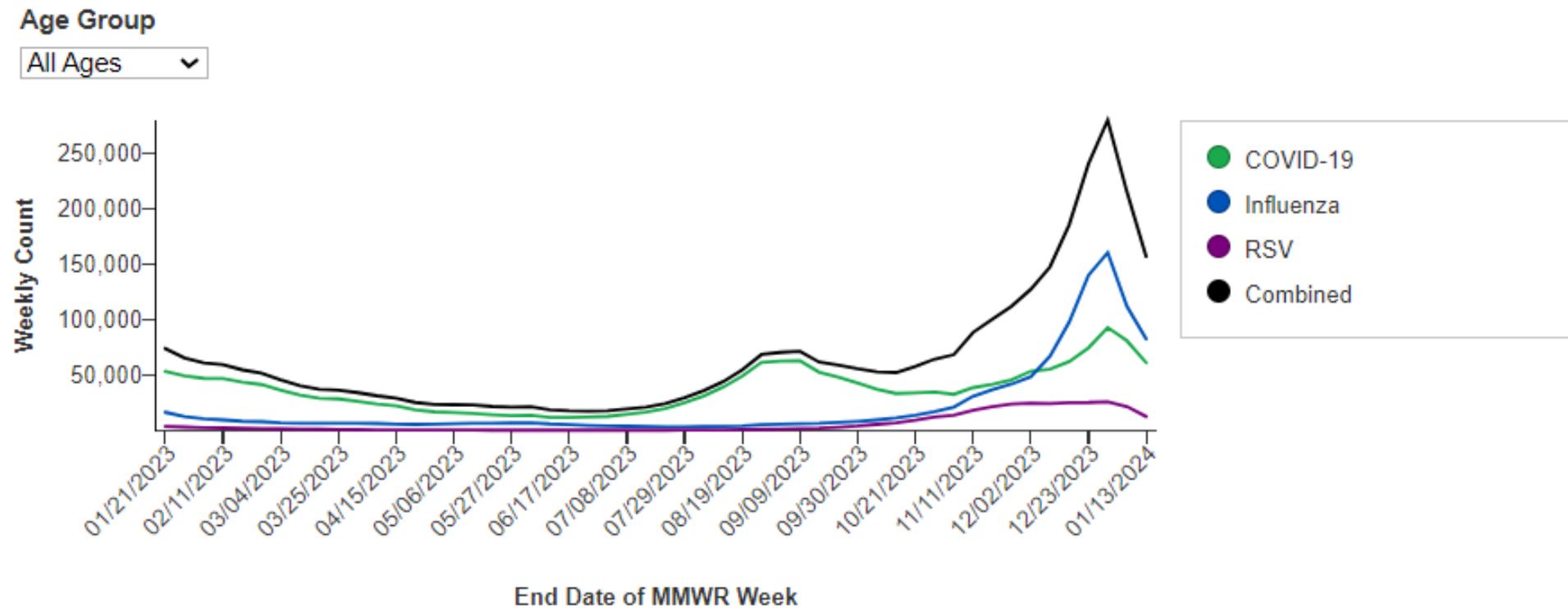
Week Ending 01/13/2024



Activity levels determined weekly based on percentage of visits to emergency departments and primary care clinics for fever and cough or sore throat reported to ILINet; therefore, a variety of respiratory pathogens that cause these symptoms may be captured.

Data are available through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), which monitors outpatient visits for respiratory illnesses; data as of 1/13/24, data through 1/6/24. See [Data Sources and Methods](#) for details.

Weekly Emergency Department Visits by Age Group

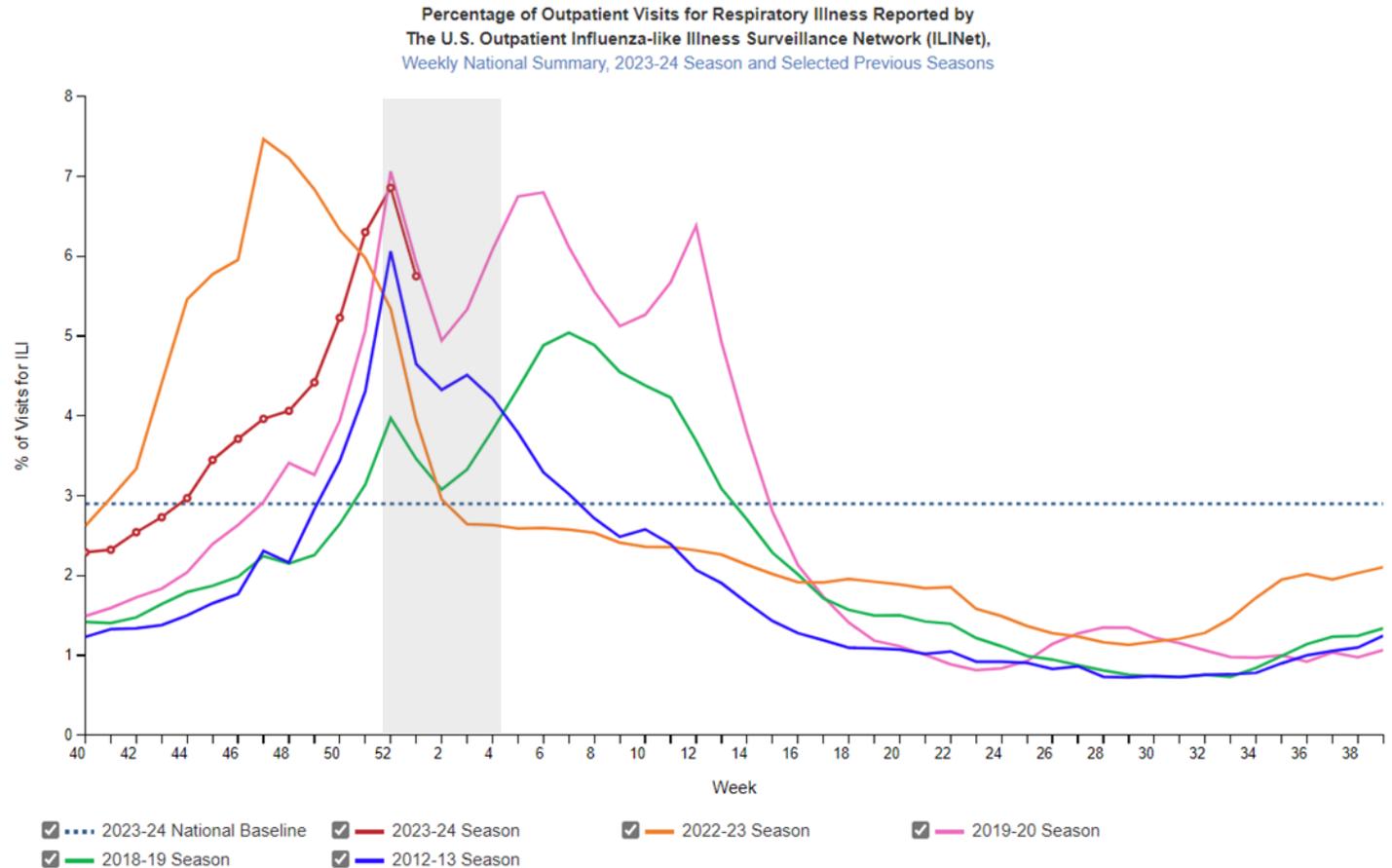


Outpatient/ED respiratory illnesses often decrease in week 1 and 2 and can rebound later in January

From Jan 5, 2024 update



In past seasons the size of decreases and subsequent increases in respiratory activity has varied, but activity remained elevated for several more weeks



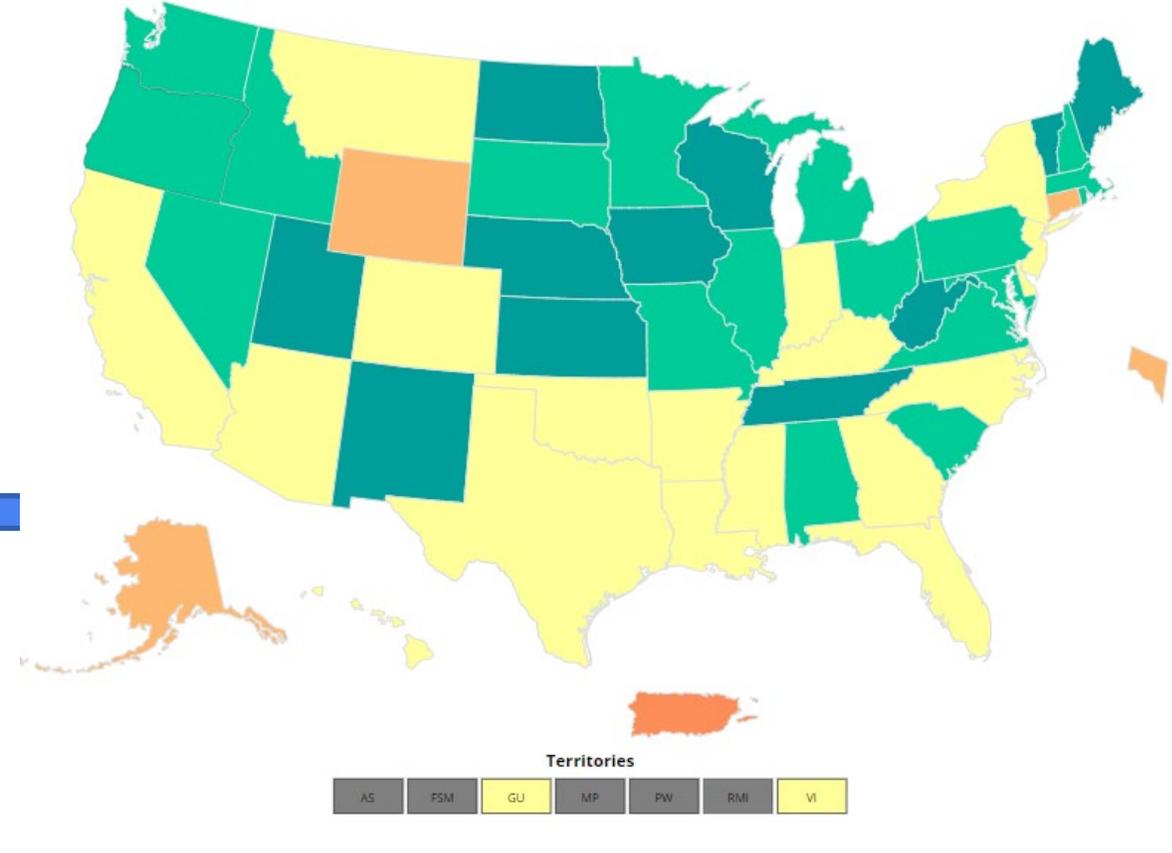
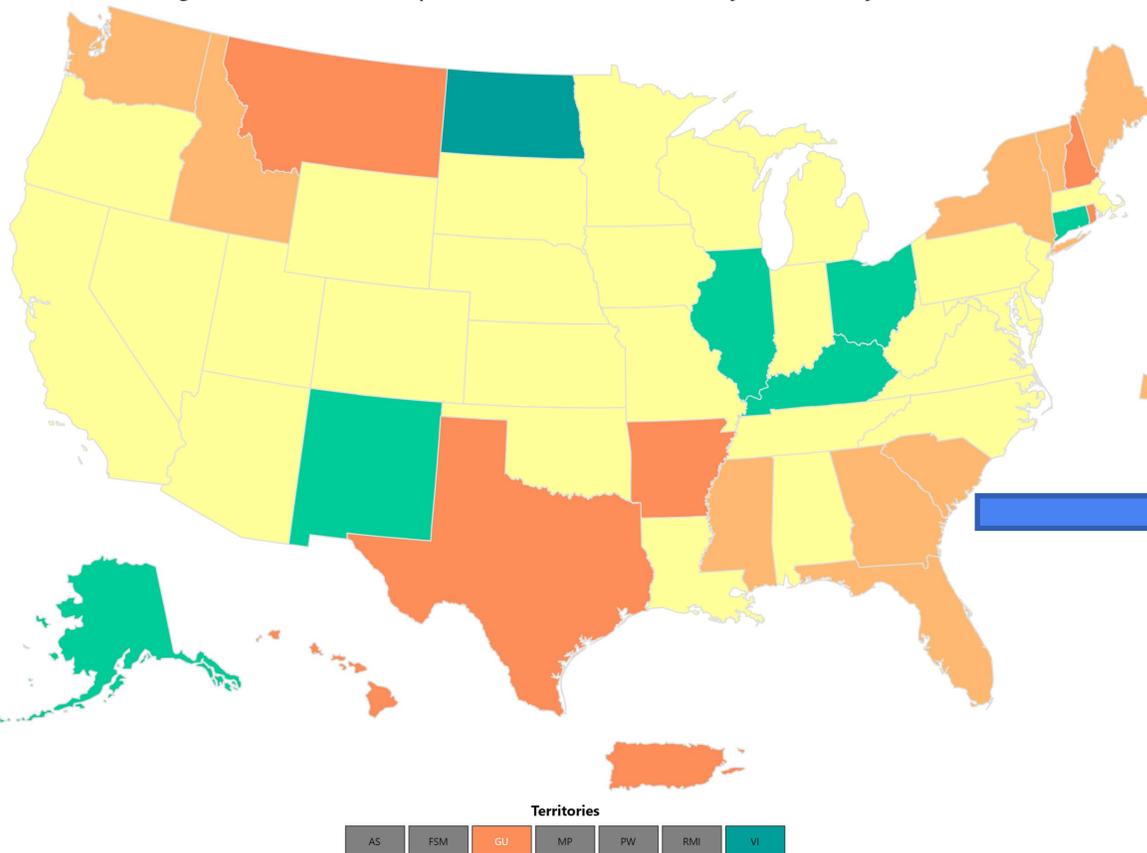
Data are available through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), which monitors outpatient visits for respiratory illnesses; data as of 1/5/24, data through 12/30/23. See [Data Sources and Methods](#) for details.

Stable COVID-19 hospitalizations across the country



January 6, 2024

January 13, 2024



% Change in new hospital admissions of confirmed COVID-19 from the prior week

[CDC COVID Data Tracker: Maps by Geographic Area](#)

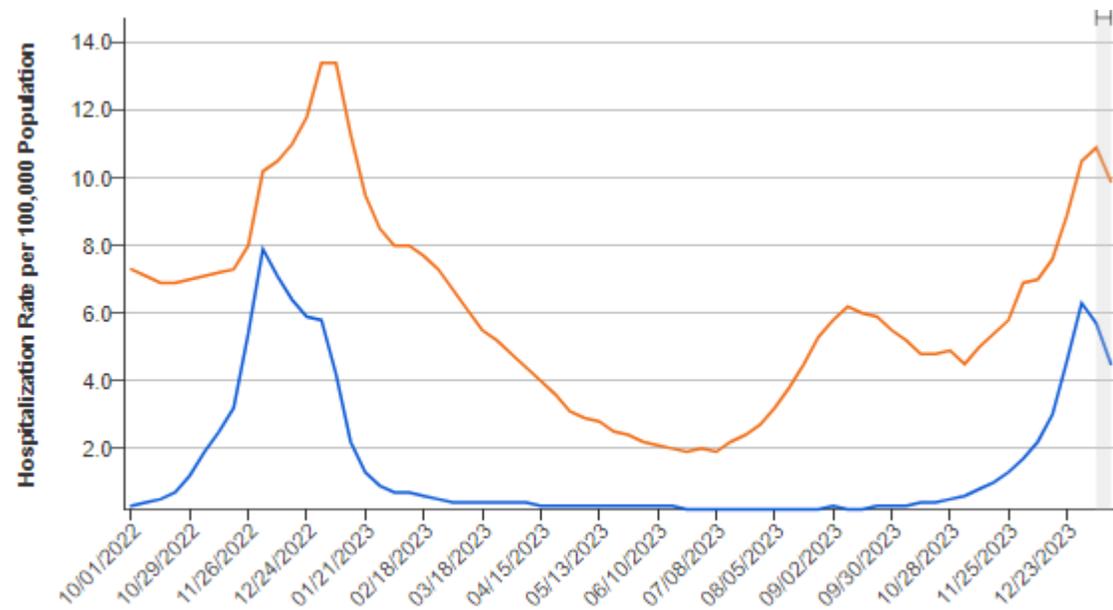
- Substantial Decrease ($\leq -20.0\%$)
- Moderate Decrease (-19.9% to -10.0%)
- Stable (-9.9% to 9.9%)
- Moderate Increase (10.0% to 19.9%)
- Substantial Increase ($\geq 20.0\%$)
- Insufficient data

Steep increases in COVID-19 and influenza hospitalizations ended (for now, at least)

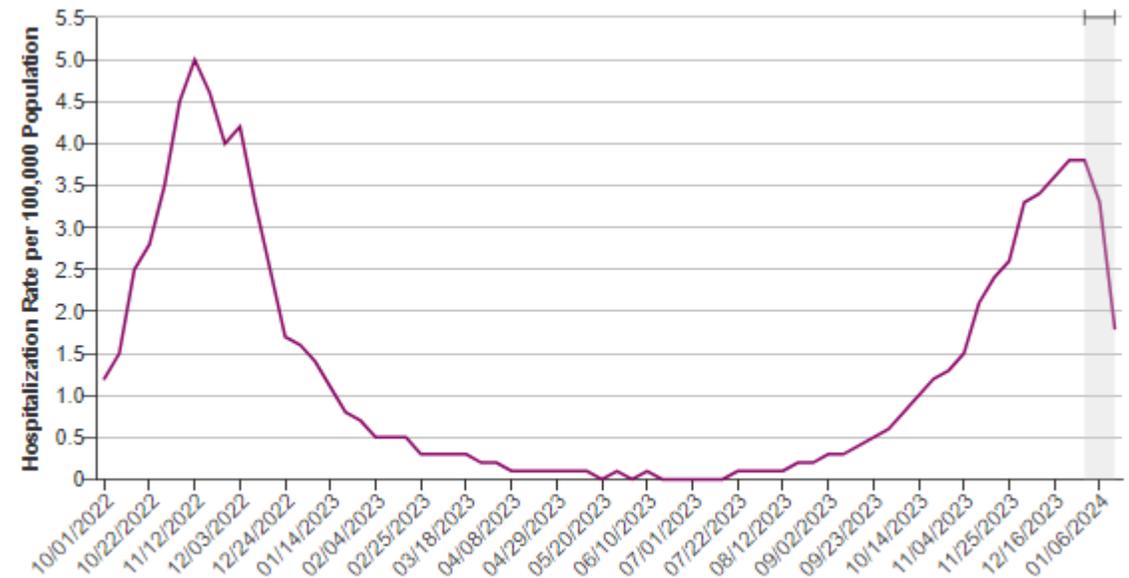


From Jan 18, 2024 update

COVID-19 and Influenza



RSV



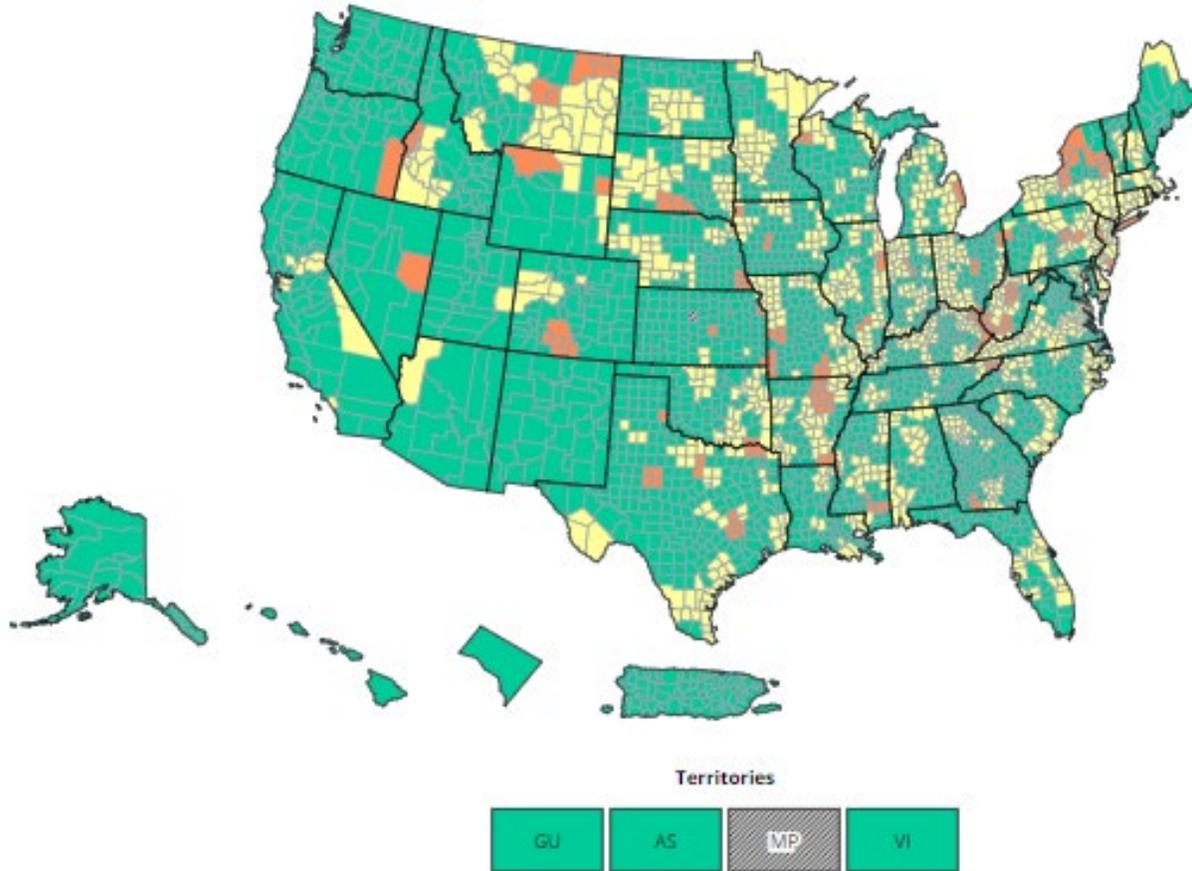
Total number of new hospital admissions of patients with laboratory-confirmed COVID-19 and influenza in the previous week (including both adult and pediatric patients), reported to CDC's National Healthcare Safety Network (NHSN); data as of 1/18/24, data through 1/13/24. See [Data Sources and Methods](#) for details.

The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) conducts population-based surveillance for laboratory-confirmed hospitalizations associated with RSV (RSV-NET) among children and adults; data as of 1/18/24, data through 1/13/24. See [Data Sources and Methods](#) for details.

4.5% of counties at high COVID hospital admissions level



From Jan 13, 2024



COVID-19 hospital admissions levels in U.S. by county
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	146	4.53%	-3.29%
10.0 - 19.9	1054	32.71%	-5.34%
<10.0	2022	62.76%	8.63%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending January 13, 2024.

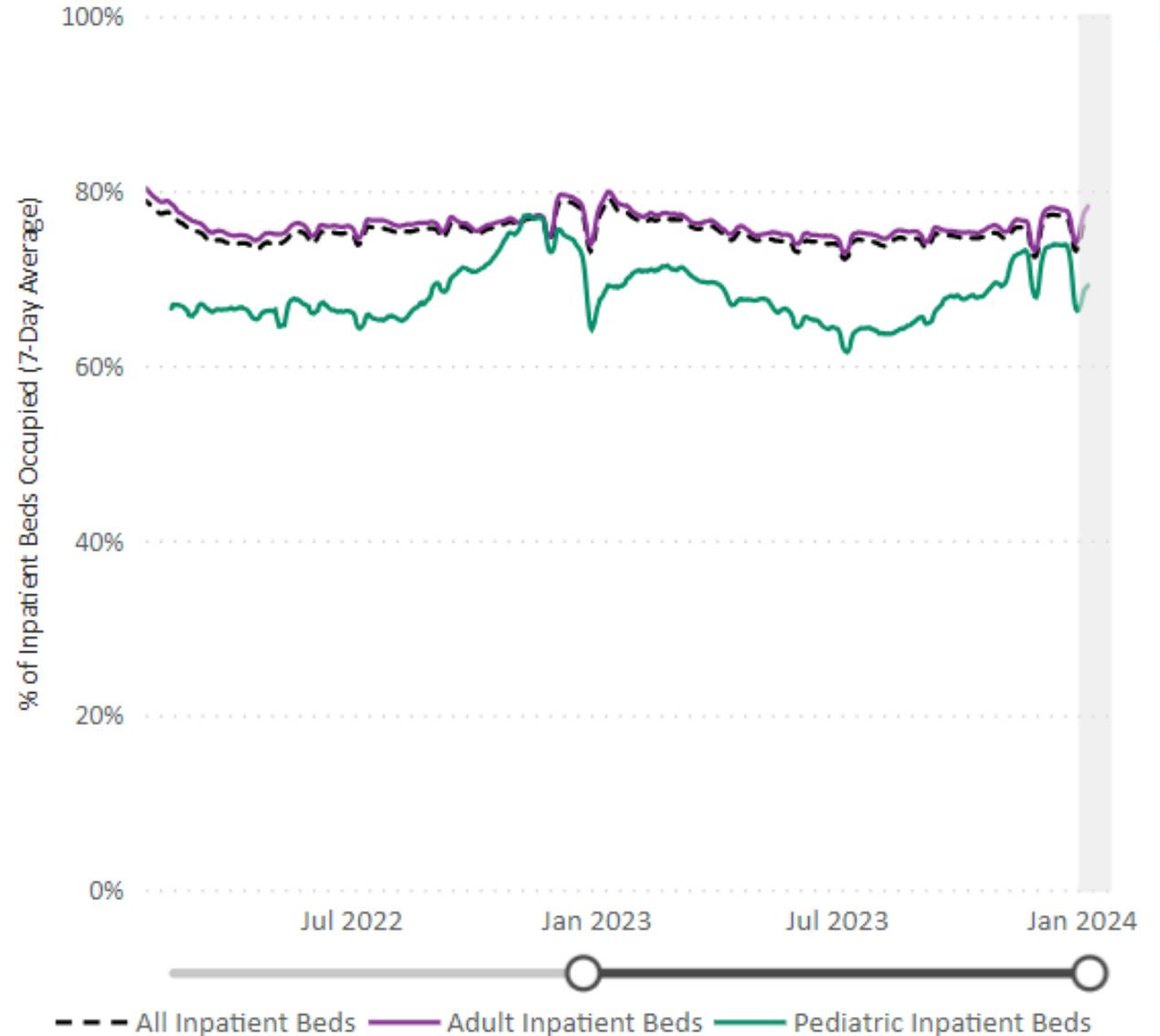


Hospital occupancy increasing after holiday dip



From Jan 12, 2024 update

	Inpatient		ICU	
	Current	Absolute Change	Current	Absolute Change
Adult	78.2%	+3.5 pct. pts.	76.2%	+3.3 pct. pts.
Pediatric	69.2%	+2.8 pct. pts.	72.8%	-0.1 pct. pts.



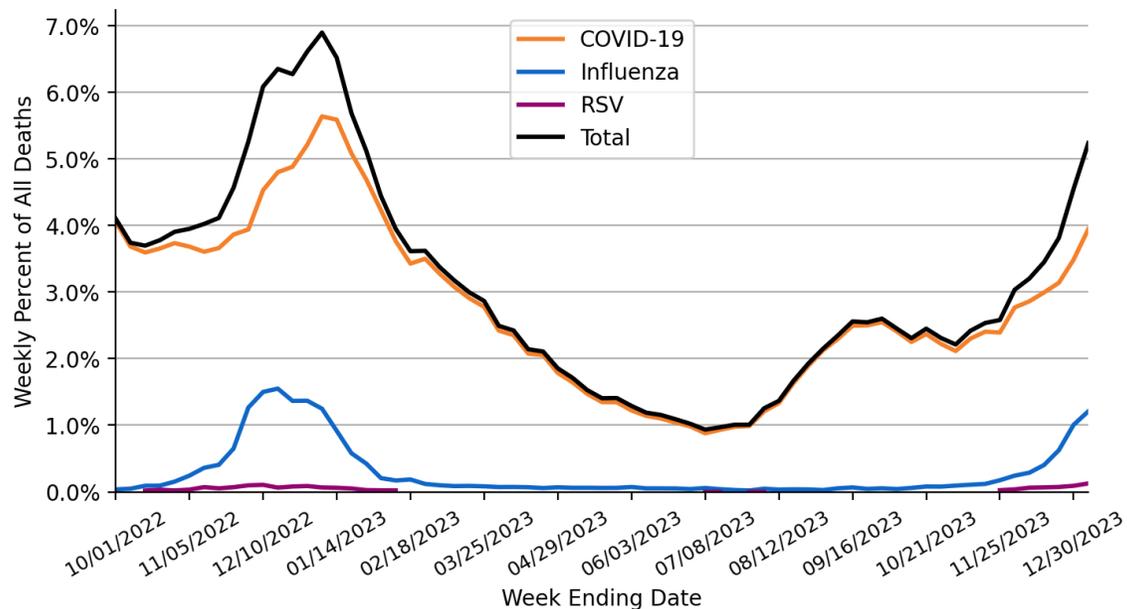
[CDC COVID Data Tracker: Hospital Capacity](#)

National Summary

Week ending Jan 19, 2024



Trends in Percent of All Deaths, Overall and by Virus Type through 01/06/2024



Percent of all Deaths through 01/06/2024

3.9% of all deaths were due to COVID-19 in the previous week, **0.5 pct. pts. higher** than the prior week

1.2% of all deaths were due to influenza in the previous week, **0.2 pct. pts. higher** than the prior week

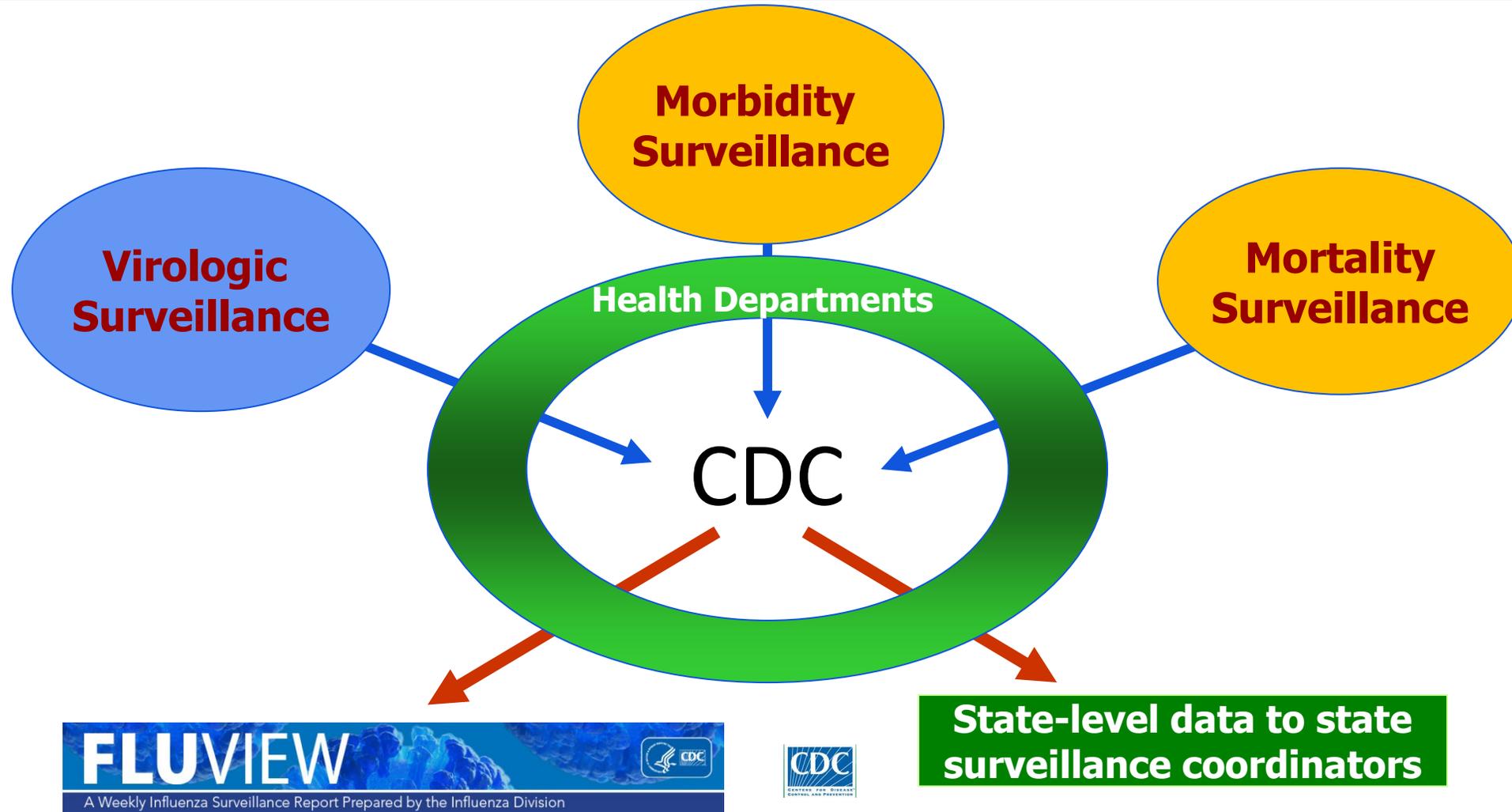
0.1% of all deaths were due to RSV in the previous week, **the same as** the prior week



Respiratory Surveillance and Specimen Submission

U.S. Influenza Surveillance

www.cdc.gov/flu



Influenza Virologic Surveillance

- Provide situational awareness
 - **Clinical lab testing data** → **CDC**
Via PHL or directly
- { Detect novel or reassortant viruses
Inform vaccine strain selection
Detect and monitor antiviral resistance
 - **Specimens/isolates from clinical labs and other sources** → **PHL** → **NIRC** → **CDC**



Influenza and the Impact on COVID-19

- Significant morbidity and mortality
 - Recent severe seasonal flu epidemics
- Clinical/epidemiological (age, seasonality, risk groups) overlap with COVID-19

Diagnostic challenge

- Vaccines and treatments available
- Ongoing threat of novel flu emergence and pandemics.

...and don't forget the impact of a host of other respiratory pathogens

What can you do for Flu, SC2, and other Respiratory Viruses?



- Provide education on importance and mechanisms of influenza virology
- Willingness and ability to provide data and specimen sharing
- Use influenza diagnostic capabilities and multiplex testing for SC2 and other respiratory viruses
- Utilize algorithms for testing, specimen and data sharing to support virologic surveillance
- Communicate to not overlook influenza and other respiratory pathogens



WCLN – A Public-Private Laboratory Collaborative Network for Emergency Response and So Much More!



Erin Bowles, BS, MLS(ASCP)
Wisconsin Clinical Laboratory Network Outreach Coordinator
Wisconsin State Laboratory of Hygiene
Communicable Disease Division
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Development of the Wisconsin Clinical Laboratory Network (WCLN)

- The WCLN is comprised of ~135 clinical and public health laboratories
- About 45 laboratories perform rule-out-testing for bioterrorism agents.
- WCLN is a partnership of clinical and public health labs that is coordinated by the Wisconsin State Laboratory of Hygiene.
- WSLH partners with and is supported by a Laboratory Technical Advisory Group (LabTAG)
- WCLN Statement of Purpose
- WCLN Listserve
- WCLN exists for emergency preparedness and response, but also to serve the WCLN members

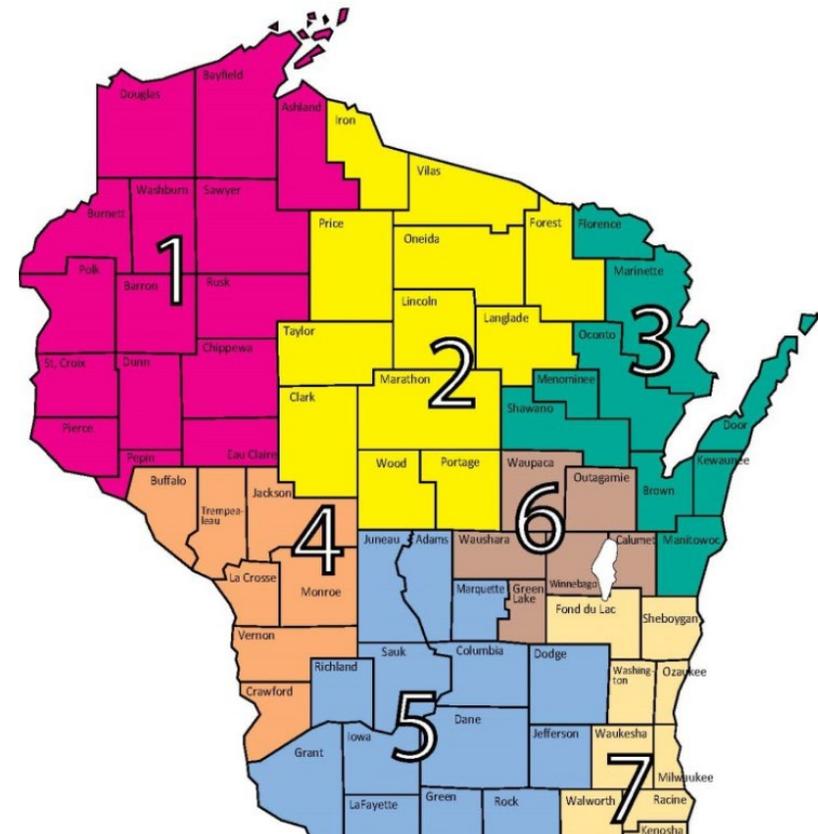




WCLN Laboratory Technical Advisory Group (LabTAG)

- One member from each of the seven emergency preparedness regions plus three or more additional at-large members
- Member diversity reflects the diversity of the various types of laboratories in the state ranging from small rural critical access hospitals to large multi-facility healthcare systems
- Member educational degrees are also diverse, representing all levels from bench-level laboratory scientists, to Ph.D. Directors
- Meet annually for an all day face to face meeting
- Have monthly, or as needed conference calls
- Written mission, objectives, and expectations

Map of WCLN Regions





The Value of LabTAG

FOR WSLH:

- Provide insights into the clinical laboratories
- Valuable partners who support public health initiatives
- Help with educational events

LABTAG MEMBERS:

- Networking
- Focus Group
- Advocate for clinical microbiology profession and also for it's role in public health
- Teaching opportunities
- LabTAG meetings are fruitful
- Personal Benefits





Build and Maintain Partnerships to Develop the Respect and Trust Necessary For A Coordinated Response

How?

- Communicate transparently and honestly
- Keep in touch regularly
- Share information
- Collaborate
- Support each other
- Be inclusive and honor diversity



An emergency is not the time to exchange business cards.



Educating the Clinical Labs

Methods:

- Webinars
- Spring Technical Conference
- Recognize, Rule-out, and Refer Exercises
- Workshops
- Fall Regional Meetings
- Routine Laboratory Messaging
- Hospital Site Visits

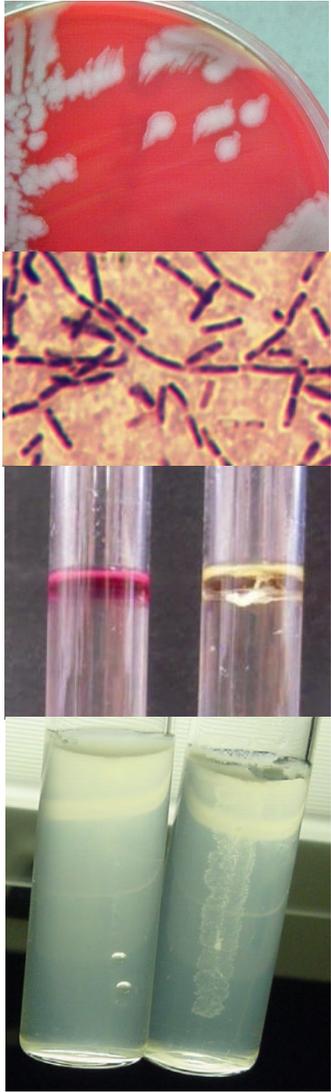
Frequency:

- Continuous process





Clinical Laboratories at Risk of Exposure to Bioterrorism (BT) Agents



- Are certified to perform high complexity testing under CLIA
- Laboratory in-house testing includes Gram stains and at least one of the following: lower respiratory tract, wound or blood cultures
- Must be prepared to recognize and perform rule-out testing
- Must be prepared to package and ship suspect isolates to their Public Health Laboratory



Using WSLH Bioterrorism Preparedness Exercises to Teach and Practice Skills

- Every participating laboratory receives a letter via email reminding them when an exercise is shipping
- Reminders:
 - **This is an exercise and not proficiency testing**
 - Make sure the person performing the exercise gets a copy of the letter
 - Clinical labs are at risk of receiving patient specimens that may contain select agents found in the environment - use the exercise to practice recognition, rule-out and refer
- Provide Clinical Laboratories with links to the resources they should use
- Once the exercise is completed, results are submitted, and you have received the exercise results, use the 2nd residual swab for training staff



What If My Laboratory Doesn't Have All the Biochemicals I Need?

- **All laboratories must be able to perform, at a minimum, Gram stain, catalase and oxidase rule-out testing on an isolate.** Laboratories may not have, tube motility, urea, indole and other rule-out biochemicals.
- **Follow the exercise instructions!**
- Never perform testing that isn't indicated for the agent you are trying to rule out.
- Perform all indicated tests that you have the ability to do and record your results.
- Report "Test not indicated" if the test isn't indicated for the agent you are trying to rule out. Do not report the exception code "Procedure/source not performed in-house".
- Report the exception code "Procedure/source not performed in-house" if a test is indicated, but you don't have the ability to perform the test in your laboratory. Additionally, record in a comment why you would perform the test, if you could, and what the test would tell you about the suspect agent.
- **Use the comment section** to help walk us through what you did and why, to help us understand your thought process. If you perform an unnecessary test and don't provide an appropriate supporting comment explaining why you did it, you will receive a failing score for that test.



After You Receive the Exercise Results

- Use any extra remaining swabs to teach staff and students about BT agents
 - **Practice** performing rule-out testing safely (E.g. tube catalase versus slide catalase)
- You don't want your staff to be performing testing for the first time on a suspect isolate from an actual patient
- Review the results with all employees so everyone learns from the exercise
- If there were any failed items, review the problem and document your corrective actions



But What About Real Patient Culture Work-Up?

Know your possible BT agent indicators or stopping points!

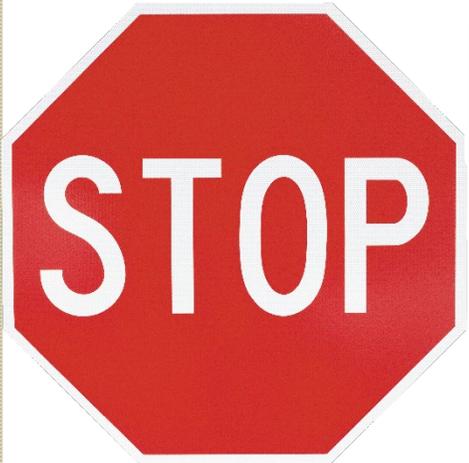
(MOVE WORK INTO A BIOSAFETY CABINET!)

- Working on blood, wound (includes animal bites), or lower respiratory cultures
- Gram stain shows large, boxcar GPB, small pleomorphic GNR, or tiny, faint GNCR
- Slow growing culture
 - From blood – bottle first positive > than 24 hours
 - From isolate growth – teeny tiny haze to tiny colonies at 24 hours, or no growth until 48 hours
 - Better growth on CHOC agar than BLD agar
 - No growth on MAC



Actual Rule-Out Testing

(DON'T USE AN AUTOMATED ID SYSTEMS OR MALDI-TOF UNLESS YOU HAVE RULED-OUT BT AGENTS!)



1.) Perform the required rule-out testing you have available in your laboratory according to the APHL bench card flowchart

2.) Consult with the clinician to see if patient has symptoms consistent with a possible BT agent infection

3.) Notify the WSLH of the situation and if suspicion is high for a select agent, notify state and local public health, infection prevention, and employee health

4.) Package isolate as a suspect Category A specimen and ship to the WSLH for further testing. Stop work on any other cultures from the patient and isolate all media

5.) If identified by the WSLH as a BT agent perform exposure assessment, destroy all isolates, report to Select Agent Program



The Emergency Phone Call

- Encourage Clinical Laboratories to call:
 - If they encounter something unusual
 - If they suspect they've identified or had an exposure to a bioterrorism or highly pathogenic agent
 - If they have a question, need help, or need support
- Public Health Laboratories should provide 24/7 emergency contact information
- Public Health Laboratories must be the trusted partner:
 - Be respectful
 - Stay calm and reassuring
 - Provide information, resources, and help



Key Points to Strengthen Public-Private Laboratory Partnerships



Clinical Laboratories:

- The Local and State Public Health Laboratories (PHLs) that comprise the membership of the Association of Public Health Laboratories (APHL) are valuable resources to partner with:
 - In identifying and ruling-out bioterrorism agents or other suspect public health threats
 - In determining exposure and appropriate follow-up
- Clinical Laboratories should know how to contact your PHL
- Save and submit suspect isolates as appropriate to your PHL
- Clinical laboratories should prepare and practice their recognize, rule-out and refer skills by participating in challenge exercises
- Encourage your Public Health Laboratory to develop an advisory group of clinical laboratory representatives and volunteer to be a member



There is Power in Our WCLN!



WCLN Laboratory Superheroes



Questions?



Next Scheduled Call

Monday, February 26
3 PM - 4 PM EDT



<https://www.cdc.gov/locs/calls>

CDC Social Media

<https://www.facebook.com/CDC>



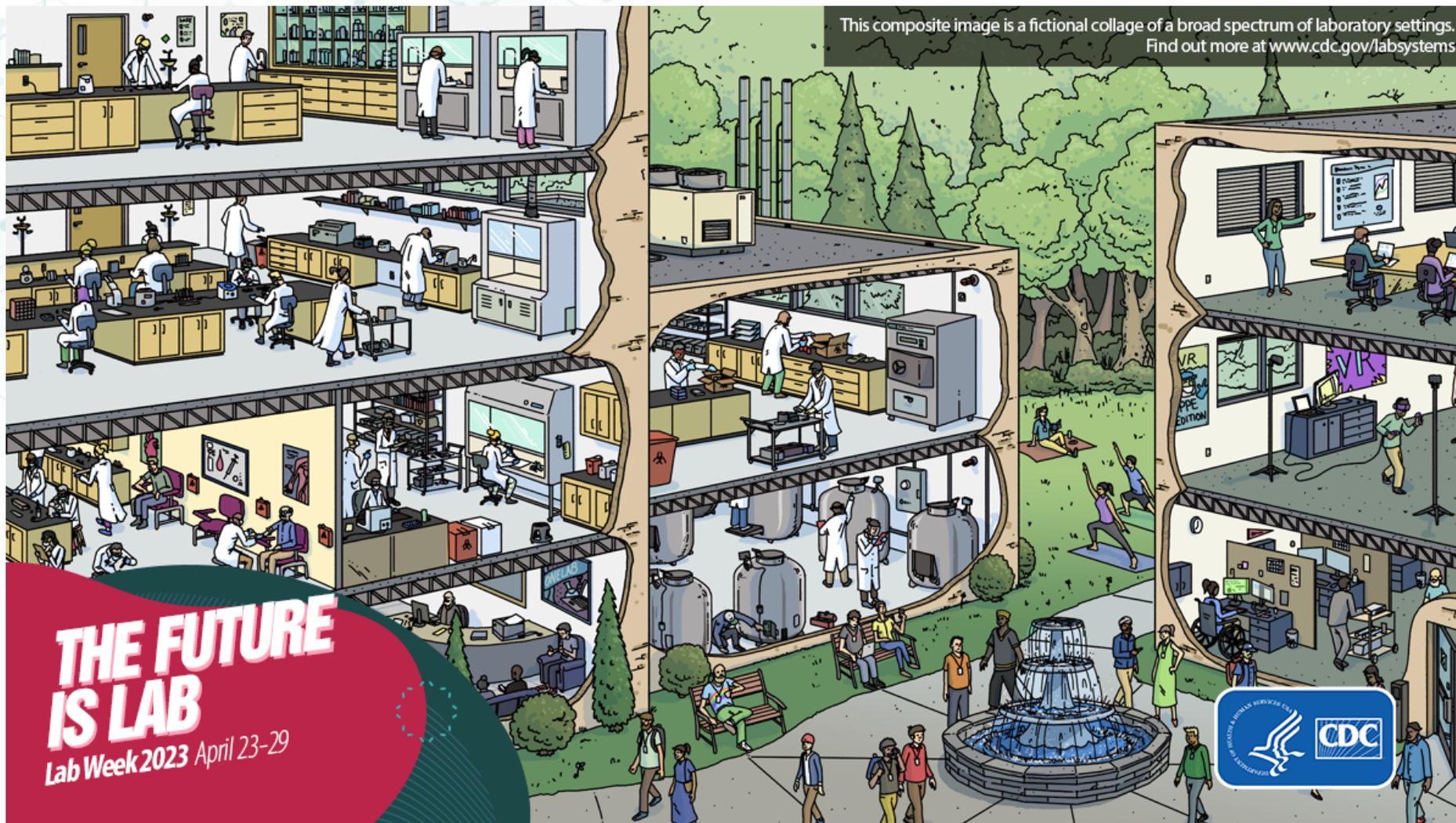
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Thank You For Your Time!





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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