SPC/LABNET3

SECRETARIAT OF THE PACIFIC COMMUNITY

REGIONAL WORKSHOP 'LABNET 2006'
IRD, Noumea, New Caledonia, 31st July to 4th August 2006

LABNET TECHNICAL WORKING BODY – POST MEETING ASSESSMENT

FRIDAY AUGUST 4, 2006

Attendance:
Benzler, Justus (**JB**)-SPC; Bergeri, Isabelle(**IB**)-WHO; Berlioz-Arthaud, Alain(**AB**)-Pasteur Institute; Best, Sue(**SB**)-NRL; Elliott, John(**JE**)-PPTC; Gurusamy, Albert(**AG**)-SPC; Kiedrzynski, Tom(**TK**)-SPC; Kupu, Seini(**SK**)-SPC; Pontre, Melissa(**MP**)-SPC; Singh, Narendra(**NS**)-SPC

TK led the discussion to say that the meeting was successful in reaching and addressing the desired objectives and prompted the group for discussions on follow-up action steps to take. The following topic were then discussed:

1. Specimen shipping
   a. AG suggested that a standard shipping protocol should be written and for each country, specific country requirements cut and pasted in. AG offered to write this protocol and estimated a completion timeline within 3 months.
   b. IB, AB, and JE suggested that we assess the volume of shipping for each country and provide a 1 year supply of shipping materials to each country (boxes, labels, etc.). AG said that we are currently attempting to complete such an assessment. The remaining question is still the actual cost of shipping through an airline or courier. This seems to be the biggest difficulty in shipping specimens in a more timely manner.
   c. JE suggested working with WHO TB program as there seemed to be a promissory arrangement to ship specimens for TB testing and perhaps we could include PPHSN disease testing as well. TK suggested that we discuss this issue with Jacob Kool-WHO.
   d. AG mentioned that SPC is looking into a shipping mechanism with FedEx for the influenza project and this may be an alternative for shipping. AG also suggested that we evaluate specimen shipping issues again with DHL to see if there was room for negotiations. AG will explore this possibility with DHL.
   e. SB offered to provide contacts of the shipping resources that NRL uses to see what assistance or suggestions they could offer.

2. Quality Assurance Activities
   a. JE stated that there is currently no EQA for Dengue, Lepto, Measles, Rubella, and Influenza. This is due not only to the lack of appropriate material that can be obtained and prepared for testing but also that the majority of L1 laboratories have not been performing these tests.
      - SB said that Rod Chappel at NRL is still looking to see how material for Lepto can be obtained to be prepared for EQA
      - AB and TK suggested obtaining positive patient samples from French Polynesia (Cyril Coudert) for Dengue EQA
   b. SB stated that NRL will be providing training for Mataika House (MH) personnel on:
      - How to implement the Quality Management System (QMS) at MH;
      - How to utilize HIV positive samples to prepare quality control specimens for use within the country; and
      - How to provide EQA for Fiji

Training for QMS and preparation of QC samples is scheduled for late October, 2006. EQA training is not scheduled so far

c. For influenza EQA, Ian Barr at WHO-CC has offered to provide material (tissue culture harvest, prepared slides, stains, etc) to PPTC to be used to prepare EQA specimens. AG will also ask ESR if they can provide some additional material.
d. Cholera and Typhoid: no specific EQA, instead PPTC used microbiology EQA which includes Salmonella and Shigella species.
e. Measles and Rubella: no material available so we still have to do some research to look for a suitable source.

3. HIV Testing Algorithms
   a. SK suggested that Pacific countries, especially those of the South Pacific, should be made aware of the capacity of Mataika House on HIV confirmatory testing, so they may start sending specimens to Fiji for HIV confirmation by EIA. AG and NS stated that Mataika House has testing kits and is capable of testing however, they still do not have a good mechanism in place to handle the logistics for specimen pick-ups from the airport and also transport from all sites in Fiji to Mataika House in Suva. AG stated that Mataika House needs to now focus its attention on specimen and transport logistics to have the whole Fiji plan working as recommended. Until this happens, it will be difficult for consistent testing to occur for Fiji and also for any other countries that want to refer to Fiji.
   b. NS stated that he will work with Joe Koroivueta at Mataika House to put in place a mechanism to develop the logistics for specimen handling and transport.
   c. SB stated the following recommendations for other non-US affiliated SPC countries:
      - With no EIA testing ability countries should use a 2 screen testing strategy, Serodia and Determine, in that sequence:
        - if Serodia is Positive, use Determine as the second test;
        - if Determine is used first, and is Positive, cannot repeat with Serodia
      - NRL recommends that 2-3 alternative screen tests be evaluated on the samples that are stored at MH to identify an appropriate test to use with Determine, when Determine is used first in the sequence. This test may replace Serodia
      - If Serodia and Determine are Positive: can report as Presumptive Positive and refer specimen for confirmation: patient should be followed-up as a positive patient with the appropriate clinical decisions
      - If Determine is Positive, do not repeat with Serodia: report as Inconclusive, refer specimen for confirmation: patient should be followed-up as a positive patient with the appropriate clinical decisions
   d. SB and AG also recommended that PNG and possibly Solomon Islands consider implementing a testing algorithm, that includes EIA's, in their countries. This is based on test volume and network of labs with a central country lab, much like Fiji.

4. Dengue Testing
   a. TK suggested that we make a decision to recommend the Pentax particle agglutination test as a replacement or an alternative to the currently recommended PanBio IgM test. AB said that it may be still too pre-mature to make this recommendation to SPC countries and suggested that some more validations be performed to collect and evaluate data. AB also suggested that we try to obtain a source for test samples and to set-up another validation protocol with select SPC countries as was done with FSM-Yap.

5. Procurement Mechanisms
   a. With the exception of the French territories, all the countries expressed concerns regarding their ability to obtain test reagents and supplies and to be able to maintain consistent stocks.

b. All technical working body attendees agreed that the countries should look at trying maintain inventories for regular use and aid groups would assist in providing extra supplies/reagents primarily during outbreaks or other emergency situations.
c. AG stated, from the observations in some countries visited, that there was no formal budget process to identify lab operations and the required expenses to maintain such operations. Perhaps an initial process to help countries in this direction is to help them in preparing a budgetary process for their operations and the aid groups can then identify how to augment this with additional supplies for epidemics and other emergencies when capacity is exceeded.
d. AG has been discussing purchasing mechanisms with the major vendors/distributors in the region and SPC is looking to see if it can facilitate including recommended vendors into the LabNet network. The goal is to obtain better pricing and also more rapid availability of supplies

6. Influenza Rapid Testing
   a. The 2 test kits that are recommended for use are Quidel QuickVue and Binax Now: sensitivities and specificities are very similar, long expiration dates (1-2 years), room temperature storage.
   b. WHO has obtained a number of Quidel QuickVue kits (at least a 1 year supply) for SPC countries not enlisted in the new fluorescent stain testing project. The intent is for the countries to have something to use to monitor seasonal influenza occurrence.
   c. The rapid test kits have very little practical value for specific screening of avian flu (H5N1). They have only shown value to detect H3 and H1 strains consistently. This point was strongly emphasized by Ian Barr, Director of WHO-CC in Melbourne.
   d. WHO (Jacob Kool, IB, and others), SPC and Pasteur will put together a strategy for how to use best these kits.

7. Distance Learning
   a. JE described the current training modules for a variety of lab performance areas, that are available on the POLHN network and also as an individual course on a personal computer.
   b. JE also stated that the WHO has contracted PPTC to produce some new modules for quality management programs in lab performance

8. LabNet Coordinator Position
   a. AB stated that since its inception, LabNet has been growing in function and utilization and after this LabNet 2006 meeting, the program is expanding productively. AB, NS, JE, and SB stated that to keep the momentum of the LabNet program focused that SPC should consider staffing a permanent position for Lab Specialist Coordinator to oversee the LabNet functions. TK stated that we could look at this as a future goal. TK also stated that for the immediate future, the additional lab specialist for the influenza project and the new HIV lab specialist for Fiji could help with these functions until a possible permanent position is finalized and put in place.

The meeting ended with TK thanking everyone for their efforts to make the LabNet 2006 meeting a success, for their input at the technical working body meeting, and their commitment to pursue the follow-up actions.