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of Health**

**Wadsworth  
Center**

# **Lab/Program Partnerships at the NYSDOH**

**Monica Parker, PhD  
Director, Bloodborne Viruses Laboratory  
Wadsworth Center, NYSDOH**

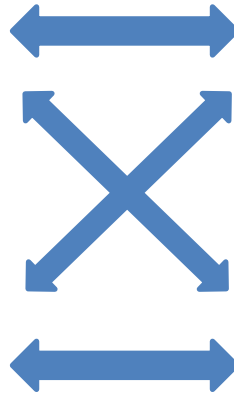
# NYSDOH Lab and Program Partners

## Wadsworth Center

Bloodborne Viruses Lab (BVL)  
HIV and HCV rapid  
test confirmation



Clinical Laboratory Evaluation  
Program (CLEP)  
Clinical Labs; Ltd Service Labs



## AIDS Institute (AI)

Bureau of HIV/STD  
Field Services  
HIV Rapid Testing Program



Bureau of Hepatitis  
Health Care  
HCV Rapid Testing Program



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# Establishing a Culture of Collaboration

- Partnership initiated around HIV testing
  - Grew as the HIV testing landscape evolved
- Quarterly in-person meetings
  - Fostered communication and relationships
  - Included needs, progress, challenges on both sides
- Worked cooperatively to promote quality testing and tackle problems and issues
  - e.g. guidelines, training sessions and videos, PT panels, educational webinars, and tool kits



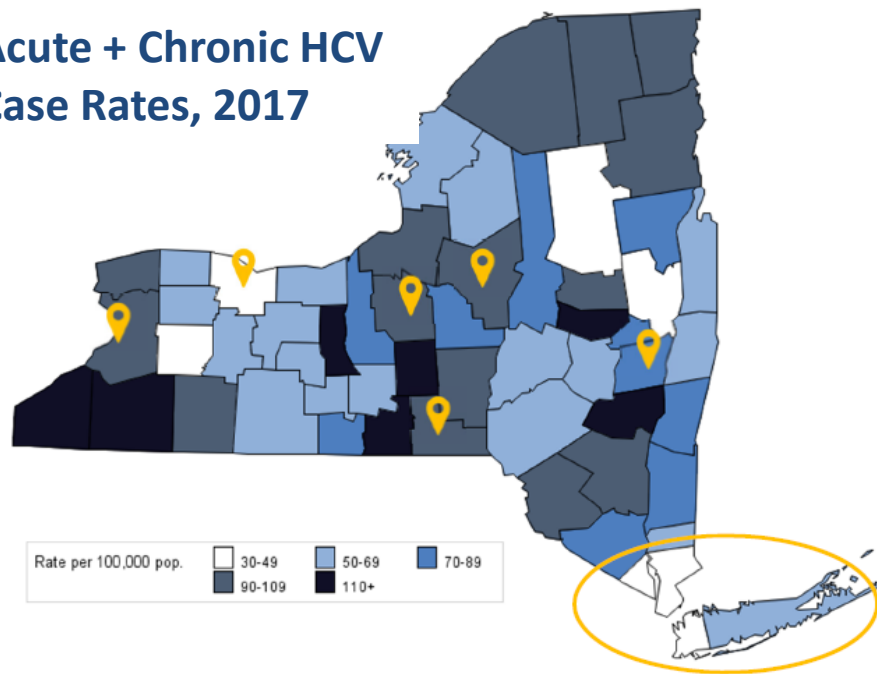
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# New Wave of HCV Infections

- BVL: Limited HCV testing prior to 2017
- HCV incidence began to increase in NYS
  - 15 to 35 age group
- Concurrent with a growing opioid epidemic
  - Especially upstate areas

Acute + Chronic HCV  
Case Rates, 2017



# HCV Rapid Testing Program (RTP)

- NYSDOH HCV RTP has enrolled ~50 programs statewide
  - Syringe exchange programs, Community-based organizations, local health depts
  - High-risk and underserved populations
- RTP provides HCV rapid test kits and controls, technical assistance, protocols



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# Challenges to Improvements

- RTP contracted with commercial lab for RNA testing
- Sample pick-up by courier not available in some areas
- Cost prohibited program expansion

- BVL validated HCV RNA
  - Offered to RTP sites
- RTP and BVL worked jointly on transition process
  - Training, collection kits, shipping assistance

- After 1<sup>st</sup> yr with Wadsworth, RTP's RNA testing increased by >50% and # of providers able to offer services increased by >60%
- Data provided justification for increasing investment



# More Challenges, More Solutions

- Blood samples often unsat
  - Transit time too long

- Venipuncture a barrier to RNA testing

- Transitioned to PPT tubes
  - Allowed more time in transit

- Validated RNA test for DBS
  - Began offering in Oct 2018

- DBS testing implemented years earlier with HIV Rapid Testing Program
- HCV RTP benefited from HIV Program and Lab's experience
  - Share resources, training materials, quality assurance guides



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# Successes, Challenges, Lessons

- Successful HIV Program/Lab experience provided a model for approaching HCV, especially for DBS testing
- Some issues resolved, but challenges remain:
  - Current RNA test is labor-intensive; TAT not optimal

## Lessons:

- Issues resolved more effectively and efficiently when all partners participate in the process
- Active commitment to maintaining communication is essential
- Having data to demonstrate success can help obtain more funding for continued improvements



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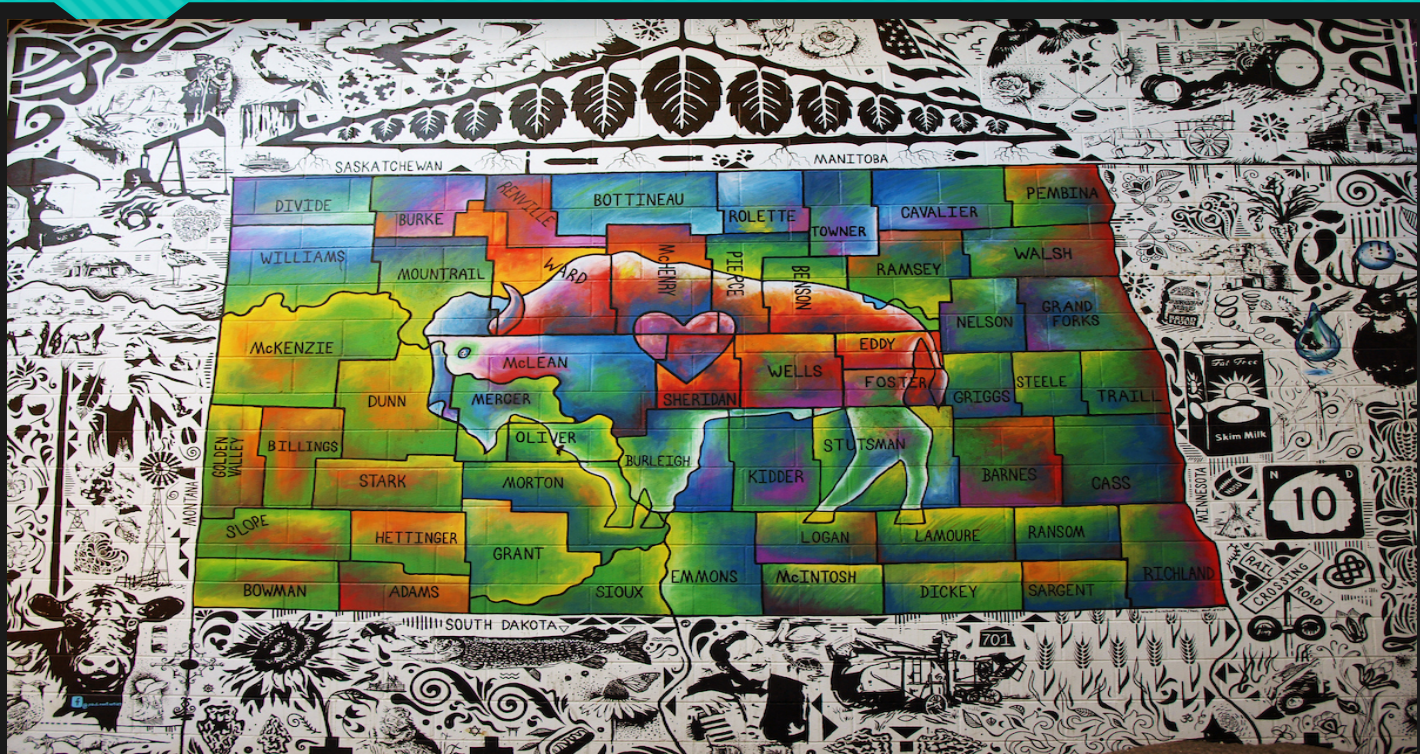


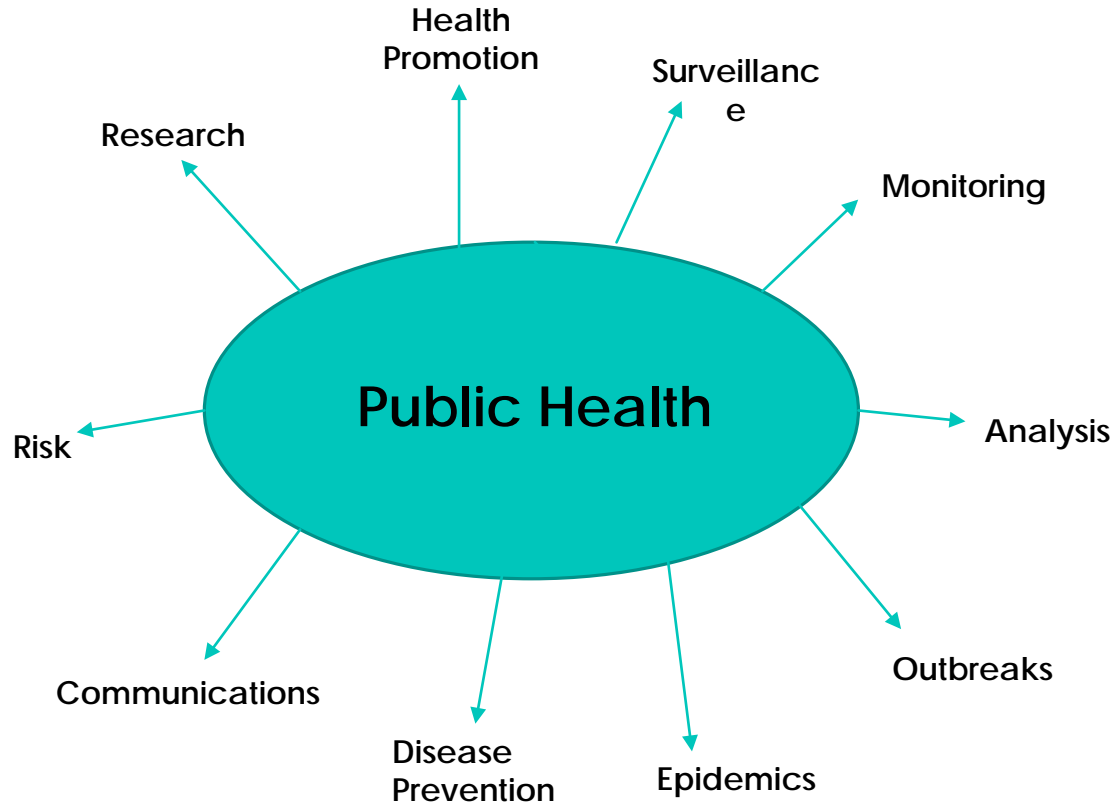


# The face of HIV in North Dakota

Kristie Schwarzkopf MLS(ASCP)

# Who Do We Service





What is the  
North  
Dakota  
Public  
Health?

# Who Do we Serve?

## People of North Dakota and Other States

- Provide healthcare access to more than 350+ customers through hospital's, clinics, veterinary services, public health facilities, counseling and testing sites.

## Disease Control

- Promote strong professional relationships with the division of disease control. There is great cooperation and team work when dealing with outbreaks. Having both divisions one hallway away has immense value to both entities

## State Penitentiary System

- Provide testing services to the North Dakota Penitentiary System. The value of the relationship has saved the tax payers of North Dakota money.

# Services Provided

## Patient Testing

- Patient testing menus include a variety of infectious diseases. Our largest programs are HIV, HCV and our STD testing.

## Animal Testing

- Animal testing menus include:
  - mosquito counting, speciation, and infectious disease testing
  - tick counting, speciation, and infectious disease testing
  - Dead bird testing
  - Rabies testing

## Surveillance & Environmental

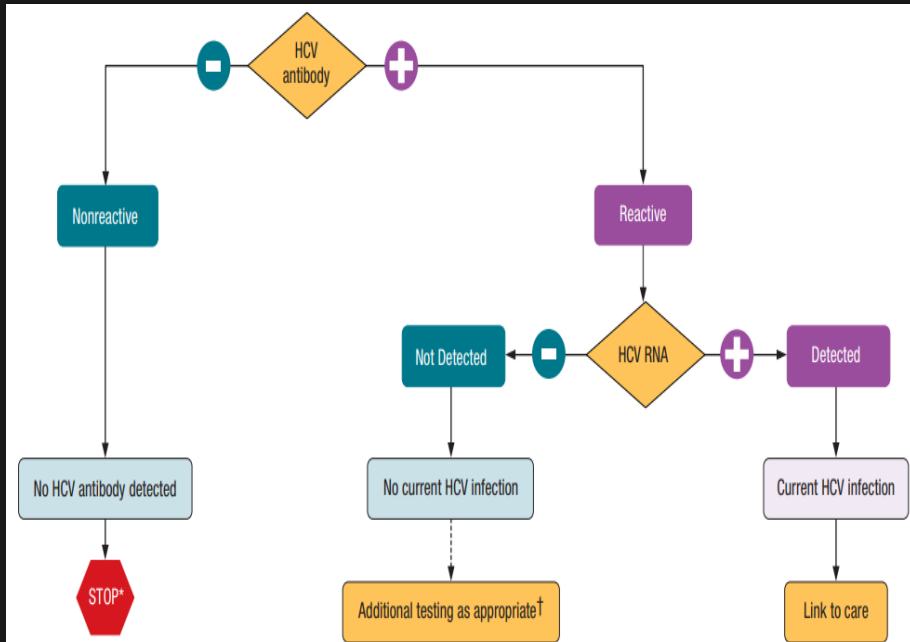
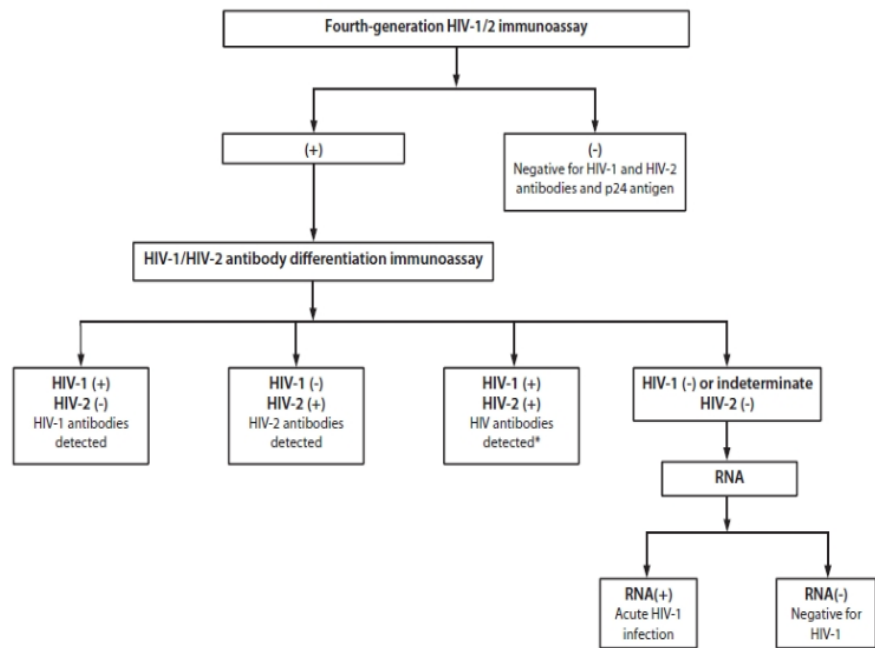
- Surveillance & environmental testing includes:
  - Bioterrorism testing
  - Dairy Analysis
  - Food Testing
  - Pulse Field/Whole Genome Sequencing
  - Water Testing



# Testing HIV/HCV at Public Health



# Testing Algorithm

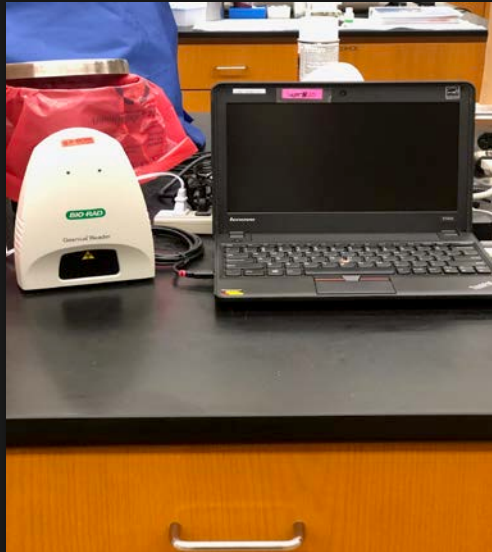


# Testing Platforms

HIV/HCV Screen  
Abbott Architect i1000



HIV Antibody Differentiation  
BioRad Geenius



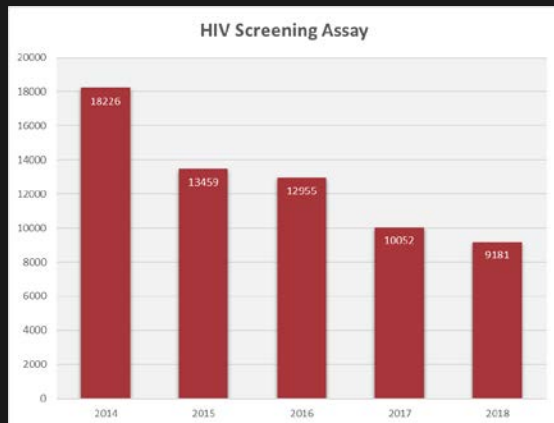
HCV RNA and Genotype  
Abbott M2000



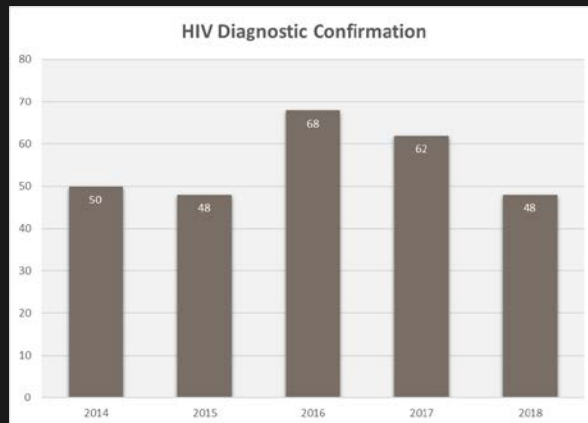


# Testing Numbers

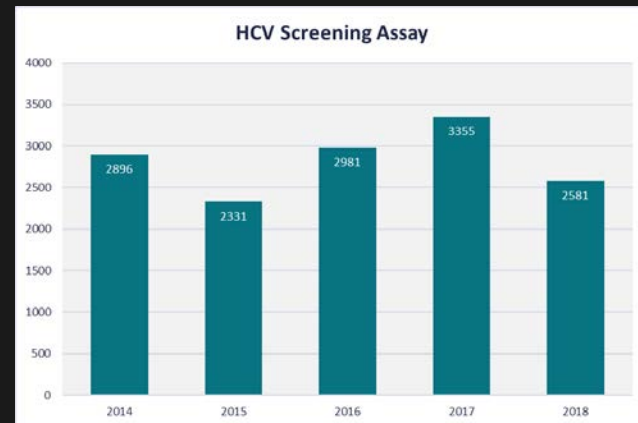
HIV Screening Assay



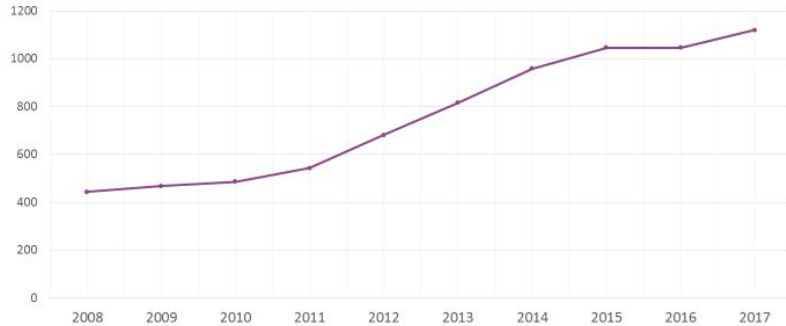
HIV Diagnostic Confirmation



HCV Screening Assay

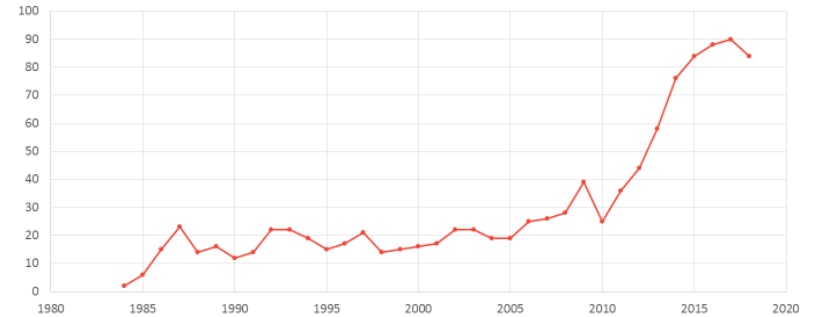


Hepatitis C Case Count, North Dakota  
2008-2017



Source: NDDoH Division of Disease Control

HIV/AIDS Case Count\*, North Dakota  
1984-2018



Source: NDDoH Division of Disease Control

\*includes newly diagnosed (incident) cases as well as previously diagnosed persons living with HIV/AIDS moving to North Dakota for the first time.

# Hepatitis C and HIV/AIDS Case Counts

# Hepatitis C Virus Outbreak in Long Term Care Facility

|                                                             |      |
|-------------------------------------------------------------|------|
| Total Number of HCV Antibody Tests Performed                | 1843 |
| Total Number of Persons Tested                              | 1363 |
| Total Number of Hepatitis C Positive Individuals Identified | 63   |
| Number Of Outbreak Cases                                    | 52   |

# Lessons Learned

## **Successes:**

- ❖ The ability to coordinate mass screening events Between The Division of Microbiology, the Division of Disease Control, Division of Emergency Preparedness, and local public health units.
- ❖ The logistical ease and cost of working with the department of health laboratory and CDC in receiving results and the seamless transfer of samples between facilities.

## **Challenges:**

- ❖ Working with multiple facilities and a population that has a high turnover
- ❖ Getting results to Patients and Providers was Burdensome
- ❖ Length and Depth of the potential outbreak-some cases were likely exposed several years prior to investigation

# Building a Team Through Partnerships

- Northern Plains Consortium is a collaborative group; Idaho, Montana, North Dakota, South Dakota and Wyoming that works collectively to serve the public health of each state.
- The consortium combines expertise, develops relationships and enhances the testing capabilities of each state.



# Partner with your Lab

*Chris Finch*

HIV Prevention and Intervention Manager  
Michigan Department Health and Human Services

# **Detroit HIV/STD Clinic**

## **Why**



**City of  
Detroit faces  
bankruptcy**

## **Response**



**Non-Profit  
takes over  
Public  
Health  
Services**

## **Getting Started**



**Opened  
Clinic Oct.  
1<sup>st</sup> 2012**

# **CLIA Inspection**

## **Date Set**



**Inspector  
is coming  
in 4 weeks**

## **Panic**



**Searched  
for  
materials**

## **Contact Experts**



**Called the  
State Lab**



# Lymphogranuloma Venereum (LGV) in Detroit

LGV Diagnosed at HIV Care Clinic

oDIS contact patient to elicit partners

oResearch Diagnostics for LGV

oPartners arrive at STD Clinic

Samples submitted to State Lab

# Call the Lab!



# HIV/Hepatitis/STD

## Indiana Laboratory-Program Partnership

**Nicolas N. Epie, Ph.D.; TS (ABB), MT (ASCP)**

*Division Director-Virology and Serology*

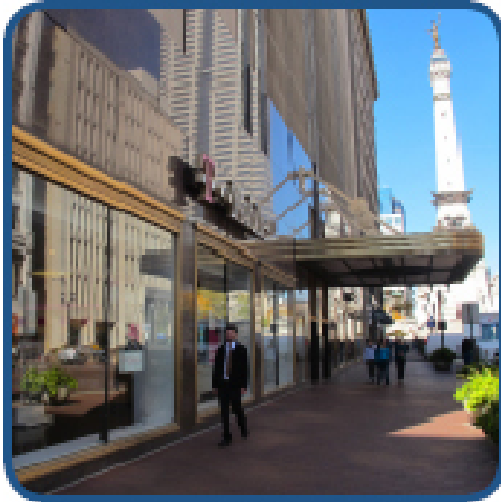
Indiana State Department of Health Laboratories



Indiana State  
Department of Health

# **Indiana State Department of Health**

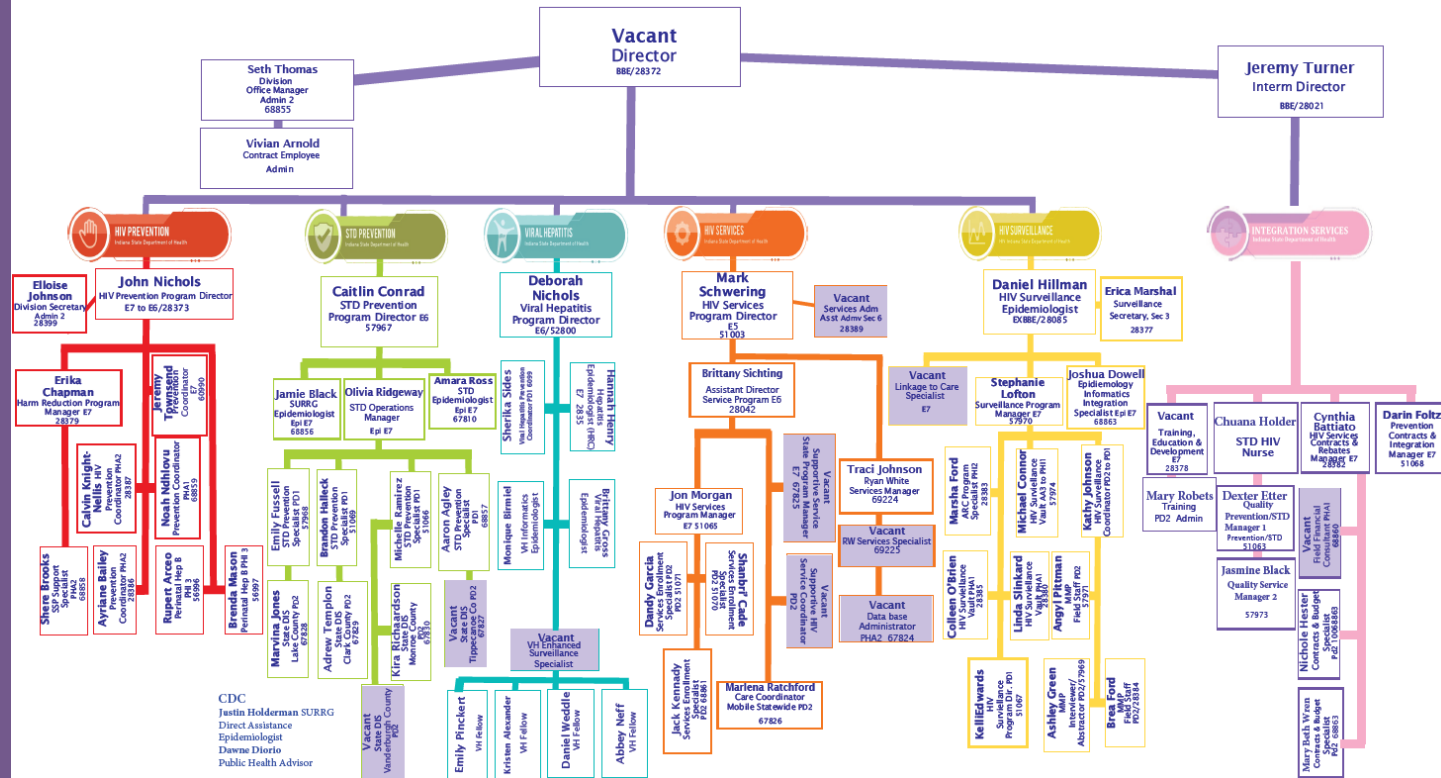
## **Indianapolis facilities**



**Indiana State Department of Health  
2 N. Meridian St.  
Indianapolis, IN 46204**



**ISDH State Laboratory  
550 W. 16th Street, Suite B  
Indianapolis IN 46202**



Indiana State Department of Health  
Epidemiology Resource Center  
Main 317 233 7125  
Fax 317 234 2812

After Hours 317 233 1325

**District 1**

Cyndy Fohrman  
(317) 473 2696  
CFohrman@isdh.in.gov

**District 2**

Christina Wheeler  
(317) 690 9466  
chwheeler@isdh.in.gov

**District 3**

Dawn McDewitt  
(317) 439 9648  
damcdewitt@isdh.in.gov

**District 4**

James Walters  
(317) 508 1675  
jwalters2@isdh.in.gov

**District 5**

Ali Snively  
(317) 430 3848  
asnively@isdh.in.gov

**District 6**

Tracy Larcheveque  
(317) 460 1208  
tlarcheveque@isdh.in.gov

**District 7**

Lindsay Wenning  
(317) 697 8683  
lwenning@isdh.in.gov

**District 8**

Jill Stauffer  
(317) 605 6829  
jstauffer@isdh.in.gov

**District 9**

Vacant  
(XXX) XXX XXXX  
XXXXXX@isdh.in.gov

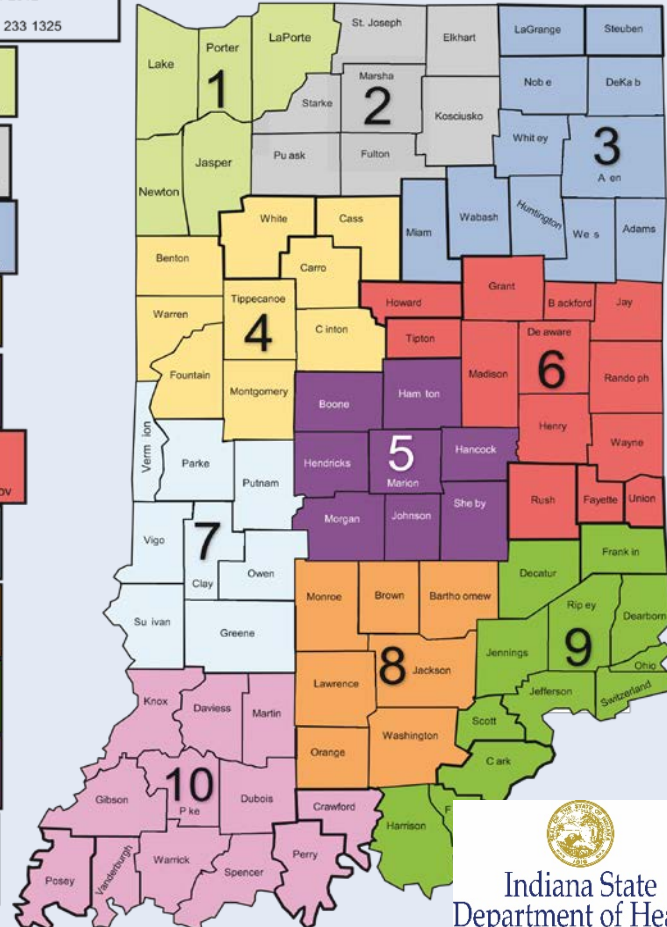
**District 10**

Karen Gordon  
(317) 430 3852  
kgordon@isdh.in.gov

**Field Epidemiology  
Director**

Charles Clark  
(317) 412 2137  
ccclark1@isdh.in.gov

## District Field Epidemiologists



Indiana State  
Department of Health

Epidemiology Resource  
Center

Updated 12/28/2018

# Indiana Population Distribution

**Population: 6,666,818 or 17<sup>th</sup> of 50 states**

- White 85.4%
- Black 9.7%
- Hispanic 7.0%
- Asian 2.4%

**Indiana Unemployment Rate: 3.2%**

**Percent Under 65 Without Insurance: 9.4%**

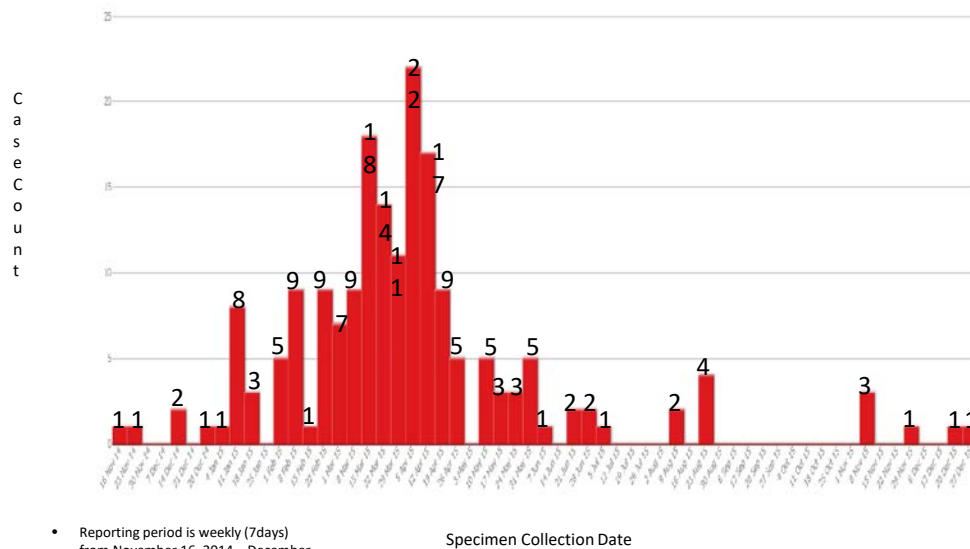
**Percent in Poverty: 14.1%**

**Rural:** 14% Population 44% Land Mass (42 counties)

**Rural/Mixed:** 24% Population 35% Land Mass (33 counties)

**Urban:** 62% Population 21% Land Mass (17 counties)

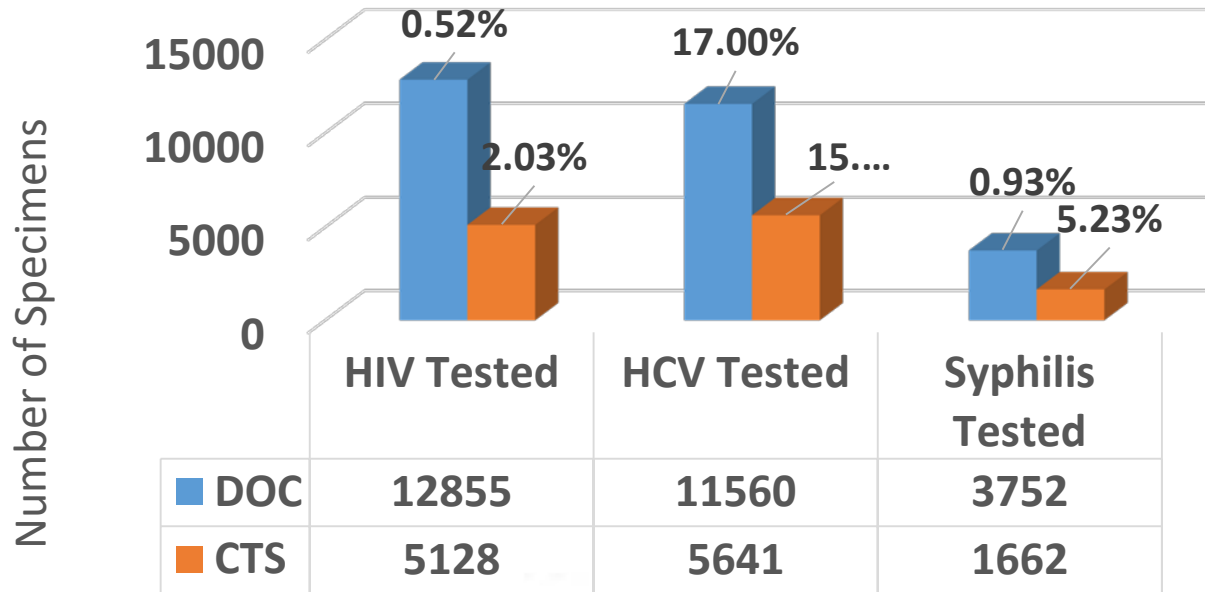
# Southeastern Indiana Epidemic Curve 12.31.2015



- Reporting period is weekly (7days)  
from November 16, 2014 – December  
31, 2015



# ISDH Serology Testing 2018



# Partnership Communications

- **Program-Lab Quarterly Meetings:**
  - HIV/Hepatitis/STD
  - Immunization
  - Joint Funding discussions- ELC
  - Lab-Program Exchange Visits
  - Lab-Program
  - Expansion of GHOST testing to Hep A
- **Program Funding Source for ISDH Programs**
  - CDC PS18-1802
  - Ryan White B
  - FSSA (SAMHSA)
  - State AIDS
  - Opioid Response Grant
  - Immunization

# Improvements

## ECHO INPEP Program

- ISDH Partnership with IUPUI Fairbank School of Public Health ECHO program
- Creation of DOC case Dbase with data obtained from lab
- Initiation of a VH Pilot program with DOC to offer 40 hours training on:
  - HIV/HCV/STD
  - Harm reduction and syringe services programs
    - Providing referrals to needed services e.g. mental health assistance, food etc.
  - Hand washing
  - TB
- Monthly TeleECHO calls-Indiana has replicated the project from New Mexico.

# Response to Hepatitis A outbreak

- Ability to further partner with the lab because of injection of money into the VH Program, for example HAV GHOST
- Data sharing, receiving all negatives by ELR for hepatitis B/C
- Outbreak Epi-Lab working together on IHAN
- Epi- Lab specimen submission for
  - Hepatitis A IgM testing at ISDHL
  - Hepatitis Specimen shipping by ISDH Lab for Genotyping with data available sent to ISDH-VH program
- Epi-Lab Hep A coordinated Immune globulin shipping to centers with exposed persons.

# Future Implementations

- Integration of HIV/HCV/STD testing
- Implementation of APHL HIV algorithm summary results for Clinicians
- Joint Lab-VH Program visit to the CMO at IN DOC

# Acknowledgements

I want to acknowledge the contributions of these members of ISDH:

- Dr. Judy Lovchik - Lab Director
- Dr. Lixia Liu - Deputy Lab Director
- Caitlin Conrad - Director, STD Program
- John Nichols - Director, HIV Prevention Program
- Mark Glazier - Director, BT & Outreach
- Deborah Nichols - Director, Hepatitis Program
- Dr. Sarah Blosser - Director, Clinical Microbiology
- Jessica Gentry - Supervisor, TB Laboratory
- Stephanie Dalenberg - Supervisor, Serology Laboratory
- Brian Pope - Supervisor, Virology Laboratory
- ISDHL Serology Team
- ISDHL Virology Team



Indiana State  
Department of Health

# Thank you

**Nicolas N. Epie, TS (ABB), MT (ASCP)**

*Division Director-Virology and Serology*

Indiana State Department of Health Laboratories



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