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Representing Myself

I would like to thank the committee and chair for the opportunity to say a few words, I am Dr. Andrew Bryan and visiting from the Department of Laboratory Medicine at the University of Washington and am speaking on behalf of myself. I empathize with the struggle to define and improve biosafety without our clinical laboratories and appreciate the questions Dr. Salerno has posed to the committee. In the midst of the 2014 Ebola outbreak, we, in a tertiary care academic center with both designated Ebola treatment and Ebola assessment hospitals, struggled with the best way to prepare for a person under investigation for Ebola viral disease. At the time, we would have appreciated more timely and granular guidance from both the CDC and our instrument manufacturers in light of the paucity of evidence to guide our decisions in the published literature.

Guidance from the Centers for Disease Control states that routine laboratory testing can be safely performed on persons under investigation for Ebola virus disease by adhering to bloodborne pathogen practices. To address questions similar to those before the committee today, we assessed contamination of a total laboratory automation system by Hepatitis B and C viruses occurring through routine clinical use and after processing high-titer Hepatitis C-positive specimens. Contamination was detected primarily in association with a decapper instrument, but was also found in other locations including exposed surfaces. These data suggest a need for more detailed guidance regarding the handling of specimens potentially positive for Ebola virus and a need to prepare laboratory staff for the pathogens they may encounter every day.

For your future reference, these finding have now been accepted for publication at Clinical Chemistry (April 2016), with the title, "Bloodborne viral pathogen contamination in the era of laboratory automation."