

BCCDC

Laboratory Service News

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Our Mandate

It has been noted that public health success speaks with silence. When the system works well outbreaks are detected and managed early, emerging pathogens are identified, and cases of communicable disease prevented. Commenting on recent bioterrorism events, one community leader noted that public health was one of the core responses. Bioterrorism (BT), like Walkerton, show that if public health infrastructure fails then community protection fails.



Laboratory Services provides many core public health functions. A detailed description of our roles and responsibilities (*Core Functions and Capabilities of British Columbia's Public Health Laboratory*) are available on our web site (www.bccdc.org/laboratory/index.shtml) or on request (604-660-6030).

BRAT, Bioterrorism Response & Laboratory Networks

As powders began to arrive, Medical Microbiologists, Biosafety Officers and Medical Technologists went into action alongside Medical Health Officers, BCBC experts, RCMP, police, HAZMAT, epidemiologists and the Biological Response Advisory Team (BRAT). Great teamwork!

Our Containment Level 3 Facilities went live ahead of schedule. We now have a regional state-of-the-art facility and program. Ed Ratnarajah, Head, Biosafety Services is joined by Neil Chin, Associate Biosafety Officer, for training as well as operational issues. The Facilities Team includes BCBC experts, Brad Smith, William Mann and Don Strutt.

At a national BT meeting, the Canadian Public Health Laboratory Directors agreed to work together on building a network of laboratories (Tier 1-3). This approach will promote collaboration on biosafety, surge capacity and the triage of bioterrorism agents. Partners include the Bioterrorism Response Advisory Team (BRAT), BC Canadian Association of Medical Microbiologists (BC CAMM), community laboratories, hospital laboratories and the academic hospital laboratory sectors.



L - R: Neil Chin, Judy Isaac-Renton, Don Strutt, Brad Smith, William Mann, Ron Zapp, Don Bindon, Bill Duckworth Ed Ratnarajah

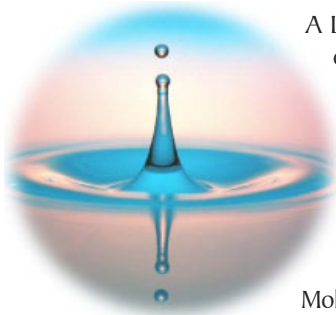
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Drinking Water Laboratory Network



A Laboratory Network Approach to Drinking Water Quality is as important as the bioterrorism one. A new **Framework and Guidelines for Drinking Water Testing in British Columbia: Quality Assurance, Audits & Surveillance** has been proposed. This Framework is based on a Network approach to water testing with Tier 1 - 3 laboratories interacting with each other for Quality Assurance, education, standardization and reference purposes. Led by the Enhanced Water Quality Assurance Program (UBC) and working closely with BCCDC staff and its Advisory Committee of volunteers from private and public sectors, this interdisciplinary group is taking water testing forward.

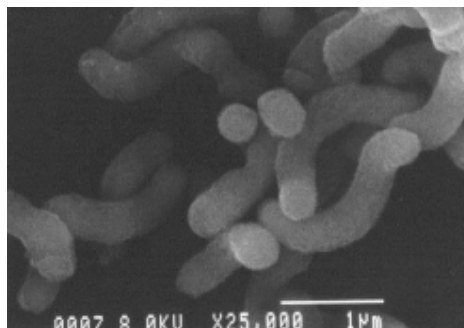
Mohammad Khan is EWQA Coordinator and, along with Joe Fung, Belinda Wong, Lorraine McIntyre, Lorna Tom and Amelia Trinidad, is building a province-wide Water Laboratory Network. If you are interested in participating, contact the UBC EWQA Coordinator (mokhan@interchange.ubc.ca).

Concepts run parallel; a BT Laboratory Network and a Water Laboratory Network, both in a laboratory QA framework.

BCCDC Laboratory Services hosted a Healthy Water meeting February 14-15 in Vancouver. We asked the question: Where do we go from here? The Canadian Water Network, A Network of Centres for Excellence, met prior to the Healthy Water meeting to listen, learn and plan collaborative research projects. A recent Drinking Water Review Panel reported on their extensive work and recommendations to government. Opportunities and needs were discussed. Meeting summaries are available on our web site (www.bccdc.org/laboratory/water/healthy_water.html) and have been forwarded to government.

Helicobacter Pylori Program

Testing for *Helicobacter pylori* collaborative studies are under way, particularly as it relates to reference and public health testing. Microbiologists from Victoria General Hospital (Dr. P. Kibsey), Children's and Women's Hospital (Dr. E. Thomas), VHHSC (Dr. D. Roscoe) as well as community laboratories (Dr. S. Henwick, BC-BioMedical Labs and Dr. S. Champagne, MDS Metro Labs) are meeting with other BC CAMM members to discuss lab protocols. Serological test evaluation study is complete; stool antigen testing, culture for fingerprinting and drug resistance testing are being developed. Urea Breath Test, the "gold standard", has also recently been approved in BC. Collaborative studies related to gastric cancer and possible sources of infection are under way with leaders at VHHSC, BC Cancer Agency and Children's & Women's Hospital.



H. pylori Bacteria

Tuberculosis Nucleic Acid Testing

We have increased nucleic acid amplification (PCR) testing for *M. tuberculosis* to three times a week and also on request. For more information contact Amelia Trinidad, Supervisor, Mycobacteriology at 604-775-2153 or Dr. Bill Black at 604-660-6029. For urgent needs, page the Medical Microbiologist On Call 24/7 at 604-661-7033.

Hepatitis Services

Hepatitis is the model of how integration of prevention and care management can be supported by laboratory surveillance. The laboratory is a way of detecting new cases and monitoring treatment outcomes. As you know, in as little as 14 years, Hepatitis C for example has gone from being the agent associated with non-A, non-B hepatitis to being an agent characterized by molecular cloning detected by precise antibody and nucleic acid tests. More recently, Interferon and Ribavirin treatment combinations have been shown to cure 30% - 90% of patients. Dr. Mel Krajden heads a new BCCDC program, Hepatitis Services, committed to the clinical management/prevention/surveillance of this infection. Program details are available at www.bccdc.org/hepatitis/index.shtml.



Hepatitis C Virus