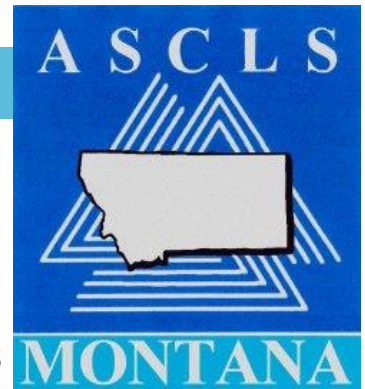


Montana Laboratory News



Summer 2016

ASCLS-MT Member of the Year

During the ASCLS-MT meeting in Great Falls in April, **Joni Gilstrap** was honored as the 2015-16 ASCLS-MT Member of the Year.

Her letter of nomination states: At the National level, she is completing her 3 year term as ASCLS Region VIII Director, being the voice and representing the interests of members from Montana, Idaho, Colorado, Wyoming and Utah on the ASCLS National Board of Directors.

Joni has accomplished ground breaking changes at the ASCLS Region VIII level during her term of office. The successful ASCLS Region VIII Leadership Academy, completing its third year of leadership development, was started under Joni's leadership. A difficult transition of the Intermountain

Coordinating Committee to being organized entirely by ASCLS Region VIII was successfully accomplished because of Joni's collaborative leadership style. She has guided Region VIII through this difficult time, always there to help wherever and whenever needed, with an encouraging word for all.

At the state level, Joni has held various positions, including President in 2008-2009, Leadership Development Chair, Secretary, Awards and Scholarships Chair, District 3 Chair, and an ASCLS-MT representative to the IMSS Coordinating Committee from 2001-2006. Joni serves as a wonderful mentor to leaders in ASCLS-MT. This year she stepped up to help with the Awards and Scholarships Committee when a member resigned. ASCLS-MT continues to be a strong society thanks to Joni's efforts and leadership. Her wonderful, warm smile embraces members new and old and makes everyone feel welcome to ASCLS.

When Joni isn't wearing her ASCLS hat, she is the technical consultant for many of the laboratories in the Billings Clinic network and an adjunct instructor in the MUS Medical Laboratory Science program, teaching a clinical laboratory management course. As you can tell, clinical laboratory science is Joni's passion.

Joni is a quiet leader, a great listener, a voice for the medical laboratory professional, and a wonderful advocate for ASCLS. She even has a license plate that reads ASCLS. She leads with compassion and empathy, always there to guide and support. ASCLS-Montana is proud to call Joni our own! She is very deserving to be the 2016 ASCLS-MT Member of the Year.



Joni Gilstrap (center), with her two nominators, Holly Weinberg (left) and Susie Zanto (right)

Inside This Issue...

Legislative Days Report.....	Page 2
Omicron Sigma Awards.....	Page 3
Poster of the Year.....	Page 4
Student of the Year.....	Page 4
Election Results.....	Page 5
Spring Meeting Review.....	Page 5
Paper of the Year.....	Pages 6-7
Calendar of Events.....	Page 8

Legislative Days and Membership Message By Tori Rensink

Tori Rensink, membership chair for ASCLS-MT was one of the delegates to Washington, D.C. as a representative of ASCLS-MT. Here is her report:

There are many areas in which government agencies and legislation will directly affect the laboratory. ASCLS is making sure CLS voices are heard so in the coming years patient care isn't jeopardized and access to laboratory testing doesn't decline.

Currently CMS is mandated by Congress to update the clinical laboratory fee schedule (CLFS). CMS was supposed to provide final guidance by July 2016 on the process to collect and report test reimbursement data from all payers to update the CLFS, with an effective date for the new CLFS of January 1, 2017. Only proposed guidance was published in September 2015, and the process is not defined. This gives clinical laboratories a very short time frame to complete this daunting task. CMS is also identifying qualifying labs by using Tax ID numbers (TIN), which will exclude virtually all hospital laboratories and physician office laboratories, as well as over 50% of independent laboratories. ASCLS, along with our collaborative organizations, is urging Congress to request CMS to push back the new CLFS effective date by another 12 months to January 1, 2018. ASCLS is also asking that laboratories be identified using their CLIA number instead of the TIN, so that true market-based reimbursement rates will be calculated. Is the laboratory you work at prepared to submit their data?

The FDA issued draft guidance in 2014 on the enhanced oversight and regulation of Laboratory Developed Tests (LDTs). This draft guidance defined a LDT, defined a laboratory system, provided a risk-based framework for oversight, and included requirements for registration and reporting. If your laboratory has developed a molecular test or you are using a single blood test to make any diagnosis claim that is not listed in the test kit, it could be a FDA violation. This would greatly hinder new test development and delay access to needed tests. ASCLS agrees that laboratory developed tests (LDTs) must be regulated to ensure their accuracy and overall patient safety. However, since the draft guidance was published, we have been told that there have been many revisions

(continued on page 7)

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Symposium
delegation: Adam
Birks (Kalispell),
Joni Gilstrap
(Billings), Susie
Zanto (Helena),
Rep. Ryan Zinke,
Tori Rensink
(Belgrade), and
Terri Benedict
(Whitefish)



Omicron Sigma, ASCLS Honor Roll for Outstanding Service

Omicron Sigma awards provide lasting recognition for those dedicated members who volunteer their personal resources, time and energy to ASCLS. Recognition is at three levels: National, Regional, and Constituent society. The ASCLS President is allowed to select 100 members for this honor. Each Regional Director is allowed to select 15 members, and each Constituent society President selects up to 8 members for the award.

This year **Joni Gilstrap**, **Holly Weinberg**, and **Susie Zanto** were awarded **National level Omicron Sigma** certificates at the state meeting. Joni is the Region VIII Director, Holly Weinberg is the National Membership Committee Chair, and Susie is the Immediate Past-President. Joni, Holly, and Susie are pictured from left to right.



At the **Regional level**, **Sadie Arnold** and **Amy Steinmetz** were awarded certificates by Joni Gilstrap, Region VIII Director. Sadie is the Region VIII Secretary and Amy is the ASCLS-Montana President, which she assumed rather abruptly due to the resignation of the President. In the photo (right) are Joni, Amy, and Sadie.



State Omicron Sigma awards went to **Susan Keeney**, Spring Meeting Co-Chair; **Ashley Schlosser**, Student Liaison, and **Nick Jensen**, Board of Directors. Not pictured but also awarded was **Matthew Kalanick**, Spring Meeting Co-Chair.

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Poster of the Year

Rachel Silvestrone was the recipient of the Poster of the Year award for her poster on Procalcitonin. She received a check for \$100 **awarded by Xtant Medical (formerly Bactrin)** of Belgrade, Montana. Rachel is pictured receiving her award from Joni Gilstrap (left) and Amy Steinmetz (right).

Student of the Year

Ashlee Johnson was named ASCLS-MT Student of the Year. Ashlee was awarded \$100 which is sponsored by ASCLS-MT. In the photo are (l to r) Joni Gilstrap, Ashlee Johnson, and Amy Steinmetz.



Paper of the Year

Walter Walsh was the winner of the ASCLS-MT Paper of the Year, titled *Zika Virus*. This timely topic is published in this issue of the MLN. Walter's award was \$100, sponsored by **Western Microscope**.

50 Year Member Longevity Award

Sharon McGown of Billings was presented with a longevity award for 50 years of continuous membership in ASCLS. Sharon currently is a member of the national Membership Committee. She was recognized by Joni Gilstrap and her daughter, Linda Masin, who was active in ASCLS-MT and Region VIII for many years.





New Officers of ASCLS-MT

From left to right are **Amy Steinmetz** (Billings), President, **Ashley Schlosser** (Billings), Secretary; **Nick Jensen** (Hamilton), President-Elect; **Del Simon** (Big Sandy), District II nominations; **Tori Rensink** (Bozeman), District IV nominations; and **Ashlee Ketchum** (Miles City), Finance and Audit. Not pictured are Trish Smith (Three Forks), Board of Directors and Myrna Kampen (Wolf Point), Awards and Scholarships. They will actively assume these offices on August 1, 2016, the beginning of the ASCLS-MT fiscal year.

Spring Meeting Review

The 2016 Annual ASCLS-MT Spring Meeting was held in Great Falls at the Holiday Inn. Keynote speakers were Dr. Roberto Cattaneo and Wells Giles of the Benefis Heart Surgery Unit who voluntarily travel to Ethiopia several times each year to perform heart surgery on Ethiopian children. These children are affected by Rheumatic Heart Disease, vascular defects caused by the sequelae of streptococcal infections. Dr Cattaneo spoke of the economic conditions of Ethiopia which makes it possible for their children to have such a high incidence of a disease which has mostly disappeared from the western world. One slide of Dr Cattaneo's presentation was particularly stunning. The link: <http://kai.sub.blue/en/africa.html>.

Other meeting highlights included an excellent vendor display, exceptional student posters, educational topics from blood tests for concussion to genetic testing for cancer syndromes, and a fun Friday night social with a trolley ride to microbreweries ending at the famous Sip and Dip.

The weather caused one speaker to be cancelled. Dr. Walter Kelley, Medical Director of the Regional Red Cross Blood Services in Salt Lake City, was scheduled to speak on Friday, but weather caused major airline disruptions so he flew in to Billings instead and drove to Great Falls in time for our social event. Pictured are Rebecca Anderson (left) and Wendy Palmer (center) of the American Red Cross Blood Services Reference Laboratory in Great Falls, with Dr. Kelley, and the Mermaids at the Sip and Dip.



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Vacant

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**Join or Renew Your
Membership Today!**



ASCLS-MT Paper of the Year

Walter Walsh, M.A., MT(ASCP), author

ZIKA VIRUS

Zika virus (ZIKV) is a Flavivirus primarily transmitted by 2 mosquitos of the *Aedes* genus: *A. aegypti* and *A. albopictus*. Its name comes from the Zika forest in Uganda, where it was first isolated in 1947 in a rhesus monkey. ZIKV is related to dengue (DENV), yellow fever (YF), Japanese encephalitis and West Nile virus (WNV). It was not until 1952 that ZIKV was isolated in a human. Since then, there were sporadic cases of people infected with the virus in Africa and S. E. Asia. *A. aegypti* and *A. albopictus* have spread worldwide due to global travel and trade. Last year, ZIKV made the leap to the Western Hemisphere. As of April 2015, a large, ongoing outbreak of pandemic levels of Zika infection began in Brazil that has spread to much of Central and South America, Mexico and the Caribbean. The puzzling spread of ZIKV is part of an uptick in mosquito-borne illnesses, including DENV, Chikungunya virus (CHIK) and WNV in areas that have never experienced them before.

For most people, Zika infection is relatively harmless. Until recently, researchers did not know that the virus was very dangerous. The disease symptoms last 2-7 days. Asymptomatic infections are common—only 1 in 5 infected develop symptoms. The most common symptoms are fever, rash, joint and muscle pain, headache and conjunctivitis (red eye). These are the same symptoms seen in DENV, CHIK and YF.

Brazilian health officials last October noticed a spike in microcephaly, a rare neurodevelopmental disorder in which newborns have unusually small heads and undeveloped brains. These infants can have intellectual disorders, difficulty with speech and coordination and seizures. ZIKV has been isolated in the amniotic fluid of fetuses with microcephaly. Most of the mothers who had babies with microcephaly were apparently infected during the first trimester. The connection between ZIKV infections and whether it affects fetuses is conjectural, however. There are many other causes of microcephaly.

They may include predisposing factors such as previous or concomitant infection, genetic risk factors, environmental exposure to toxic chemicals and the consumption of teratogenic drugs and alcohol. If there is a link, researchers must figure out the biological mechanism of how ZIKV causes microcephaly - how it enters the placenta and how it disturbs brain development. These types of experiments could take years to complete.

Zika virus has also been linked to the development of Guillain Barre Syndrome (GBS), an uncommon autoimmune disease that damages the nerve cells, causing muscle weakness and sometimes paralysis. In Brazil, an increased number of people infected with ZIKV also have GBS. Although most recover, some have permanent damage. As with microcephaly, there is no proof that ZIKV can cause GBS.

In February of this year, the U.S. CDC announced that a woman in Texas had acquired Zika virus through sexual transmission. Similar cases have since been reported. In each instance, a woman had sexual intercourse with a man who had acquired a ZIKV infection while traveling in a Zika-impacted area. The ramifications of what the infection may do to women are unknown.

The *A. aegypti* mosquito is found along the southern states and as far north as New York City. Some experts say ZIKV will spread to these areas. New imported cases could result in the local spread of ZIKV. There are two genotypes or strains of ZIKV virus: 1) African and 2) Asian. It is the Asian strain that is spreading in the Western Hemisphere. The Asian strain is well-adapted to *A. aegypti* but not to *A. albopictus*, which means that *A. albopictus* is not as efficient in transmitting Zika virus as is *A. aegypti*. *A. albopictus* has adapted to survive in cooler temperatures than *A. aegypti*, and the concern is this vector could mutate and make it more efficient in transmitting ZIKV in climates where *A. aegypti* would freeze. As tropical zones in the U.S. become warmer, both *A. aegypti* and *A. albopictus* will be able to expand their ranges. That will also increase the areas at risk for ZIKV infection, as well as for DENV and CHIK.

ZIKA VIRUS (continued)

The WHO estimates there will be up to 4.5 million cases of ZIKV infection in 2016. On February 1, WHO declared Zika a public health emergency of international concern. Zika has never been known to cause microcephaly, GBS or meningoencephalitis infections before. Zika's true potential as a virus and an agent of disease is currently unknown.

The best means of prevention to stop the spread of ZIKV is overall mosquito control and the avoidance of mosquito bites. The mosquitoes that spread the virus bite mostly during the day. The uses of air conditioning or window/door screens help keep mosquitos outside. If one is unable to protect himself or herself from mosquito bites inside his or her home, one should sleep under a mosquito bed net. A person can help reduce the number of mosquitos outside the home by emptying water from containers such as flower pots and baskets. When the weather permits, one should wear long-sleeved shirts and long pants. Also, the use of insect repellants work well. The CDC recommends that pregnant women should avoid traveling to places where ZIKV is currently circulating, and men returning from Zika-impacted areas should wear condoms.

There is no treatment for ZIKV infection or disease. Palliative care includes bed rest, fluids, and taking medicine. The CDC warns a person shouldn't take ibuprofen or other anti-inflammatory drugs. The CDC suggests using acetaminophen- based drugs (e. g. Tylenol). If an individual has Dengue and not ZIKV infection, ibuprofen can cause hemorrhaging. There currently is no vaccine for Zika virus.



Join ASCLS in Philadelphia, the City of Brotherly Love!

The Annual Meeting and Advanced Management Institute will be held August 1 – 4, 2016 in Philadelphia.

Visit the [ASCLS website](#) for more details. It is not too late to register and take advantage of the great educational sessions and the largest laboratory exhibit exposition ever! Learn more about the governance of ASCLS, and all the work done on your behalf, as well!

Remember, ASCLS registrants can also attend any AACC session, held concurrently with ASCLS.

Legislative Days Report (continued)

ASCLS is asking Congress to urge FDA to release the next LDT guidance again as **proposed** guidance, so that the laboratory community can have sufficient time to develop a consensus regulatory approach for the oversight of LDTs.

The clinical laboratory professional shortage is prevalent across the nation. ASCLS, along with our collaborative organizations, is urging Congress to request that the Government Accountability Organization (GAO) study the workforce shortages in the clinical laboratory profession and other allied health professions, determine the needed federal investment to address these shortages, and present this data to Congress. ASCLS feels this data could lead to appropriations to create new schools, maintain current schools, and support the education of our MLS faculty across the country. Every presidential candidate in the race talks about creating more jobs and our profession is projected to grow by 16% in the next ten years, compared to the average job growth of 7%.

Your membership helps make our voice as laboratorians stronger. It helps bring to light every one of these issues, issues that are going to directly affect you! As individuals we may not be able to make a great impact, but as an organization of members we can. Please visit www.ascls.org/join-ascls/join to learn more about the impact of your membership and to apply/renew. You can also follow this link and click on the Government Affairs section of the website to view updates of the issues discussed.

Calendar of Events

August 1 – 4, 2016	ASCLS Annual Meeting, Philadelphia, PA
September 28, 2016	Region VIII Fall Council Meeting, Jackson, WY
September 29 – October 1, 2016	Intermountain States Seminar, Jackson, WY
February 23 – 25, 2017	Clinical Lab Educators Conference, Boston, MA
March 20 – 21, 2017	Legislative Days, Washington, D.C.

Montana Laboratory News is the official publication of the American Society for Clinical Laboratory Science - Montana and is published quarterly. Any material in this publication may be reprinted with credit given to the source. Address all communication to the editor who reserves the right to edit any material received.



ASCLS Region VIII Intermountain States Seminar in Jackson, WY Sept 29 – Oct 1, 2016

A pre-registration booklet will be mailed shortly with details on the educational sessions, participating exhibitors and planned social activities. Details will also be posted on the [IMSS website](#). Updates will be posted on the IMSS Facebook site, too.

Room blocks are available at the Snow King Resort and the Ranch Inn. Request the IMSS rate when booking.

New this year – all sessions and exhibits will take place at the Snow King Sports and Events Center so there will be no need to travel between venues.

There will be lots of opportunities to network with your friends and colleagues, including a dinner social event at the Town Square Tavern Friday evening.

Come with your western duds and enjoy the 53rd IMSS ASCLS Region VIII Round Up!

Program Information: Earn 13.5 P.A.C.E. credits while attending general sessions by Jim Flanigan, Executive Vice President for ASCLS, Bioterrorism by Dr. Igor Shepherd from the Wyoming Health Department, and a historical perspective of microscopy by Beth Fischer from NIH Rocky Mountain Labs. There will be breakout sessions covering topics in microbiology, molecular diagnostics, management, chemistry, immunohematology, hematology, hemostasis, informatics and food safety.