

DIAGNOSTIC CONNECTIONS

Fall 2019
Volume 4, Issue 2
Local. Trusted. Proven.



**Florida Department of
Agriculture and Consumer Services**

FROM THE DIRECTOR

Yugendar “Reddy” Bommineni, DVM, PhD, DACVM, DACPV

The Bronson Animal Disease Diagnostic Laboratory recently received full accreditation for a five-year period by the American Association of Veterinary Laboratory Diagnosticians (AAVLD) after a review of the Laboratory was conducted in July 2019. The standards for receiving and maintaining full accreditation are rigorous which makes this quite an accomplishment. All the staff worked extremely hard to achieve this goal. The AAVLD Accreditation Program is a comprehensive laboratory inspection and accreditation program encompassing all laboratory disciplines. The audit is conducted as a peer-review process by conducting inspections performed by experienced working professionals also trained in auditing techniques specific to the AAVLD Accreditation Requirements. The AAVLD Requirements for accreditation are accepted by the USDA and FDA for participation in national laboratory networks for disease surveillance.



New Laboratory Building Completed



On October 3 at 1:00 p.m., the Bronson Animal Disease Diagnostic Laboratory (BADDL) held its ribbon-cutting ceremony for our brand-new diagnostic laboratory building. Agriculture Commissioner Nicole “Nikki” Fried and former Agriculture Commissioner Charles H. Bronson participated in the grand opening. Congressman Darren Soto and State Veterinarian Dr. Michael Short offered remarks welcoming attendees to the event, which featured State Representatives Jayer Williamson, John Cortes, and Sam Killebrew; Osceola County Sheriff Russ Gibson, Osceola County Commissioners Cheryl Grieb and Fred Hawkins, Jr., Kissimmee Mayor Jose Alvarez, Kissimmee City Commissioner Jim Fisher, and representatives for former Agriculture Commissioner Adam Putnam, U.S. Senator Marco Rubio, Congressman Ted Yoho, the U.S. Department of Agriculture, and industry groups.



Commissioner Fried gave opening remarks before commencing with the ceremonial cutting of the ribbon. “From African swine fever to Zika virus, our experts have dedicated their careers to being at the forefront of public safety. The new Bronson Animal Disease Diagnostic Laboratory will play a pivotal role in monitoring health threats, protecting against diseases, and performing cutting-edge research and education,” said Commissioner Nikki Fried. “This new state facility wouldn’t be possible without our dedicated staff, industry partners, and former Agriculture Commissioner Charles Bronson. With a vision of supporting Florida’s animal industries, Commissioner Bronson’s commitment to the health of Florida’s animals and residents was pivotal to this lab’s success.” She also highlighted that the BADDL is a full-service veterinary diagnostic laboratory dedicated to keeping Florida’s animals and citizens healthy and as such, the laboratory plays a vital role in surveillance, providing an early detection system for high-consequence animal diseases.

Former Commissioner Bronson gave remarks as a distinguished guest. “I was in the fourth grade here in Kissimmee when this original facility was opened – and it’s been long due for an update, to continue the important work that’s done here to protect animal and public health and safety,” said former Agriculture Commissioner Charles Bronson, who served as Commissioner from 2001-2011. “This is more than an animal disease laboratory. It works closely with state and local public health officials, as 80 percent of diseases that animals get can be passed on to humans. On behalf of the Bronson family, we are proud to have our name on this facility.” In 2009, the Kissimmee Animal Disease Diagnostic Laboratory was formally renamed the Bronson Animal Disease Diagnostic Laboratory (BADDL) after the current Commissioner of Agriculture, Charles Bronson’s family. In the 1950s, the Bronson family donated their property to the State, with a vision of supporting Florida’s animal industries, to create an animal disease diagnostic laboratory. During the ceremony, Commissioner Fried presented former Commissioner Bronson with a framed picture of the lab, in appreciation for his service and for his family’s donation of the land in 1958 on which the Bronson Lab and its predecessor lab sits. Congressman Darren Soto, who represents Osceola, Orange, and Polk Counties in the U.S. House also shared, “Osceola County is the top cattle-producing county in the entire state, and we’re home to one of the biggest herds in the nation — this is a fitting site for the new Bronson Lab, which will help us take care of one of the most important industries to the Central Florida region.”



The state-of-the-art \$11 million, 22,000 sq. ft. state facility houses 18,000 sq. ft. of modernized laboratory space dedicated to keeping Florida's animals and citizens healthy and is suitable for maintaining accreditation standards. Guided laboratory tours through the entire facility were given after the ribbon-cutting ceremony. Laboratory Section Heads and staff were available within each laboratory section to give a brief presentation and answer our visitors' questions. BADDL is the only animal disease diagnostic laboratory in the state of Florida that is fully accredited by the American Association of Veterinary Laboratory Diagnosticians (AAVLD). The new building will house the Molecular Diagnostics, Bacteriology, Shipping and Receiving, Serology, Clinical Pathology/Parasitology, and Virology sections. The upgrades will improve efficiency and testing capacity. Benefits of the new laboratory include open and integrated laboratory space, increased biosafety, and enhanced testing capabilities. In addition, the movement of the Shipping and Receiving Section to a central location in the new laboratory will allow for greater efficiency in movement of samples. Thank you to all our industry partners! This project could not have been accomplished without your ardent support.





Tritrichomonas foetus (Trich) Testing Real-Time Polymerase Chain Reaction (RT-PCR)

BADDL is pleased to offer *Tritrichomonas foetus* (Trich) Testing for bovines and felines. As you are collecting specimens to send to BADDL, it is important to remember the proper method for submitting those samples. The preferred **bovine** specimens for the *Tritrichomonas foetus* qPCR assay are a fresh preputial swab/wash, smegma, or cervical-vaginal mucus inoculated into an InPouch™ for qPCR, or smegma in sterile PBS (phosphate buffered saline) for direct qPCR. The preferred **feline** specimens for the *Tritrichomonas foetus* qPCR assay are rectal swabs or fresh feces inoculated into an InPouch™ TF Feline. Up to five samples may be pooled to save costs, however, InPouches™ must contain individual samples as pooling **MUST** be conducted by BADDL personnel. **Samples for direct smegma PCR cannot be pooled for testing.**

Bovine smegma collection:

Begin with a labeled, unexpired InPouch™ TF and a sampling device for each animal to be sampled. Safely restrain the bull. Clean debris from the preputial orifice and trim the sheath hair. Lavage the sheath with a minimal amount of saline to clean away dirt and manure to prevent contamination. With a new 12cc syringe and a guarded pipette, introduce the pipette to the sheath to about the distal third of the preputial cavity. Advance the collecting pipette through and beyond the protecting tube to the preputial fornix. Collect the sample by scraping the pipette back and forth in short strokes on the mucosa of the distal penis and fornix area while applying suction with the syringe to move smegma into the pipette. Aggressively apply a steady vacuum, but not so aggressively as to draw blood. Fifteen to 30 strokes of the pipette are required to obtain an adequate sample. Retract the pipette back into the protecting tube and remove the device. Insert the pipette with the sample into either:

- **InPouch sample:** Open the upper opening of the InPouch™ and eject the sample. Pipette some fluid back into and out of the pipette to ensure that the sample is fully ejected. Close the InPouch™ by rolling down from the top, making sure that all the liquid is squeezed into the lower portion of the pouch. Secure the pouch with the tabs.
- **Direct PCR sample:** Pipette the smegma sample into a 4 mL test tube (red top tube or similar tube) with 1.5 mL of sterile PBS (Phosphate Buffered Saline). The collection pipette should be rinsed with the PBS by aspirating several times to ensure all of the smegma sample is deposited in the tube. The tube should be labeled as direct smegma with bull ID and date collected.

Feline sample collection:

Swab rectally with a sterile swab and express the sample in a labeled, unexpired InPouch™ TF Feline. Alternatively, add approximately 0.03 grams of fresh feces to a labeled, unexpired InPouch TF Feline. Close the pouch by rolling down from the top, making sure that all the liquid is squeezed into the lower portion of the pouch. Secure the pouch with the tabs.

Shipping/Transport

Include a BADDL submission form in a zippered plastic bag inside the container or between the container and the box. Be sure to write “*Trich. foetus* PCR” under “Tests Requested.” The date and time of collection must also be included on the form. Wrap each InPouch in a paper towel and seal inside a zippered plastic bag. Place this in a shipping container with packing materials such as bubble wrap to prevent excessive shifting during transport.

InPouch™ samples MUST be received at the lab within 48 hours of collection, protected from light, and shipped in the package with a temperature range of 15-37°C (50-100°F). If samples cannot be transferred to the lab within 48 hours, they may be incubated at 36-37°C (96.8-98.6°F) for 48 hours, at which point they can be kept refrigerated for transfer to the lab. If the samples have been incubated, indicate on the submission form the number of hours incubated and the temperature. **DO NOT** refrigerate samples unless they have been incubated for at least 48 hours. If the samples have completed the 48-hour incubation, they should be shipped overnight on ice packs.

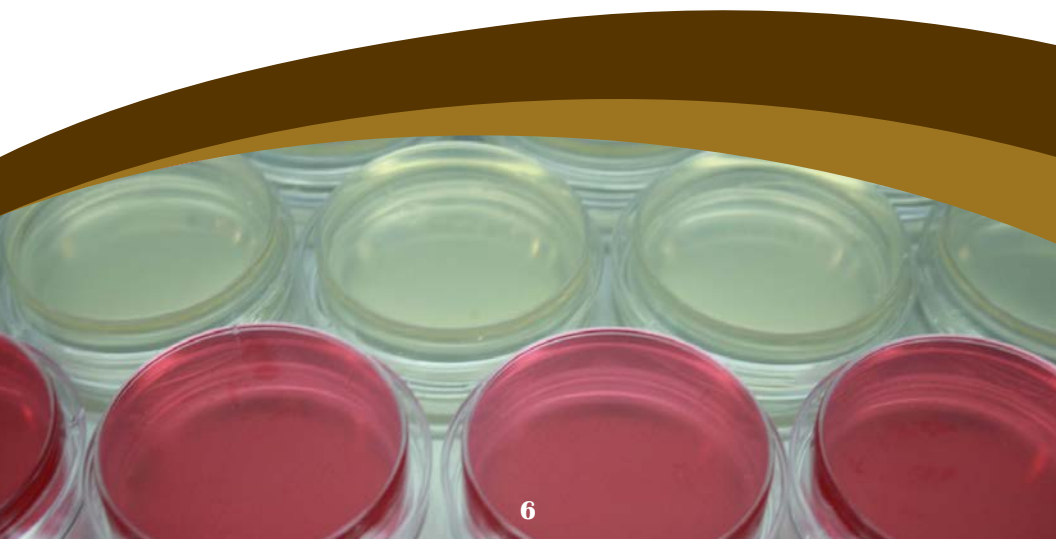
BADDL prefers to perform the *Tritrichomonas* sample incubation at the lab where conditions are tightly controlled and monitored for best test performance. Therefore, reasonable effort should be made to send samples to the lab within 48 hours of collection.

Smegma direct PCR sample MUST be: Received at the lab within 48 hours of collection and shipped chilled overnight. **Samples for direct smegma qPCR cannot be pooled for testing.**

Please contact the Molecular Diagnostics Section at BADDL (321) 697-1400 with any questions.

Cost

If a pooled sample returns positive results, each sample from the pool will be retested individually at \$17 each. Samples will not be retested, and clients will not be charged without client permission. If the submission contains 1 or 2 samples, the laboratory will run them as an individual PCR. If submission is between 3 to 5 samples, the laboratory will run a pooled test if an individual request is not indicated on the submission form. If the pooled test is positive, individual tests will be performed to identify the positive samples, and the client will be charged for both pooled and individual tests.



Test	Fee/sample	Sample Needed	Turnaround Time
<i>Tritrichomonas foetus</i> qPCR	\$17.00 Individual \$30.00 Pooled	Fresh preputial swab/wash, smegma, or cervical-vaginal mucus from a bovine inoculated into InPouch™ TF for qPCR, delivered within 48 hours of collection shipped in a package protected from light with a temperature range of 15-37° C (50-100° F). Smegma from a bovine in sterile PBS (phosphate buffered saline) for direct qPCR should be placed in a 4 ml test tube with 1.5 mL of PBS and be delivered within 48 hours of collection, shipped chilled overnight. The collection pipet should be rinsed with the PBS by aspirating several times to insure all of the smegma sample is deposited in the tube. Red top vacutainer or similar test tube is acceptable. The tube should be labeled as smegma with bull ID/date collected. No incubation required. Samples for direct smegma qPCR cannot be pooled for testing. Feces or rectal swab from a feline in InPouch TF Feline delivered within 48 hours of collection shipped in a package with a temperature range of 15-37oC (50-100 o F). Cultures may be shipped chilled overnight if the sample has been incubated for 48 hours prior to submission to the lab. 1. Large groups of samples can be combined into groups of 5. The pooling will only be conducted at BADDL. Submissions of samples pooled by the client will be rejected. Samples for direct smegma qPCR cannot be pooled for testing. 2. Positive pools will be tested individually and the cost of the additional tests will be charged to the client. 3. Samples submitted in expired media will be rejected.	2-5 days



BADDL Web Portal

We would like to take this opportunity to notify you, of a service offered to our Bronson Animal Disease Diagnostic Lab customers through our web-based portal. You will have access to:

- Billing Statements
- Billing History
- Client Reports
- Invoices

All reports and billing information from 2012 to the present day are easily accessible through our webportal. This specially designed website brings information together, so it can be accessed from a single point at any time.

If you would like to participate in this new service:

- Register at the link below by selecting the Register button once you access the link:
<https://BADDL.FDACS.gov/Login.aspx>;
- Contact the Bronson Animal Diagnostic Disease Laboratory at (321) 697-1400 and request to receive the new service access link. You will need to provide the clinic name, phone number, point of contact, and email address used in your USALIMS account; or
- Email DiagLab@FDACS.gov to request to be set up in the FLVDL Online Web Portal. The same information is required as listed above.

Upon registration, an online notification will be emailed with details and additional instructions needed to access your account.



PATHOLOGY CORNER

Parasitosis of a Ball Python

Necropsy Performed by: Gizela Maldonado, DVM, MS, MCVP, CPM

History:

Patient stopped eating. Started losing weight. Owner described a purulent-like pocket close to the cloaca.

Necropsy:

Submitted to necropsy was the carcass of a three-year-old, male Ball Python that weighed 0.48 kg. There were no obvious external lesions noticed. The body condition was judged to be thin with lack of fat storages in coelom. The skeletal muscles exhibited an ash, yellowish-gray color. The gallbladder contained a plethora of dark greenish bile. The heart depicted pallor. The kidneys were slightly pale. Lodged in the esophagus were non-digested mice. The rest of the intestine depicted a very thin wall and contained a moderate amount of doughy, grayish-tan contents. The most remarkable lesion affected the rectum whose mucosa was markedly reddened and contained a hemorrhagic and mucoid content that oozed a sharp, fetid odor. The rest of the organs did not exhibit any obvious gross lesions.

PRELIMINARY MORPOHOLOGICAL DIAGNOSES:

Rectum. Locally extensive hemorrhagic and catarrhal enteritis.

Systemic pallor.

Poor body condition.



Fig 1 Three-year-old, male Ball Python.

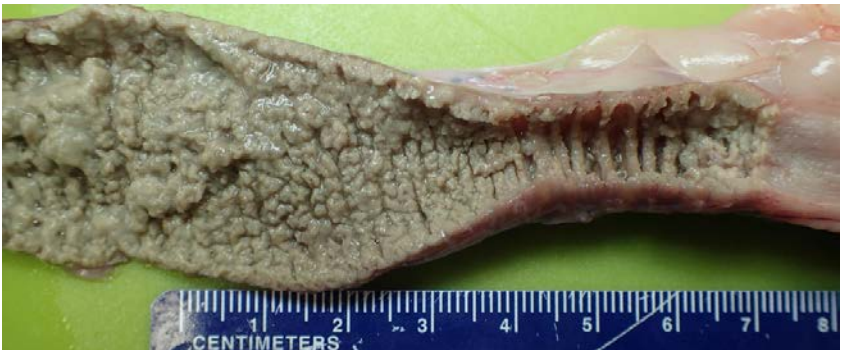


Fig 2. Diseased Python Stomach. Signs of inflammation. Thickened rugae.

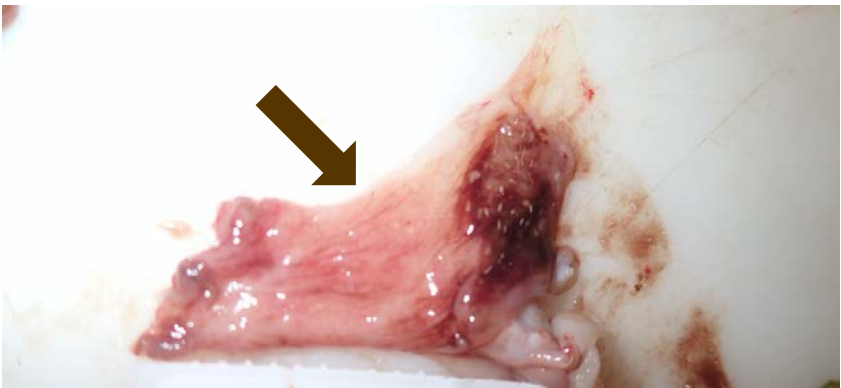


Fig 3. Diseased Intestine. Inflammation, enteritis, with thin reddened mucosa (intestinal wall).

Microscopic Examination:

Bacteriology/Mycology Examination:

Intestine and rectum: The intestinal mucosa is markedly upset. The tissue appears multifocally necrotic and reveals fibrinoid degeneration of basement membranes. The tissue is markedly infiltrated by a predominance of lymphocytes, macrophages and fewer heterophils with the evidence of few multinucleated cells. The remnant mucosal tissue reveals the presence of syncytial cells and appears to be coated by thick mucus and revealed the presence of small, grayish and pear-shaped protozoa parasites.

The inflammation extends deep within submucosa and multifocally infiltrates and expands the serosal lining.

Testicles, kidneys, liver, brain, spleen, stomach, esophagus, kidneys, heart and trachea did not exhibit any lesions.

Lungs: Moderate and diffuse congestion.

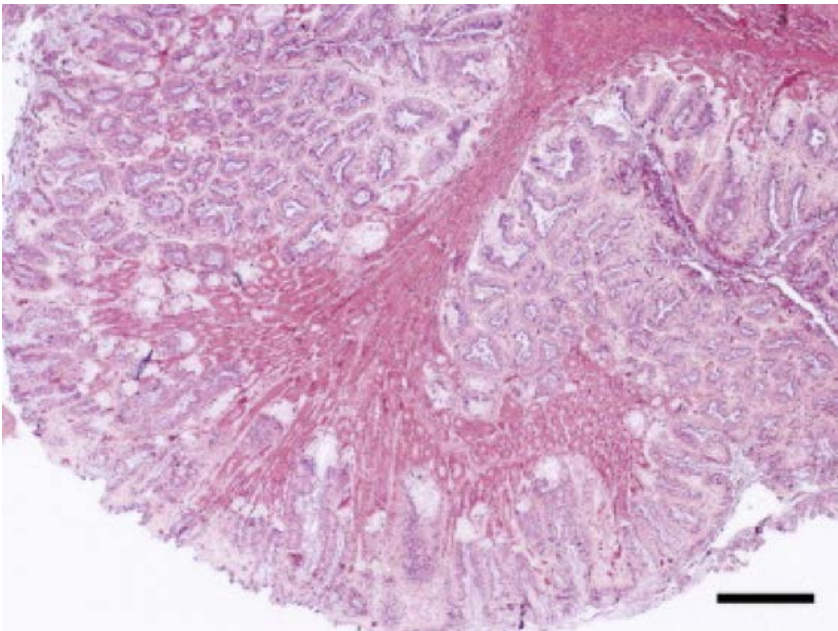


Fig 8. Example of Diseased Intestine. Enteritis. Hematoxylin & Eosin (H&E).

Ancillary testing was performed and the findings were:

Bacteriology/Mycology Examination

Heavy growth of the anaerobic bacteria *Fusobacterium ulcerans*, *Clostridium sordellii*, and *Bacteriodes thetaiotaomicron* were isolated from the intestines. *E. coli* and *Morganella morganii* were isolated from the colon. *Salmonella* was isolated from the intestines

Parasitology Examination

Fecal specimen did not reveal parasite ova.

FINAL DIAGNOSES:

Large intestine, rectum. Severe, diffuse, chronic, diphtheric and necrotizing colitis associated with intralesional protozoa sp.

Parasitosis.

Exotic reptiles have become increasingly common domestic pets in Florida and are well known to be carriers of different parasites. This includes some with zoonotic (able to be transferred to humans) potential. The need of accurate diagnosis of gastrointestinal endoparasite infections in domestic reptiles is therefore essential, not only for the well-being of captive reptiles but also for the owners. Per the Merck Veterinary Manual, the most serious protozoal pathogen of reptiles is *Entamoeba invadens*. Cryptosporidiosis and coccidiosis with *Isospora* are frequently reported as well.

Tests available at BADDL

Test	Fee/sample	Sample Needed	Turnaround Time
Fecal Examination – Direct Smear	\$10.00	2 gm of fresh feces in a leakproof container; shipped chilled overnight	1 day
Fecal Exam – Zinc Sulfate Floatation	\$10.00	1 gm of fresh feces in a leakproof container; shipped chilled overnight.	1 day



Methicillin Resistant *Staphylococcus pseudintermedius*: A Zoonotic Disease – One Health Approach

**By: Dr. Shipra Mohan, Alexander Nemethy, David Simon, Melba Marshall,
Wanda Tirado, Dr. Reddy Bommineni**

Staphylococci are important opportunistic pathogens in most animal species. The most relevant species are the coagulase positive species: *Staphylococcus aureus* and *Staphylococcus pseudintermedius*. Methicillin resistance has emerged as an important problem in both of these organisms, with significant concerns about animal and public health. Zoonotic transmission presents a challenge to veterinary medicine. Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Staphylococcus pseudintermedius* (MRSP) are gram-positive bacteria, resistant to many antibiotics like methicillin, as well as some other common antibiotics such as oxacillin, penicillin and amoxicillin. It can cause a variety of problems:

- Skin infections
- Sepsis
- Pneumonia
- Bloodstream infections

There is an increased prevalence of MRSA (different types):

- Community-acquired MRSA (CA-MRSA) – Human (asymptomatic, colonized)
- Livestock-associated MRSA (LA-MRSA)
- Hospital-acquired MRSA (HA-MRSA) – Human (asymptomatic, colonized)

What is Methicillin Resistance?

Penicillinase-resistance penicillins, such as methicillin and oxacillin, are the mainstay of anti-staphylococcal therapy but resistance is common. Strains that are oxacillin and methicillin resistant are historically termed methicillin-resistant *Staphylococcus*. Methicillin-Resistant strains are all resistant to Beta-lactam agents, including cephalosporins and carbapenems. Methicillin resistance of *S. aureus* and *S. pseudintermedius* is mediated by the *mecA* gene that encodes production of a modified penicillin-binding protein (PBP 2a). Strains that carry the *mecA* gene, which encodes for PBP 2a, are referred to as Methicillin-Resistant strains. The *mecA* gene is located on the chromosome of the bacterium on a mobile element called the “staphylococcal chromosomal cassette” (*SCCmec*). The *SCCmec* element can be transferred between different staphylococcal species. In the past, *S. pseudintermedius* were generally susceptible to penicillinase-stable Beta-lactam antibiotics. Since 2006, MRSP has emerged as a significant animal health problem in veterinary medicine especially in dogs and cats (*Reference*: Engeline VD et al: J of Antimicrobial Chemotherapy, 2011, vol. 66, Issue 12, (pg. 2705-14))

At BADDL, we have seen an increase of *S. pseudintermedius* isolates from dogs:

- Oxacillin Resistant – PBP2 Positive *Staphylococcus* Hemolytic colonies on Blood Agar
- Catalase: Positive
- Gram-positive cocci in “clusters”
- Staphaurex: to r/o *Staphylococcus aureus*
- Identification: MALDI-TOF Antimicrobial Susceptibility Test (AST): Sensititre broth-based Companion, Equine, and Bovine plates
- Penicillin Binding Protein (PBP2) kit: for Oxacillin Resistant *Staphylococcus* species

Staphylococcus Isolates

2016	Isolates	AST Performed	Oxacillin resistant
<i>S. aureus</i>	18	9	0
<i>S. pseudintermedius</i>	33	22	4 (18%)
<i>S. schleiferi</i>	2	2	0
Total	53	33	4 (12%)
2017	Isolates	AST Performed	Oxacillin resistant
<i>S. aureus</i>	22	10	1 (10%)
<i>S. pseudintermedius</i>	46	46	10 (22%)
<i>S. schleiferi</i>	9	9	2 (22%)
Total	77	65	13 (20%)
2018 (Jan.-Sept.)	Isolates	AST Performed	Oxacillin resistant
<i>S. aureus</i>	25	5	0
<i>S. pseudintermedius</i>	53	45	16 (36%)
<i>S. schleiferi</i>	16	11	2 (18%)
Total	94	61	18 (30%)
Total 2016-2018 (Jan.-Sept.)	224	159	35

Susceptibility Breakdown

2016	Dogs	Cats	Other	Total
<i>S. aureus</i>	2	0	7	9
<i>S. pseudintermedius</i>	20 (4*)	2	0	22
<i>S. schleiferi</i>	2	0	0	2
Total	24	2	7	33
2017	Dogs	Cats	Other	Total
<i>S. aureus</i>	1 (1*)	3	6	10
<i>S. pseudintermedius</i>	44 (8*)	2 (2*)	0	46
<i>S. schleiferi</i>	6	3 (2*)	0	9
Total	51	8	6	65
2018 (Jan.-Sept.)	Dogs	Cats	Other	Total
<i>S. aureus</i>	1	0	4	5
<i>S. pseudintermedius</i>	44 (16*)	1	0	45
<i>S. schleiferi</i>	9 (2*)	1	1	11
Total	54	2	5	61

*Oxacillin resistant isolates

Methicillin-Resistant Isolates

2016	Oxacillin resistant Isolates	PBP2 Positive
<i>S. aureus</i>	0	N/A
<i>S. pseudintermedius</i>	4	Not performed
<i>S. schleiferi</i>	0	N/A
Total	4	Not performed
2017	Oxacillin resistant Isolates	PBP2 Positive
<i>S. aureus</i>	1	1
<i>S. pseudintermedius</i>	10	10
<i>S. schleiferi</i>	2	2
Total	13	13
2018 (Jan.-Sept.)	Oxacillin resistant Isolates	PBP2 Positive
<i>S. aureus</i>	0	0
<i>S. pseudintermedius</i>	16	16
<i>S. schleiferi</i>	2	2
Total	18	18

Animal Species and Sample Sites

	Wounds/Abscess	Ear	Lung	Nasal	Other**
Dogs	39	45	15	3	27
Cats	5	1	2	2	2
Other *	9	1	0	3	5
Total	53	47	17	8	34

*Other animal species: rabbit, goat, chicken, cow, manatee, etc.

** Other sample sites: brain, vagina, milk, urine, etc.

Examples of MRSP in Dogs and Cats

- Zubeir *et al* investigated 10 MRSP isolates in eight dogs and one cat at one veterinary clinic during a six-month period
- Same PFGE pattern for all isolates is an indication of cross-infection at the clinic.
- This suggests veterinary hospitals and practices play a role in the dissemination of MRSP
Reference: Zubeir et al., Vet Microbiol, 2007, vol., 121 (pg. 170-6)

Examples of Human Cases with MRSP (no animal contacts)

- Isolation of MRSP from a patient with gastric adenocarcinoma and developing bacteremia
- No information on contact with animals available
Reference: Campanile et al, Microb Drug Resist, 2007, vol. 13 (pg. 7-10)
- Patient with pneumonia; Patient had no exposure to dogs.
Reference: Gerstadt et al, Clin Infect Dis, 1999, vol. 29 (pg. 218-9)

Examples of Human Cases with MRSP (animal contacts)

- A case of postoperative sinus infection
- The patient's pet dog carried a MRSP strain with a PFGE pattern indistinguishable from the patient strain, strongly suggesting zoonotic transmission
- The dog had recent bouts of pyoderma and had been treated with antimicrobials
Reference: Kempker et al, Am J Med Sci, 2009, vol.338 (pg. 425-7)

Prevention to Minimize the Spread of MRSP/MRSA

- Development of detailed guidelines for appropriate use of antimicrobials in companion animal medicine
- Surveillance of consumption of antimicrobial agents in these animals
- Wound infections/management without use of antimicrobial drugs
- Proper wound cleaning
- Uses of topical antiseptics
- Antiseptics for ear infection
- Guidelines on the management of MRSA and MRSP should be followed
- Hand hygiene is essential in households and veterinary clinics
- Nosocomial transmission - Patients diagnosed with, or suspected of, MRSP infection should be isolated
- Barrier nursing precautions
- Limiting staff contact
- Wearing PPE



BADDL COMMUNITY OUTREACH

BADDL at 30th National Reptile Breeders' Expo

Dr. Bommineni and Ellen Manor represented the BADDL with a display booth at the 30th National Reptile Breeders' Expo on August 17th and 18th in Daytona Beach. It is known as the oldest and largest reptile industry meeting in the world. This was the first time we have had a booth at this type of event. Attending this event allowed members from BADDL to educate participants on the services offered to the reptile community by the laboratory.

BADDL EVENTS



FDA Group Recognition Award

BADDL's Bacteriology Section contributed to the Vet-LIRN AMR (antimicrobial resistance) and WGS (Whole Genome Sequencing) Pilot Project Collaboration Group. The team was comprised of Dr. Mohan, David Simon, Melba Marshall, Alexander Nemethy, and Wando Tirado. The group was recognized at the Food & Drug Administration (FDA) Honor Awards Ceremony on August 2, 2019 for extraordinary collaborative efforts, contributing to the development of joint strategies to limit the spread of antimicrobial resistance.



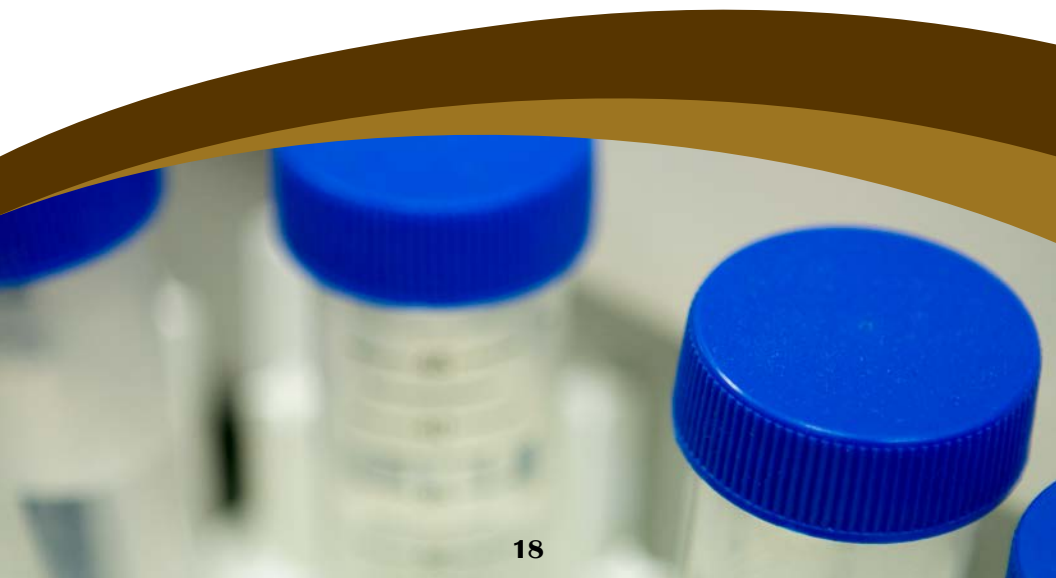
CPM New Graduates

The Certified Public Manager (CPM) course consists of a minimum of 300 hours of structured learning activities. The curriculum includes the following competencies: Personal and Organizational Integrity, Managing Work, Leading People, Developing Self, Systemic Integration, Public Service Focus, and Change Leadership. BADDL's Dr. Shipra Mohan and Dr. Joanna Hyland were amongst the most recent graduates of the program in August 2019. Congratulations to our graduates!



BADDL Participated in NAHLN African Swine Fever Exercise

BADDL, participated in an exercise, led by Dr. McKenzie-Alfred, sponsored by the National Animal Health Laboratory Network's (NAHLN) Exercises and Drills Working Group. The 2019 exercise was designed to test NAHLN laboratory response if African Swine Fever (ASF) is introduced into Florida. Over the two-day period, team members, including Dr. Mohan, Dr. Zhou, Dr. Maldonado, Dr. Hyland, Kailyn Garcia, Prithvi Karki, Jeremy Ray, Maria Sansone, Bob O'Shea, Alex Nemethy, and Victor Alzona, responded to injects detailing the mock outbreak of African Swine Fever. Scenarios within the exercise included, for example, how to handle samples received at the lab, what should be done if an overwhelming number of samples is received and what to do if issues with electronically submitting results were to occur. Participating in these joint exercises helps to prepare our lab for the type of communications flow necessary during an incident, triage of testing normal samples vs. priority samples, and problem-solving staffing issues that may arise during the middle of an outbreak. Afterwards, a "hotwash" discussion was conducted among all of the participating NAHLN labs to better prepare for future, potential animal disease outbreaks.



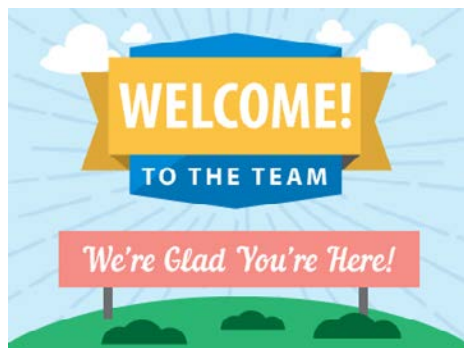


REMINDERS

**The following dates are upcoming office closures for the
Bronson Animal Disease Diagnostic Laboratory:**

Monday, May 25
Memorial Day

Friday, July 3
(Observed) Independence Day



NEW HIRES

Janice Carr - Laboratory Technician IV, Histopathology
Mitchell Michalak - Laboratory Technician IV, Histopathology



PROMOTIONS

Gerald Degray - OPS Biological Scientist I
Bob O'Shea - Biological Scientist III, Molecular Diagnostics
Jeremy Ray - Biological Scientist I, Molecular Diagnostics

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Any news or information you'd like to see here?
Please contact the newsletter editor, Dr. Karen McKenzie-Alfred at:
Karen.McKenzie@FDACS.gov





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