

CDC LABORATORY SYSTEMS, PATHOLOGY AND DIAGNOSTIC ROLE IN GLOBAL HEALTH

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History of CDC



On July 1, 1942 the Communicable Disease Center (CDC) opened its doors and occupied one floor of a small building in Atlanta. Its primary mission was simple yet highly challenging: prevent malaria from spreading across the nation. Armed with a budget of only \$10 million and fewer than 400 employees, the agency's early challenges included obtaining enough trucks, sprayers, and shovels necessary to wage war on mosquitoes.

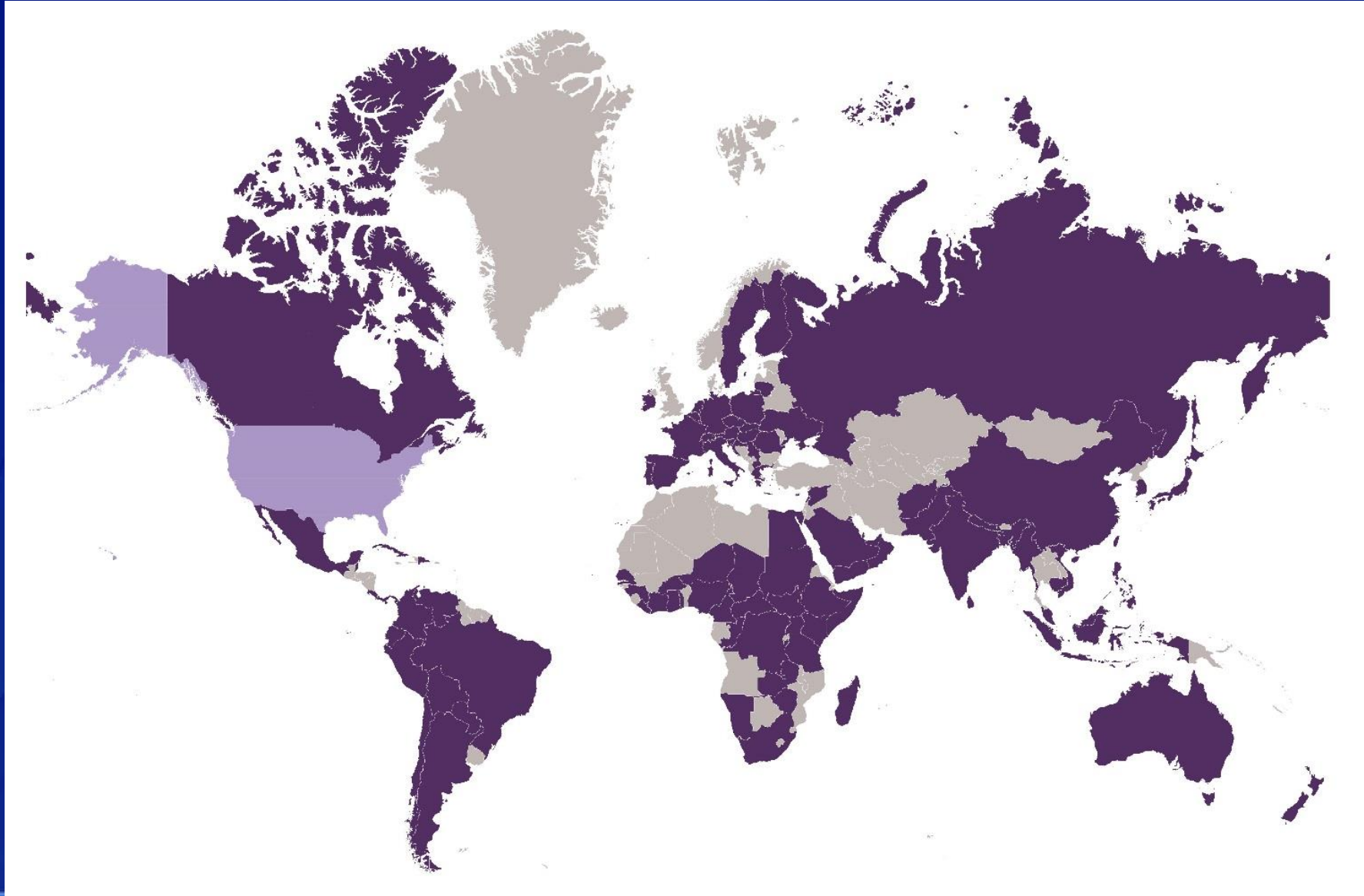


A health threat anywhere is a health threat everywhere



Source: *The Lancet* 380:9857, 1-7 Dec 2012, pp. 1946-55. www.sciencedirect.com/science/article/pii/S0140673612611519 introductions of vector-borne pathogens are probable

Countries with Outbreaks Reported by GDDOC in 2017



CDC LABORATORIES

1700+ SCIENTISTS

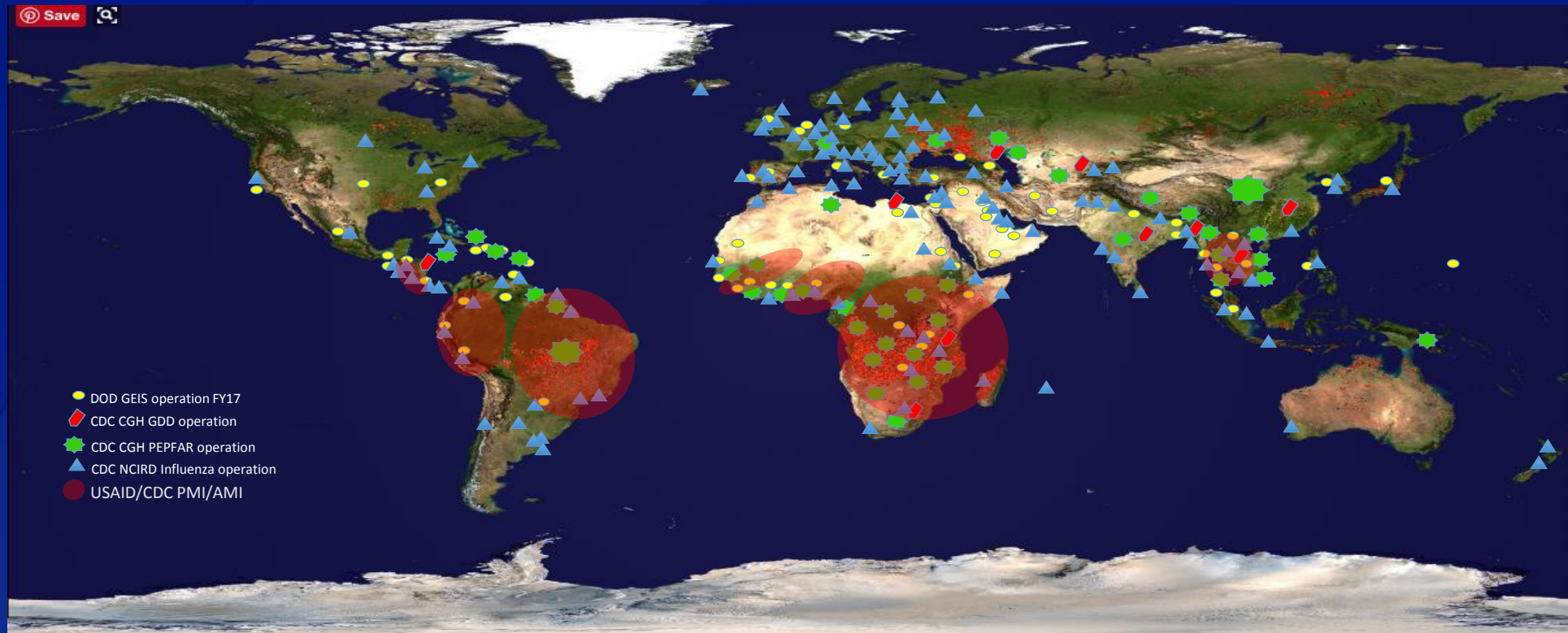
200+ LABS

1 MISSION



PROTECT. AMERICANS. 24/7.

Existing Capacity: USG



Shared Priorities

GLOBAL HEALTH
SECURITY AGENDA

GHSA

INTERNATIONAL
HEALTH REGULATIONS

IHR



LABORATORY

- Specimen referral network reaching > 80% of districts
- National reference laboratory performing 6 testing methods under IHR



Surveillance

- >3 core syndromes & confirmed reportable infections
- Capacity to analyze and link data for functional real-time biosurveillance



WORKFORCE DEVELOPMENT

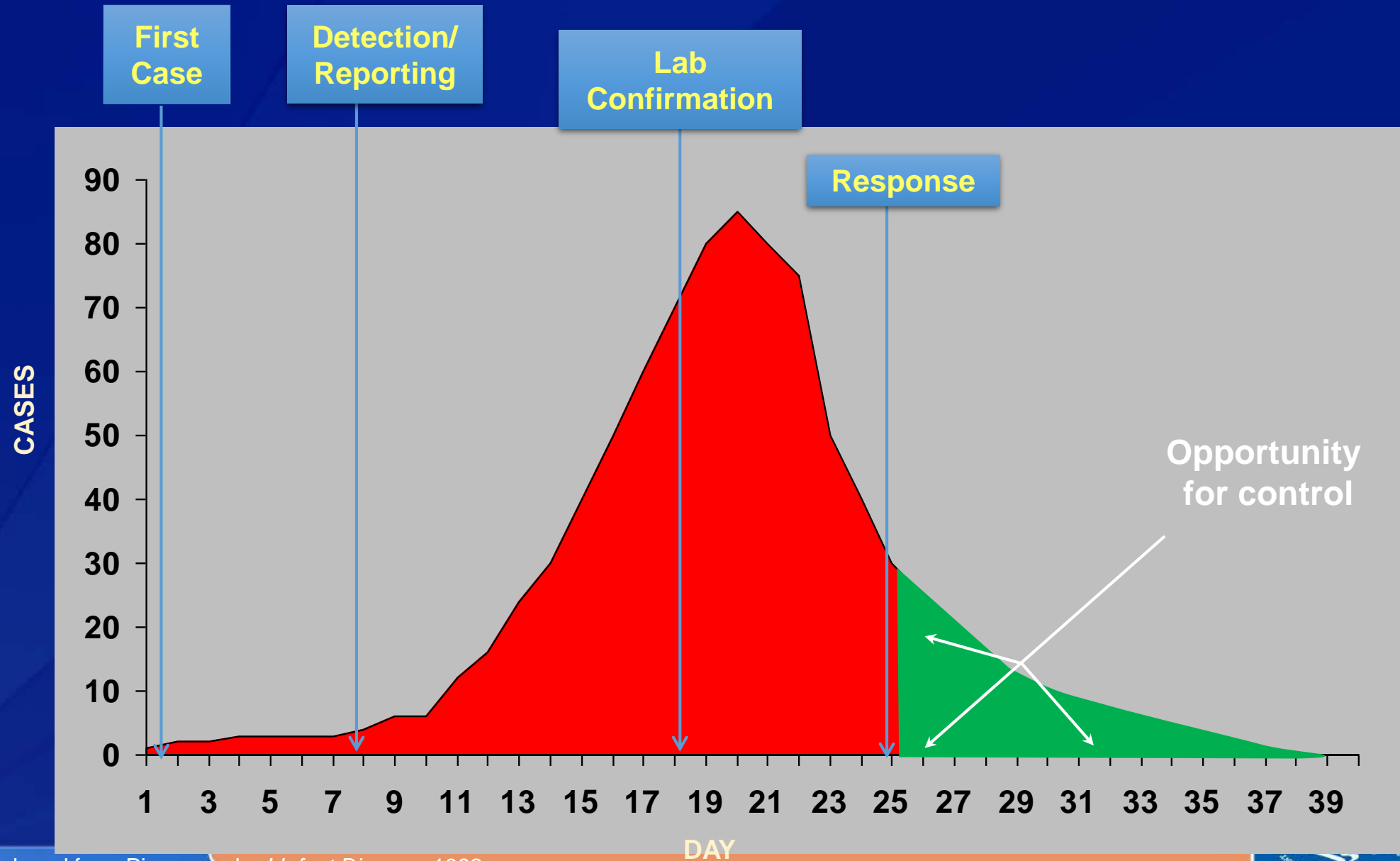
- National workforce planning
- Minimum of 1 trained field epidemiologist per 200,000



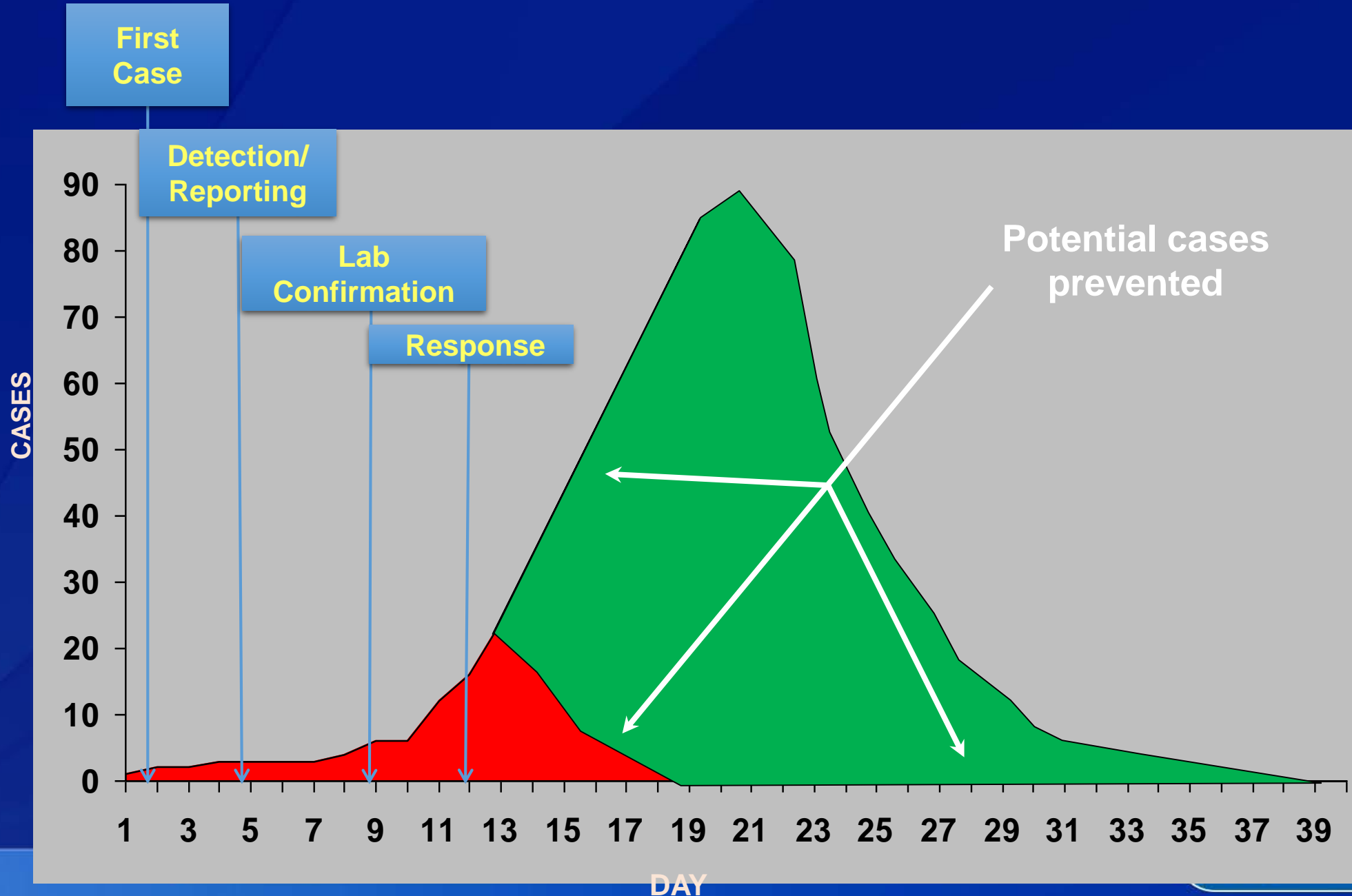
EMERGENCY OPERATIONS

- EOC activation when needed
- Functional IMS use for preparedness and response

Without capacity for early detection & response



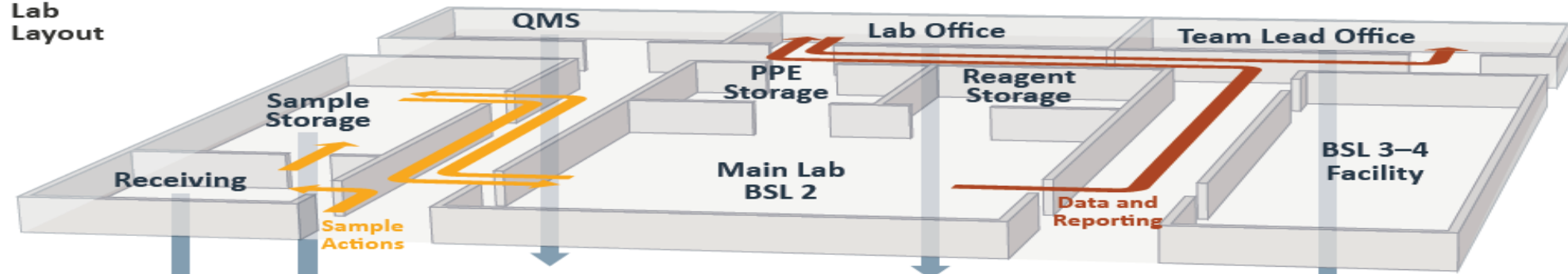
If surveillance & response system is effective – Lab + reporting



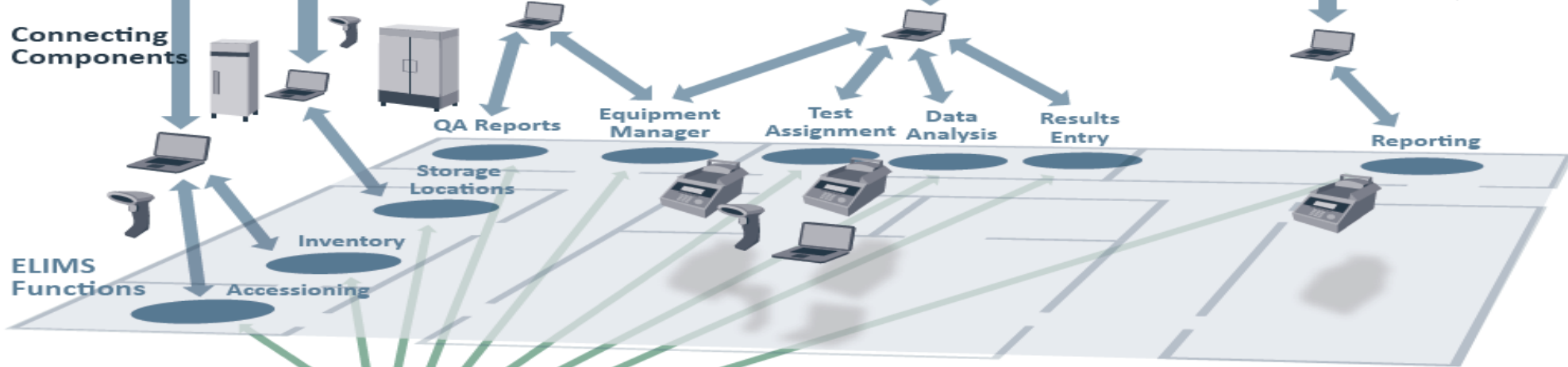




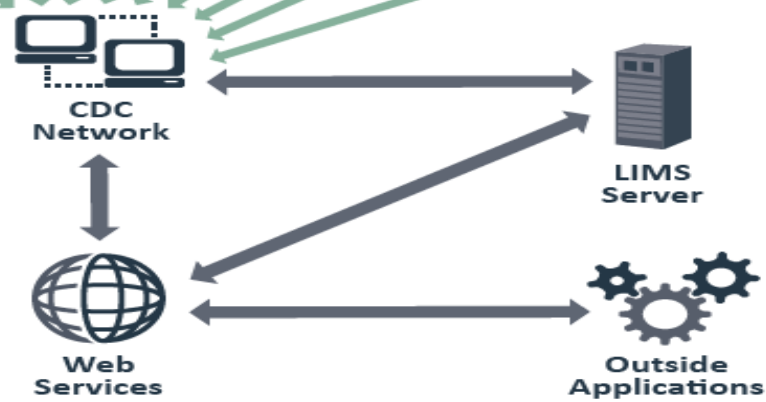
Lab Layout



Connecting Components



ELIMS Functions

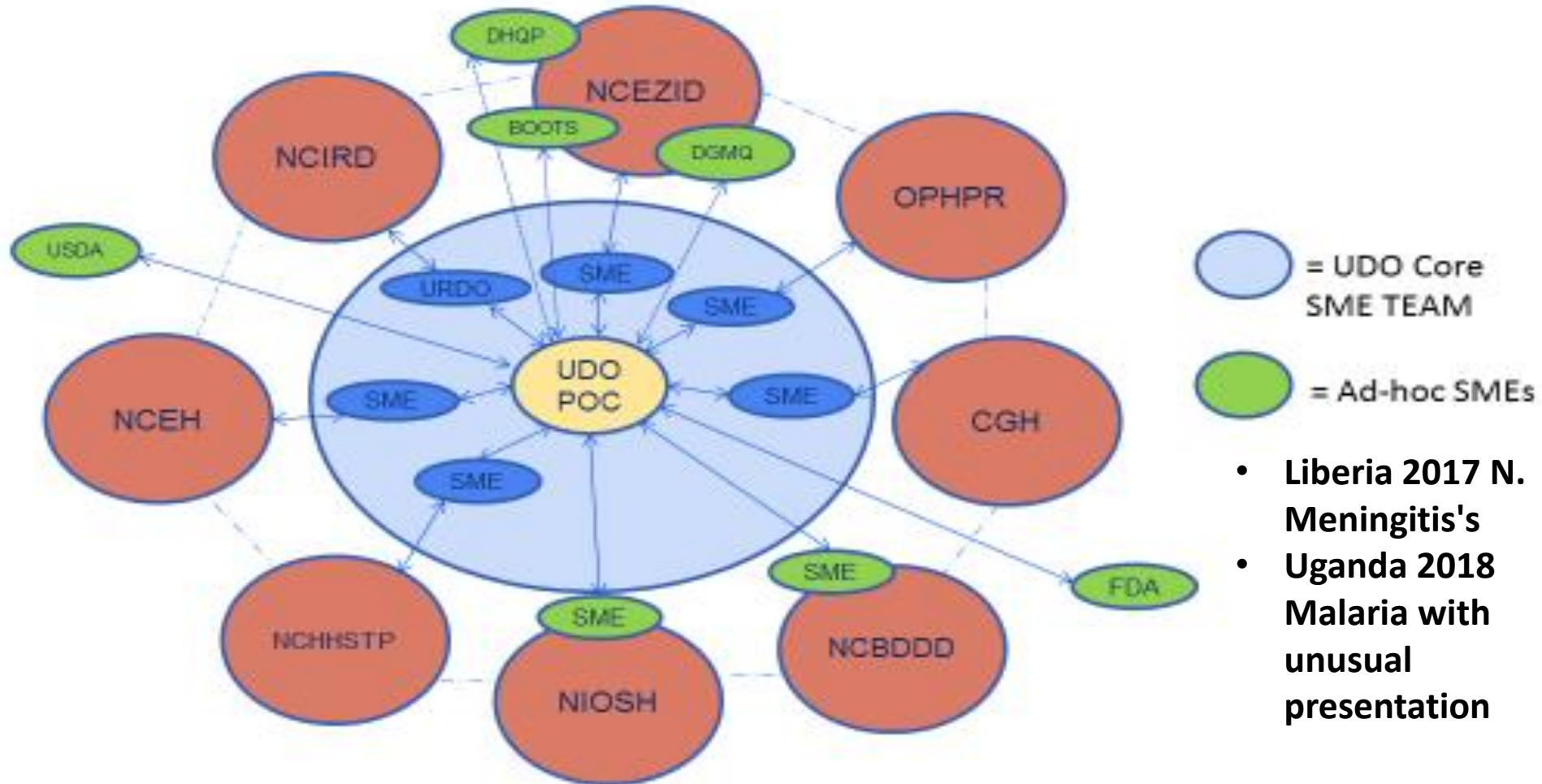


Emergency Operations Center Crisis/Outbreak Management



- Deployment
- Logistics
- Epidemiology
- Surveillance
- Lab support
- Response coordination

Unknown Disease Outbreaks Algorithm



Applications of laboratory diagnostics and pathology:

- I.D. Outbreak Response

- Ebola in West Africa
- Zika in the Americas



- Potential threats

- Exposure to pandemic threats (specific threat rule in/out-Ebola, flu)
- Queens “Lady in the iron coffin”-Smallpox

- Surveillance and evidence based clinical study

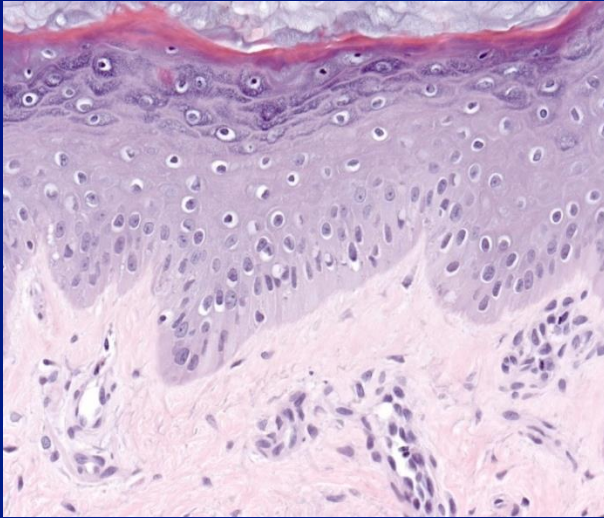
- CHAMPS

Physical appearance is consistent with smallpox

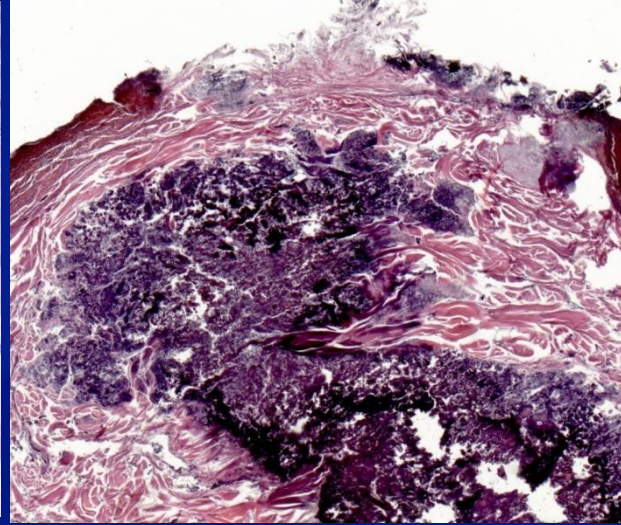
- Umbilicated lesions
- Firm to touch
- Gross pathology
- Lesion distribution



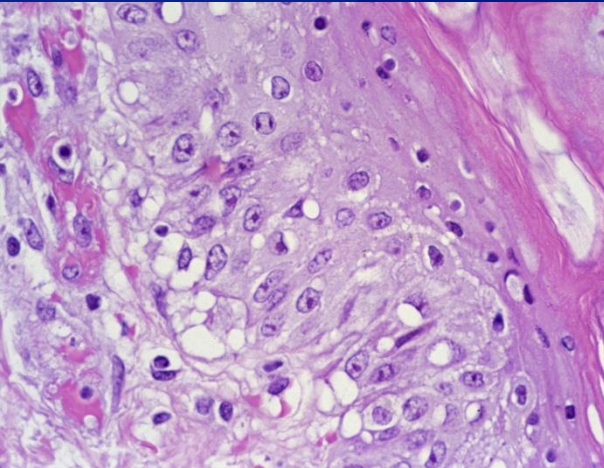
Patient lesions
C. 1968



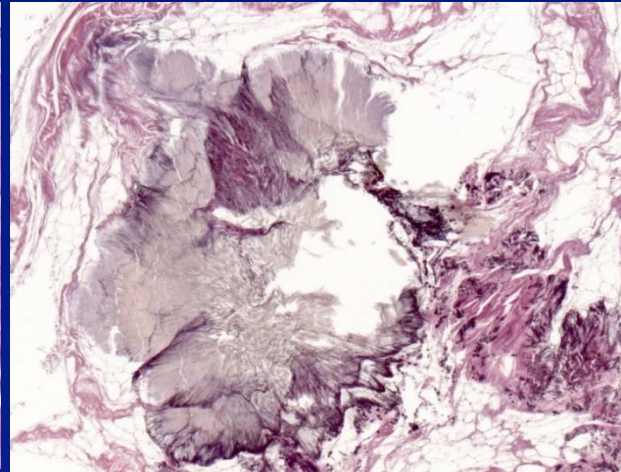
“Normal” skin



Mummy skin



Smallpox in skin



The tissue was poorly preserved so difficult to conclude presence of virus

CHAMPS STUDY-a model for use of pathology and laboratory diagnostics

CHAMPS Journey to Ascertaining Cause of Death

Assigning a definitive cause of death involves a series of steps to collect, analyze and interpret relevant data



DeCoDe Panel

Review all findings and assign a definitive cause of death



Local & Central Histopath Analysis

Analyze tissues to understand pathogens associated with cellular changes; compare central and site findings



Microbiology, Real-Time PCR Analysis

Identify pathogens in specimens that may have caused death



Clinical Data Verbal Autopsy

Gather other information around terminal state to improve context for DeCoDe panel



Specimen Collection

Collect tissue and non-tissue specimens for further laboratory analysis



Mortality Surveillance

Identify deaths for MITS and collection of additional data



Community Assessment & Engagement

Understand acceptability of proposed processes

Summary of Specimen Diagnostics (All)

	Specimen Type	In-Country					Central Lab			
		Path	Culture	GeneXpert TB	TAC	Storage (frozen)	Path	Culture	TAC*	Storage (frozen)
Deaths	Tissue									
	Brain	X				X	X			X
	Lung	X		X	X	X	X		5-10%	X
	Heart	X				X	X			X
	Liver	X				X	X			X
	Placenta	X				X	X			X
	Umbilical cord	X				X	X			X
	Bone Marrow	X					X			
	Spleen/Kidney*	X					X			
	Skin*	X					X			
	Lymph nodes*	X				X	X			X
	Non-Tissue									
	Blood		X		X	X			5-10%	X
	Stool			X	X	X			5-10%	X
	NP/OP swab				X	X			5-10%	X
	CSF		X		X	X			5-10%	X
	Hair*					X				X
Urine*					X				X	
Severely Ill	Non-Tissue									
	Blood		X		X	X			5-10%	X
	Stool			X	X	X			5-10%	X
	NP/OP swab				X	X			5-10%	X
	NP aspirate†			X	X					
	CSF (if indicated)		X		X	X			5-10%	X
	Hair*					X				X
Urine*					X				X	

*Only collected under extended protocol

†Only collected if child has severe respiratory illness

‡ For QA/QC

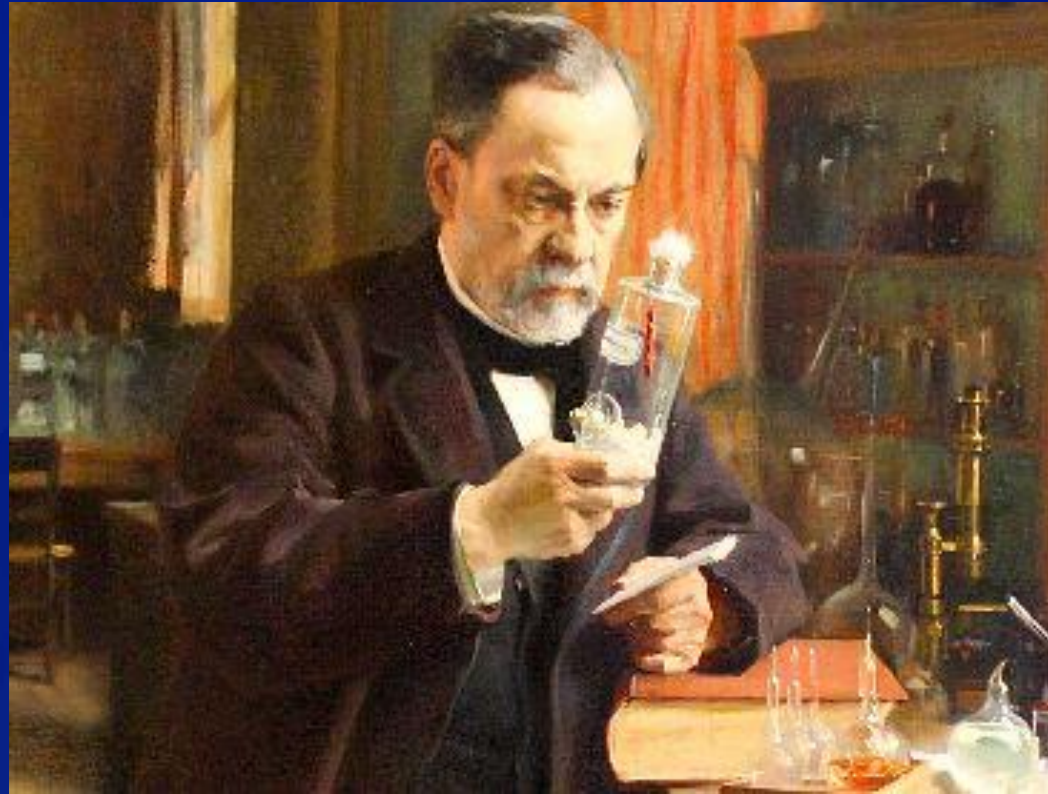
CHAMPS

- Identify infectious agents
- Integrative pathology and diagnostic analysis
- Comparative epidemiology
- Specificity of syndromic cause
- Identification of mortality cause

TaqMan[®] Array Cards



■ **“Without laboratories men of science are soldiers without arms.”**



Louis Pasteur in his laboratory. The red object in the jar is the spinal cord of a rabbit infected with rabies. He used this to develop the rabies vaccine.