



MLT

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President's Message

Hello everyone! I hope you all had an enjoyable summer and perhaps some well-deserved vacation time! As fall approaches, it's time again to think of business matters after a short break.

Bernadette Muise attended the CSMLS Council of Presidents meeting on June 9 at Congress in Quebec City in my stead. A new component of this meeting involved the move to split the meeting into advocacy issues (professional society related) and regulatory issues (dealing with specific regulatory topics), with different representatives present at each part of the meeting. It had previously been generally agreed that the president of the society (or regulatory body, if different) should definitely be present at both, and that any other representative present is up to the individual province. For instance, we send our president and president-elect (or vice-president) to ensure a smooth transition from year to year, and they would attend both meetings. Some provinces choose to send their executive director to the regulatory meeting as well. The only major stipulation was that at this time, the CSMLS only pays for

one representative to be present (i.e. the president), and that all other attendees are at the provincial body's cost. We should be very grateful that we have combined are provincial society and regulatory body in one entity, as it can get complicated (and expensive) to do otherwise. This COP meeting was the first one with a split agenda on a trial basis, and details are being worked out. Much discussion continues to occur on the topic of recruitment and retention and the human resource shortage in general.



On the issue of human resources, NBCC Saint John will be offering a training program for Nova Scotia students starting in January, 2004 for 2 years (of which 20 weeks will be a clinical practicum in NS hospitals). They have assured us that this will not impact our program in

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Learn from yesterday,
live for today,
hope for tomorrow.

President's Message

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any way, as the NS program will be fit in around our current curriculum. They will be completely separate from our students. The students will receive didactic teaching and basic lab skills training, but the majority of the laboratory methods will be taught during the clinical rotations. The students will write their exams in February, 2006. This is a one-time contract for 25 students at this time. The Nova Scotia government is providing \$8,000 bursaries which require the students to return to work in NS for 2 years. The response has been good, with more applicants applying than there are seats. The PEI government has purchased the previous three seats that NS had in our regular program, and has agreements with these students to return to PEI to work upon course completion.

I attended the June NBCC-SJ

graduation ceremony, at which I presented the NBSMLT award for General Proficiency to Rachel McAdam. There were 14 graduates from the program, and so far I have not heard of any who were unsuccessful on their RT exams. I have also heard that all 5 students from the French Med Lab training course (through the Universite de Moncton and the CCNB – Campbellton/Dr. Georges Dumont Hospital) have successful

completed their training and passed their RT's. This is especially important as this training program could not receive full accreditation without proof that it adequately prepared students for their RT exams. Congratulations to our newest NBSMLT members and best of luck in your working career! Remember, the learning curve has only just begun! We must strive to increase our recruitment efforts to ensure that we

continue to provide new technologists to replace the ones who are leaving!

On a final note, I would like to encourage each of you to consider getting involved with your professional society – we are always looking for a new perspective and the more of you who join us, the better we become. Remember that the presidential chain requires new blood every year – we are always seeking nominations for president elect. It is a great learning experience, and can be very rewarding in the friendships and opportunities that it presents. All that is required is a genuine desire to keep our profession moving forward – there is lots of support for anyone willing to try!

Respectfully submitted,
Janet Reid, MLT, RT
President NBSMLT 2003

Canadian European Community Program for Cooperation in Higher Education and Training



The Dr. Everett Chalmers Regional Hospital and the Atlantic Health Sciences Centre, in conjunction with the NBCCSJ participated in an exchange program called the “Canadian European Community Program for Cooperation in Higher Education and Training” with international students from England. The formal funded phase of this program has ended but the possibility of a sustainable exchange program is now being investigated.

In the photo, Trudy presented certificates of participation in the Canadian European Community Program for Cooperation in Higher Education and Training to DECRH, NBSMLT and Akili.

Left to right are: Edna Smith, Trudy Charles Young, student Akili Dore and Laboratory Manager Anne Galloway.

Newly Registered Medical Laboratory Technologists

Here is the list of NB technologists who passed the CSMLS certification examination held June 2003. These grads have secured employment as noted.

General:

Paul David Arseneau	<i>Charlottetown</i>
Joane Boudreau	<i>Caraquet (Rimouski)</i>
Nadine Caissie	<i>Georges Dumont</i>
Kyla Dawn Clancy	<i>TMH</i>
Annie Melanie Doak	
Rachelle Doiron	<i>Bathurst</i>
Annette Christine Dubé	<i>Woodstock</i>
Hélène Dubé	<i>Caraquet (Rimouski)</i>
Rania Elhalabi	<i>TMH</i>
Chelsa Fournier	<i>St. Stephen</i>
Susan Galluchon	
Jennifer Johanne Gilmore	<i>Presque Isle</i>
Rachel McAdam	<i>DECRH</i>
Jennifer McMillan	<i>SJRH</i>

Manon Morrison	<i>Georges Dumont</i>
Pamela Jean Nason	<i>DECRH</i>
Jeremy Douglas Noël	<i>SJRH</i>
Nadine Paulin	<i>Georges Dumont</i>
Chantal Pelletier	<i>Georges Dumont</i>
Nathalie Pelletier	<i>Georges Dumont</i>

Diagnostic Cytology:

Janice Emma Cormier	<i>Georges Dumont</i>
Chrystal Ann Nickerson	<i>DECRH</i>



2003 Graduate Awards

NBSMLT Awards were presented to the following 2003 MLT graduates:

Rachel McAdam (*NBCC Saint John*)
 Nathalie Pelletier (*NBCC Campbellton*)



Congratulations to all our Medical Laboratory Technology graduates; you have demonstrated a lot of hard work and dedication and we welcome you to our profession.

Technologist Achievements



Heather Graham, MLT, has recently completed the Health Services Management program from the Canadian College of Health Service Executives. Heather has demonstrated significant commitment to her career development in health management skills. Congratulations to Heather on her achievement. Heather is employed at the Moncton Hospital In the biochemistry department.



Life at the end of nowhere - A Lab Tech on Ascension Island

By Shari Parkhill

When I first told people that I had accepted a job as a laboratory technician on Ascension Island, the most common response was "Where?" When I explained where the island was, the next question was "Why?" The where is in the middle of the Atlantic, halfway between South America and Africa, almost eight degrees south of the equator. When I stated that I was moving to the middle of nowhere, someone pointed out that I was going to the end of nowhere! The why is a little harder to explain. It sounded like a fantastic opportunity, a chance to experience life on an island, something I've always wanted to do. The job also seemed to be a challenge, as the only lab tech on the island. I had spent the last fourteen months working in the United States as a traveling technologist. This just seemed like the next step.

Ascension Island was discovered by a Portuguese explorer; Joao da Nova Castelia, in 1501. This visit was apparently unrecorded and so the island was rediscovered two years later on Ascension Day by another explorer; Alphonse d'Albuquerque, who gave it its name. Since the island was dry and barren, it was of little use to the East Indies fleets and continued to be uninhabited until 1815. When Napoleon Bonaparte was exiled to St. Helena, 750 miles to the southwest, England decided to station a garrison on Ascension to prevent the French from using it to mount a rescue attempt. It was originally classed as the H.M.S. Ascension, a stone ship.

By the time of Napoleon's death in 1821, the island had become an important stopover for ships involved in the suppression of the slave trade along the West African coast. There was a sanatorium for the many who fell ill in the tropical climates. The Royal Marines took over the island in 1823 and it remained under military control until 1922. From that time until 1964 the island was managed by the Eastern Telegraph Company (now British Cable & Wireless). In 1964, an Administrator was appointed and the island is a dependency of St. Helena, itself a British colony.

The island has an important history with relation to the Second World War. During this time, the U.S. established an airfield and an auxiliary air base. Over 23,000 planes stopped at Ascension during the years 1943 to 1945. The base still exists today as the Southeast Tracking Station of the USAF Eastern Test Proving Ground. The airfield is actually one of the alternate emergency landing sites for the space shuttle program. The Royal Air Force also has an air station on the island, one that played an important part in the Falklands War of 1982. On the U.S. base, there are actually only two military personnel, the Base Commander and a sergeant, the rest of us are civilian contractors. The RAF base has more military personnel, as well as contractors.

Ascension Island was formed by volcanic action, the latest being 600 years ago. There are 44 distinct dormant (but not extinct) craters.

Basalt lava flows and cinder cones cover much of the island. There is little vegetation, with the exception of Green Mountain, the highest point on the island at 2,817 feet. It is covered with lush vegetation, which is slowly spreading farther each year. The variety of topography around the island is one of its wonders. From one place to another it is hard to believe that you are on the same island.

The climate is considered subtropical, even with the close proximity to the equator. There is almost always a pleasant wind blowing which keeps the heat from being unbearable; at least most of the time. It does get very hot here. Rainfall occurs year round with heavier rains in the period of January to April. Due to the difference in elevation and topography, parts of the island receive much more rain than others.

Ascension Island is renowned for its importance as a breeding ground for turtles, which come ashore to lay their eggs from January to May. Watching the females lumber



ashore to lay their eggs is an amazing sight. So is the hatching of the babies. I spent an hour one evening helping to rescue baby turtles

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that were confused by some lights on the beach. We had to carry them to the water's edge and send them on their way.

Feral donkeys and sheep wander the island at will, including into courtyards and buildings if the gates aren't closed tightly! Lately there have been a lot of lambs born. One lost little guy adopted me one evening as I hiked up Green Mountain. Luckily we finally found his mother and he deserted me. I thought I was going to have to take him back home. There are lizards, feral cats and rats, mice, rabbits, and a great number of birds. A concerted effort has been made to eliminate the feral cats because they were decimating the bird population. Now that many of the wild cats are gone, the birds have returned, but the rats and mice are becoming more of a problem and a rodent eradication program has begun. Of course, even in paradise there have to be a few drawbacks. For me it is the giant roaches. They even fly! Too squeamish to stomp on the occasional one who invades my room, I have become very adept at 'throwing the book at them', the largest hard cover book in my room! The centipedes have a nasty bite, and it is a good idea to shake out your shoes, or work or gardening gloves before putting them on.

There are many species of fish around Ascension and it has become a popular destination for sports fisherman. Wealthy ones at least. It is very expensive to get to Ascension. There is only one plane a week from Patrick Air Force Base in Florida and that is restricted to

Department of Defense personnel.

The RAF has twice-weekly flights from Brize Norton in the UK that are open to civilians. Tickets on this plane are costly, about 800 pounds, or \$1,500. Canadian, round trip. Needless to say, we don't get a lot of tourists, although several small cruise ships do drop by each year.

Ascension Island has no indigenous population, probably due to the inhospitable nature of the place. The first inhabitants struggled to find water. The early British garrisons devised some ingenious water catchments to collect rainwater. Many of these structures are still around, a testament to the engineering capabilities of the marines. A farm was developed on Green Mountain, which operated until several years ago. Apparently there are still two cows wandering around although they have proved elusive. I have never spotted them. In fact, only recently did I meet someone who claims to have seen one!

Presently the island has around eight hundred inhabitants. There are about seventy-five Americans, one hundred British, and the rest are "Saints" as the St. Helenians are referred to. It creates a nice mixture of cultures and adds to the uniqueness that is Ascension Island. There are several communities, the U.S. base, and the RAF base at Traveler's Hill, Georgetown and Two Boats Village. The Residence, on Green Mountain, is the official residence of the island administrator and his family. It is a very old building, which originally served as a sanatorium in the 1800's and early 1900's. There are beautiful views from there.

The Georgetown Hospital is a ten-bed hospital that serves the island's population. Two doctors, a midwife,

and several nurses staff it. They provide medical and surgical care.

If patients are too ill to be taken care of here, they are med-evaced, either to the US if American or the UK if they are British citizens. This includes both British and Saints, who have full British citizenship. There have been a number of interesting cases since my arrival. We have had surgical emergencies, a patient with severe liver failure, a prenatal patient with pre-eclampsia, and a diver who fell overboard and tangled with the boat's propeller, cutting his leg badly, and others. Ships drop off their sick and injured, as this is the only land around for miles.

The laboratory on the U.S. base serves the entire island. The laboratory is well equipped for such a remote location. I have a Vitros DT60II system for basic chemistry tests, with an older model as a backup. Although small and basic, it serves the lab well. I have had very few problems, which is important in a situation such as ours. It isn't as if we can have a service tech pop over and fix something! I have a Beckman Coulter Ac*TDiff2, with a T890 as backup. I spent a day on the telephone with service fixing the Ac*TDiff2 recently. The service people are always amazed when I tell them where I am. The telephone service is very good most of the time. Our phones are all extensions of Patrick Air Force Base in Florida so when anyone calls it is only a call to Florida, not an overseas call that makes it much easier, and less expensive.

We operate a "walking" Blood Bank here on Ascension. We have a list of registered volunteer donors who are tested annually for Hgb, ALT, RPR, HIV and Hepatitis B & C. We

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then call them if we need them. The doctors always have the lab crossmatch two donors for all pregnant ladies, in case they run into difficulty during delivery. Other than that it is usually just emergency cases that we need blood for. We had a poor young sailor dropped off who had been deteriorating since being stabbed on board his ship a month previously. Over a course of five days he required seven units of blood, which seriously depleted our donor list of O positives. He was med-evaced out to the UK at that point where he unfortunately passed away after several more surgeries and twenty-four more units. Since then we have had a drive on to register as many donors as possible. With the transient nature of the population on this island there is always a difficulty with having your donors available. When the Saints go on vacation back to St. Helena, it is often for a month or two. As well, we always lose a few donors because they have had recent tattoos, a practice popular with both the Saints and air force personnel!

I also provide basic Microbiology procedures. We had our first case of MRSA recently. It was obviously just a matter of time, since islanders go to the US or the UK for treatment of any major medical problems. It means we now have to be very vigilant in screening our wounds. As well, we have just instituted a prenatal screening program for Group B Streptococcus.

Serology consists of a number of kit methods for RPR, Mono, CRP, RF and a few others. We also screen all pregnant women for Sickle Cell trait. Several patients with Beta Thalassemia trait have been identified since my arrival, not surprising since the cultural heritage of St. He-

lena is a mixture of African, European, and Asian. The Saints also have a high rate of diabetes, heart disease and lupus, which leads to a number of complications. It requires a lot of screening to carefully monitor these patients. There is also an extended family on St. Helena, which suffers from Hereditary Angioneurotic Edema, a potentially fatal condition caused by a lack of C1 esterase inhibitor. Christmas disease, or Factor IX deficiency is also quite common. Having patients from many different backgrounds makes life more interesting.

Working here has been a challenge, but a wonderful opportunity. I spent the first few months putting the lab in order, writing a policies & procedure manual, and setting up protocols. My intent is to have the lab operate to the same standards as a North American lab, regardless of our remote location. Having supplies delivered by plane via Patrick Air Force Base has led to some novel solutions to problems. It is amazing what you can make do with! Being a department of one is a change. It's quiet, I can play whatever music I want, but there is no one else to depend on. I am call all the time, and take my beeper, or electronic leash, as a friend refers to it, everywhere I go. I also have to report my whereabouts to security at all times if I go off base. Sometimes I feel like a teenager again!

Working in a small lab like the Ascension Island Clinic allows me to have much more patient contact, something missing in many large labs. This is a small community and it is an added benefit to know your patients. There are a lot of duties not generally associated with lab work that are my responsibility

as well. I conduct weekly water testing on sites scattered around the base. Sometimes it involves driving up very steep mountains to get to places like the Telemetry site – quite an adventure in itself! Wonderful views from the top, though, worth the hair-raising drive.

I am currently taking a Water Management course. Volume 1 alone is over 1,000 pages long. And there are two volumes. I will be qualified to operate a Water Treatment Plant when I'm done!

I am also going to go to the US for training in Audiometry and Pulmonary Function testing. Many of the employees here on the base are required to have this testing done annually because of their jobs. I also drive the ambulance in emergencies, collect donor units, and dispose of biohazard waste. We have to standby in a REDBIRD alert, which is a plane coming in with difficulties. One day I had to monitor the radio while a plane requested a low flyby so that those on the ground could determine if the alarm signaling that his cargo door was open was accurate. Luckily it was just a faulty alarm, but there have been serious incidents in the past. The list goes on. Quite a change from my former positions, but a great challenge, and an interesting change. I've even covered for the nurse when she was ill! There is only one nurse, one clerk and myself at the Clinic.

Everyone looks forward to plane day. When you live on such a remote island and only get mail once a week, it is an important event. It is always great to get letters and packages. Of course in the lab it makes for a busy day, with supplies arriving, referral specimens to send

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out, reports coming in, etc.

There is so much to do here on Ascension in your free time. And there is a lot of that. All meals are provided at the Mess Hall. The food is very good, with lots of fresh fruit provided. You can always tell when it is plane day fresh strawberries and bananas appear! The personnel at the British base are quite envious of the quality of our mess food, much better than theirs apparently. We can have paid guests on Sundays, and they will set tables with cloths and set out wine glasses for you. I often have friends over for dinner. Housekeeping and laundry services are provided as well. My room might only be a barracks room with a shared bathroom, but I can decorate it any way I wish. I spend so little time there it is adequate for me.

There are great hiking trails around the island, many with 'letterboxes', which hold stamps to stamp your Ascension Walks Book, and a book to sign. I hike Green Mountain once a week, a real cardiac workout, and have started walking to far-flung parts of the island. So far, my record is from the base to Comfortless Cove and back, a distance of 16.6 km. I have also joined the Ascension Island Hash House Harriers. Hashing involves following a trail of shredded paper called hash that a few members have set. It is popular around the world but I had never heard of it until I arrived here. It can be an extreme sport. The second week I was here it involved rock climbing up the side of a cliff. Not easy for someone as terrified of heights as me! I must say that nothing else has bothered me since! We hash every Saturday afternoon. Afterwards there is always a great gathering with food and refreshments. It has been a terrific

way to see remote parts of the island and meet lots of fantastic people. So far I have hashed over lava rocks, up mountains, down scree slopes, through tunnels, in the pouring rain, in the hot sun, down into gullies, and across beaches. It has been great. I have helped set a couple of hashes, the most recent with two seven-year olds. I have taken over writing the Hash Trash for the Island paper, a summary of the week's hash, of course pointing out the funny, ridiculous and embarrassing moments.

There are fantastic beaches here, although because the sea can be very rough around here, there are only a few that are really safe to swim at, English Bay and Comfortless Cove. Even at these two, there are days when it is too rough to venture in. We don't have coral reefs to break the waves that travel halfway across the ocean, so it can get very nasty. There is a beach at Northeast Bay with a blowhole where the water shoots fifty feet or more into the sky. Very impressive! Another beach has a very nice tidal pool only three feet deep, where I once identified ten species of fish while snorkeling.

I have done so much since I have been here. There are discos every Friday at the Volcano Club here on base. Disco is alive and well on Ascension Island! I have been to very fancy dinners at the Officer's Mess at the RAF base with friends, to barbeques and dinner parties. I have just started scuba diving lessons. Some of my friends dive and I love hearing about the sea life, including the sharks, and the caves and the wrecks. The diving is great in the waters around here. The water is very warm and clear. I can't wait to see everything. The snorkeling has been great; the diving must be even better.

It is refreshing to live where there are no traffic lights. To get your Ascension driver's license you have to answer a questionnaire. My favourite question was "Can you see well enough to drive, with or without glasses?" We decided the question should be rewritten with pictures of a donkey and a sheep, asking if you know the difference between the two, and which one will get out of the way, and which one won't? Sheep tend to scurry away; the donkeys take their time thinking about it!

We call the local BX, or little store on the base, our Wal-Mart. It has all of your necessities like shampoo and toothpaste. There is a store in Georgetown with a little more, including South African wines. You just have to watch expiry dates on food since everything there is shipped from South Africa, and sometimes things get a little out of date.

There are no fast food joints unless you count the snack bar at the club. I have found that I don't miss them at all. I have however discovered how to shop on the Internet! And when someone goes out on vacation they usually end up with a huge list of things to get for friends! The lack of a hairdresser has meant that I am growing my hair, just so that I can tie it back and keep the wind from blowing it into my eyes!

I have taken over as administrator and lay minister for The Grotto, the little Catholic chapel on the island. I also volunteer at The Islander, the weekly newspaper, as a printer. I have been camping up on the mountain, and am taking a bunch of my friend's little boys, all aged six and seven, up there in a couple of weeks. Their parents are more than willing to hand over their kids

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in exchange for a night off! There is no reason to be bored on this island.

Quiz nights are popular with the Brits. I have been to one in support of the Ascension Day Fair, where being part of a multinational team did not help us at all. Although we did very well on the general knowledge, we bombed rather spectacularly on the music questions, coming in a less than respectable tenth place! Another quiz at the RAF Officer's Mess Wine and Cheese Night saw my team come in dead last. Since the quiz was all about wine and food, it shows that we obviously have no class, or no taste! I did however, manage to be on the winning team on the Car Treasure Hunt, where we had to travel around the island, answer questions, find items, etc. My team included two long-standing islanders. Kind of gave us an edge!

The Ascension Day Fair was held recently and was a lot of fun. It raises money for the local Anglican Church, the one with the sign on the door that says "The church is always open. Please keep door closed to keep the donkeys out"! I worked at the Cake and Tea booth, and contributed financially by just about buying out the Plant booth. Since my attempts to start a garden from seed failed miserably, I thought I'd try plants that were already growing!

I have made a number of friends, both on the base and among the British and the Saints. The only trouble is that it tends to be a very transient population, so you always seem to be saying good-bye to someone. On the plus side, if I ever visit England I'll never have to stay in a hotel.

Of course I miss my family and friends but this is a fantastic place. Working as a traveling technologist I was always on the move and far from them anyway. Being here has been much better than a winter spent in the American Midwest! I consider myself very lucky to have been given this opportunity. I hope to stay for a long time. The place is fantastic, the job is interesting and the people are great. What more could I ask for?

If you want more information on Ascension Island, or to take a visual tour, log on to the official website at "<http://www.ascension-island.gov.ac>" From there you can check out the newspaper as well, and sign the visitor's log.

My email address is:
Spark30@atlantis.co.ac

I'd love to hear from any of my former friends and colleagues and answer any questions! Captain Burnett of the Royal Marines summed up this island as he took over command in 1858 with a phrase that still applies today. "This is one of the strangest places on the face of the earth." Remote, barren, and desolate, but with a beauty all its own.

Each evening I feel blessed that I have spent "Just Another Day in Paradise".

Map reproduced with the kind permission of Jean-

Pierre Langer of "<http://www.mc-monaco.com/geovoyages/general.html>"
Geovoyages Cartographie
www.heritage.org.ac

Did you Know?

- * *The green turtle is so called because of the colour of its fat.*
- * *They are herbivorous and feed on sea-grass and algae.*
- * *They are globally endangered due to exploitation for meat, soup and leather.*

Shari Parkhill, MLT, ART, CLSp(H), CLS
Ascension Auxiliary Air Field
Ascension Island
South Atlantic Ocean
ASCN 1ZZ
Mailing Address:
CSR 6300 Ascension
P.O. Box 4235
Patrick AFB, FL 32923-0915



Liability Insurance Premium Increase

Please note that the cost of liability insurance for Medical Laboratory Technologists will increase to \$10 (previously \$8) per member beginning January 2004.



Total 2004 fees for practicing members will be **\$253.00** and includes:

CSMLS dues	\$128.00
NBSMLT dues	115.00
Liability insurance	10.00

2004 renewal forms will be mailed early in October 2003 and deadline for receipt of fees is **January 31, 2004.**



Please note that liability insurance coverage ends on December 31st of each year so to ensure coverage, it is recommended that 2004 dues be received on or before December 31, 2003.

If you have questions, please do not hesitate to call the NBSMLT office at 506-455-9540.



Continuing Education Committee Report

The CE committee held a face to face meeting on April 26th, 2003. We were able to get through our full agenda at quite a rapid pace, which is a testament to the eager minds busy at work that day.

We reviewed and made changes to the Refresher/Retraining guidelines.

Our committee also developed an Exhibitor's survey that I am sending to the many Exhibitors I con-

nected with during Congress 2003. The interest was quite high and I was very pleased with the positive response received from them. I have decided to send the survey by email and will be doing that at the end of this week. The data will be compiled by our committee and used in the Conference Guidelines that are in development.

Respectfully submitted
Colleen Moran, MLT,RT

The **NBSMLT North Shore Academy** recipe book has finally arrived ! Over 200 mouth watering recipes contributed by Laboratory staff from all over the north shore. Profits go to APSC 2004 to be held in Dalhousie Apr 22-24, 2004. If your lab would like to order "**Hi-Tech Cuisine**" at the low cost of \$8.00 each, please fill out the order form printed in the last issue of the Analyzer; and send it, along with a cheque made payable to APSC 2004 to :

*Campbellton Regional Hospital Laboratory,
c/o Paula Steeves, 189 Lily Lake Road, P.O. Box 880,
Campbellton, N.B., E3N 3H3.*

For further information contact: apsc2004@technologist.com

What is the Nitroblue tetrazolium test?



The nitroblue tetrazolium test is a blood test which measures the ability of the immune system to convert the colorless nitroblue tetrazolium (NBT) to a deep blue. ease (CGD). If an individual has CGD, the chemicals in their blood will not turn blue when exposed to the NBT.

This test is performed as a screen for chronic granulomatous dis-

This test can also be performed by flow cytometry.

Editors note:

Shari Parkhill, whom some of you will remember from her many years working in NB, was gracious enough to share with us some insights into life as a technologist overseas. Shari worked at the Saint John Regional Hospital in Hematology and then changed disciplines and worked in microbiology there as well. Shari worked as a traveling technologist in the United States, which gave her an opportunity for many other experiences.

During her career, Shari also served the NBSMLT as president.

Shari demonstrates to us, yet again, how technologists have so many skills that they often overlook, whether from fear of the unknown or simply lack of desire to stretch outside our comfort zone. I'm sure there was probably some apprehension when she first arrived, not knowing quite what would be expected of her. It sounds like a wonderful adventure and I want to thank her for sharing it with us. While it is true that we are coming close to our own human

resources crunch, the opportunity to experience life as a technologist in another country might well be something to consider.

*Deadlines for submissions for the
MLT Analyzer 2003:*

Issue 4 Oct. 24/03

Send any submissions to:

*Bernadette Muise
Transfusion Medicine
The Moncton Hospital
135 MacBeath Ave, Moncton NB
E1C 6Z8*

Email-Analyzer@nbnet.nb.ca

CSMLS Congress Quebec City, June 2003

1740 hours June 6, 2003 - the adventure begins. After a long career in Medical technology, the train leaving the Moncton station was taking me to my first ever CSMLS National Congress. The train trip was relaxing and enjoyable and we did not disgrace the profession-we were only "sshed" once when our giggling got out of hand!

The conference began Saturday morning with a Safety workshop that was interesting (Honestly!) and informative. The presenters encouraged participation and here was a great opportunity for exchange of ideas and concerns among people from across the country.

The afternoon was free and this afforded us the opportunity to explore the city. We walked thorough the streets of old Quebec and up the 310 steps to the Plains of Abraham.

A singing group, composed of young men and women attending a CEGEP in Montreal, highlighted the opening ceremonies on Sunday morning. They performed a

Bernadette Muise, Rachelle Dupuis
& Anne Robinson June 2003



variety of songs from singers across Canada, including one from our very own Wilfred. The keynote address by John Ralston Saul was, as one would expect, insightful and thought provoking.

Attending the AGM was a first for me. The attendance of less than 100, made me aware that I should be more active in promoting participation in our professional body. On the other hand, there are many dedicated people who serve on the Council of Presidents, the Board of Directors and all of the other groups who deserve a huge "thank you" for giving of their personal time to work on behalf of technologists.

The annual banquet was a gala affair, with most of us dressing in period costume and promenading up the street to the dinner.

On Monday, the main part of the scientific program began. Maureen Webb discussed the strategies used in utilization management in the Calgary Health region, many of which are similar to those in New Brunswick.

Ann Wilson discussed error management in the Quebec hospitals. Her goal is to structure the Standard Operation Procedures (SOP"s) in such a manner that one "makes the right thing to do the easy thing to do". I considered this a good rule to keep in mind as

we develop SOP's to be in compliance with the CSA standard for Blood Banking, whether you are a supervisor responsible for writing the procedures or a technologist who is validating them.

Dr. Blair Whittemore from Montreal General discussed blood safety and the necessity for guidelines for the use of products such as Niastase (Recombinant Factor VIIa)

On a more technical note, Bonnie Lyness from Montreal General presented a very good overview of the resolution of different types of problems that can be encountered in a Blood bank.

I was also able to attend lectures on Therapeutic apheresis, cord cell transplants and methods of ensuring proper utilization of lab services.

One of the best presentations of the conference was that of Dr. Patrick St. Louis from Ste. Justine's hospital. He gave an excellent explanation of Systemic Inflammatory Response Syndrome (SIRS) and the testing and treatment involved in managing the process.

Tuesday evening, we enjoyed a diner and a cruise on the St. Lawrence. Fortunately the wind that had been blowing all day calmed

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CSMLS Congress Quebec City, June 2003

(Continued from page 11)

and everyone had a relaxing time renewing old friendships and making new ones.

Wednesday, the last day of the conference, featured a panel discussion on the Health Canada standards in Blood Banking that provided a very broad look at the various aspects of implementing the standards. We ended the conference with an excellent lecture on Heparin monitoring by our very own Susan Atkinson.

The trades show featured 64 exhibitors. I spent an hour looking at all of the new products and found a dry air plasma thawer as well as several other products that would be useful in the Blood Bank. The exhibits also gave me an opportunity to see what is new in other areas of the laboratory, something that there is not always time to do as we go about our daily tasks.

The closing ceremonies featured a slide show of the conference and a lovely song by Daniel Boutin, Congress chair (We presume that Susan and Bernadette are already working on their act for 2005!)

I would like to thank the NBSMLT for the grant to help with my expenses in attending the conference. It was a terrific experience and certainly made me aware of what is required for our Congress in 2005. On that note, if anyone has any suggestions for topics that they would like to see on the program for 2005, please e-mail me at anrobins@sehcc.health.nb.ca. While much of the program is planned, we are still open for suggestions.

Once again, thank you to the Board of Directors of NBSMLT for helping provide this opportunity.



Tom Stowe CSMLS
&
Debbie Provencher OPTMQ

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Some of the New Brunswick Delegates
Quebec CSMLS Congress:
Opening Night

Colleen Moran
Rachelle Dupuis
Charlene Collins
Anne Robinson
Bernadette Muike
Rhona Leger
Guylaine Michaud
Lisane Gautreau
Susan Atkinson

Academy Reports

Fredericton Academy Report - June 2003

Since last report the academy has been quite active. Our new PR rep, Carol Borden Green and her committee attended the hospital's Teddy Bear Clinic armed with Gummy Worms in petrie plates, stickers and coloring sheets for the children as well as info on our profession for their parents.

For Med Lab Week , Carol and Erin Whitman organized a display outside the cafeteria and we had one of the pathologists, Dr. Morris give a presentation on "Forensic Pathology" which was teleconferenced to Woodstock. That same week, Dr. Solven gave a presentation on SARS to hospital staff and many lab staff were able to

attend. As usual, we celebrated with the traditional cake.

The APSC was hosted by our Academy May 1-3 and was very well attended. There were 200 attendees plus exhibitors and speakers. All of the hard work put in by the organizing committee paid off and we were pleased with the conference.

Two grants were given to attend Congress in Quebec City. The recipients were Cathy Pyne and Barb Mullin Lahey. During this time we had 4 senior students from Saint John who helped us out with some of these activities .We also had the first in-

ternational exchange student visit with us for 6 weeks. Akili Dore observed in the chemistry and hematology departments while he was here.

We have just experienced the first small wave of retirement. Two technologists and one lab assistant have retired since March.

Respectfully
submitted,
Martha White
MLT,RT



Saint John Academy Report - June 2003

The Saint John academy has not had a meeting since early spring, at which time it was voted on to financially support the renovations necessary to build a showcase museum in the hallway outside the department of laboratory medicine in the Saint John Regional Hospital. This museum will display many laboratory artifacts that have been collected from the time of the provincial laboratory uptown. The academy will ensure that there is always someone responsible for keeping this area esthetically pleasing, and we feel that it is an important public relations tool, as it is in an area adjacent to the main public entrance to the laboratory (the only one accessible to visitors by means of a buzzer system and camera in these days of increased security). When complete, we will submit an article with a picture to the news-

letter. At present, Claudette Ptasznik is in charge of coordinating this project.

National Medical Laboratory Week was well celebrated in Saint John, with two lunch hour lectures organized by our CE rep, Hope MacKenzie – one given by Shirley Chase on Fetal Hemoglobin, and the other by Catherine Powell on SRSV (Norwalk virus). There was a cake and punch in laboratory administration mid-week, to which several hospital administrators and laboratory physicians were formally invited (including our new CEO). Finally, on Friday night, there was a pizza and "cosmic" bowling party at the Riverboat Entertainment Centre, with 7 teams and many prizes, which was thoroughly enjoyed by all who attended.

We are still finalizing the criteria for our fall bursary for a NBCC student, which we hope will be matched by an equal amount from the government, as was mentioned at the fall convocation ceremony last October. The amount agreed upon was \$150.00 which would become \$300.00 if matched.

The next academy meeting will be held the first week of September, at which time we hope to have our new area director in place.

Respectfully
submitted,
Janet Reid
MLT,RT



Academy Reports

North Shore Academy Report - June 2003

In February, the Academy met by teleconference; it was not as nice as seeing everyone but it was snowing again so we were glad we had arranged that meeting by phone. Twenty-eight volunteers received a key-chain from NBSMLT for their service in 2002. We voted to give 2 grants of \$200.00 to attend the National Congress in Quebec.

During Medical Laboratory Week in April, there were posters and table tent cards put in the laboratory and the cafeteria in different hospitals in the Academy.

For the hospital employees there was an afternoon of blood grouping and a contest. "Guess how many RBC (red blood cells) &

WBC (white blood cells) in a volumetric flask?"; red candies & mini marshmallows represented the cells.

The last academy meeting was held in Charlo with a lobster supper; there were 12 technologists present. Comments were received on the format of the first NBSMLT Annual Report: the English version was well done with great graphics, some technologists requested more explanations with these graphics. But the French version left something to be desired; numerous typing, spelling and grammatical errors made it difficult to understand and many felt they had to flip to the English version to figure out the sense of the words.

Paula Steeves talked about the APSC 2004, which will be held at the Manoir Adelaide, in Dalhousie April 22-24, 2004. The first fund raising effort is a great bilingual recipe book for \$8.00. It is available at the Campbellton laboratory or by using the order form in the last issue of the newsletter.

I want to thank the NBSMLT for the congress grant; Congress was very interesting!!!

Respectfully submitted by;
Germaine Savoie, MLT, RT



Editor's note:

Please note that there are no reports available from Moncton or the Edmundston Academy for this issue.

Miramichi Academy Report June 2003

Our academy has been a little more active this spring, with National Lab Week being a great success. We invited the students from the 2 local high schools to come for a condensed lab tour that was guided by several of our technologists. In total, we had around 70 students come through with varying interest in our profession. We also had a cake in the lobby with our display, a potluck supper and a pizza party at work on Friday. Our PR rep is doing a great job of getting us together!!

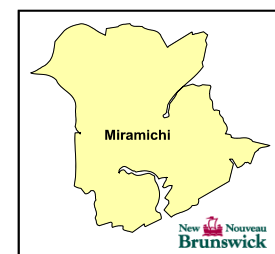
Four of our Laboratory assistants and one technologist attended the phlebotomy workshop held in Fre-

dericton as part of APSC, in May. They felt the workshop was very worthwhile and brought back a lot of information. Sylvie Martin held a lecture for the rest of us that were unable to go, detailing many of the ideas and information that was presented there. Congratulations to the APSC committee for a job well done.

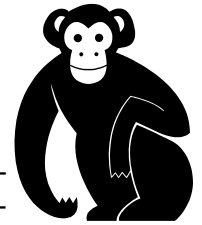
I attended the Congress in Quebec City along with several other New Brunswickers. Although attendance at meetings, kept me from many of the lectures, I heard that many were pleased with the overall program. A workshop on POCT(point of care testing) was

great and I think the NBSMLT thoughts and policies are quite close to those being used in other provinces. It was reassuring to see this, as we move forward in this area of our practice.

Have a great summer!!
Colleen Moran
Miramichi Area Director



Monkeypox virus - Emerging Virus



We have all been made aware of SARS, Mad Cow and West Nile Virus and their impact on our society and now there is yet another to join the group.

Monkeypox virus, which belongs to the family of orthopoxviruses that can infect humans, has been identified as a causative agent in infection in several people in the US mid-west. Other examples of orthopoxviruses include variola (smallpox), vaccinia (used in smallpox vaccine) and cowpox.

Monkeypox is a rare viral disease found mostly in rainforest countries of central and west Africa. It was first discovered in laboratory monkeys in 1958 and later identified in other rodents including African squirrels, which may be the natural host.



A mathematical model to assess the potential for monkeypox to spread in susceptible populations after cessation of vaccinia vaccination indicated that person-to-person transmission would not sustain monkeypox in humans without repeated reintroduction of the virus from the wild.(1) In parts of Africa this infection occurs frequently from trapping the rodents and also from eating the meat of infected animals, such as Thomas's tree squirrel (Funisciurus anerythrus) and Kuhl's tree

squirrel (Funisciurus congicus) and Gambian rats (Cricetomys emini). (2)

In early June 2003, a four-year old girl and her parents in Wisconsin in the United States, were found to be infected with monkeypox.

The disease, which manifests itself as blisters on the skin, high fevers, drenching sweat and headaches, is also considered a potential bioterrorist agent. However, this outbreak doesn't appear to be a result of bioterrorism. They had contracted the disease from her pet prairie dog, which in turn had been infected at the pet store by the virus spread from an exotic Gambian rat. The disease can be spread through a bite or direct contact with the infected animal. Transmission person to person can occur through contact with lesions, body fluids, blood, or even by direct contact with virus contaminated objects such as bedding of the infected person. The disease is much less infectious than smallpox. Steve Ostroff, deputy director of the CDC's National Center for Infectious Diseases, said he expects the number of cases to rise as human and animal samples are tested. But Dr. Ostroff said only people who had direct contact with infected prairie dogs, or in one case a rabbit, have come down with the illness. "For the average citizen, I would not necessarily be concerned at this point of being exposed to monkeypox."

While there is no proven safe effective treatment, smallpox vaccine has been reported to reduce the risk of monkeypox in previ-

ously vaccinated persons in Africa. Cidofovir, an antiviral agent used to treat smallpox seems to be useful against monkeypox. Cidofovir, however, has significant toxicity and should only be considered for treatment of severe monkeypox infections, not for prophylactic use.

The symptoms of the disease are similar to those of smallpox but usually milder. Incubation is about 12 days and the illness begins with fever, headache, muscle aches, backache, swollen lymph nodes, a general feeling of discomfort and exhaustion. Within 1 to 10 days the patient develops a rash of raised bumps (papular).

The lesions develop through several stages before crusting and falling off. The illness lasts 2-4 weeks. (3) In Africa the fatality rate is as high as 10%; but the strain in North America appears to be less virulent. (Before smallpox was deemed eradicated, it's case fatality rate was about 30%)

1. Fine PE, Jezek Z, Grab B, Dixon H.
"http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2850277&dopt=Abstract"
The transmission potential of monkeypox virus in human populations.
2. Int J Epidemiol 1988;17:643-50
"http://www.cdc.gov/ncidod/eid/vol7no3/hutin.htm"
3. <http://www.cdc.gov/ncidod/monkeypox/factsheet.htm>

Anita Louise (Green) Lindsay

It is with great sadness that we wish to inform you of the death of Anita Louise (Green) Lindsay on Wednesday, August 13, 2003 in Halifax, Nova Scotia. Born in Saint John, Anita was a Medical Laboratory Technologist (Biochemistry) and later an Information Systems Coordinator at the Dr. Everett Chalmers Regional Hospital in Fredericton. She received her General RT in 1972 after graduating from the New Brunswick School of Medical Laboratory Technology (Provincial Laboratory) in Saint John.

Anita was very active at the Academy, Provincial and National levels of her Professional Society. Early in her professional life she became involved with the New Brunswick Society of Medical Laboratory Technologists (NBSMLT) Newsletter. In 1979 she was the Exhibits Chair for the Canadian Society of Laboratory Technologist (CSLT) Convention held in Fredericton. With this experience she was able to hold key positions on several Provincial and Maritime Conferences which would follow, including Co-Chair of Maritech 98 in Fredericton. While holding a full-time position at the Fredericton Regional Laboratory, Anita was president of the New Brunswick Society of

Laboratory Technologists in 1985 and 1986. During her tenure she was instrumental in convincing government to retain the NB School for Medical Laboratory Technology in Saint John, NB. It remains the only English diploma program in the Maritimes. Following regulation of Medical Laboratory Technology (1991), Anita became the first Registrar of the NBSMLT (June 1991 – March 1994). In October 1993 Anita was asked to speak at the Manitoba Provincial Conference regarding the NB experience in becoming a regulatory body.

Anita began her working career in 1972 in the Biochemistry Department at the Victoria Public Hospital in Fredericton. In 1976 she orchestrated the move of the department to the Dr. Everett Chalmers Hospital. In the late 70's, when units of reporting converted to System International, Anita was responsible for disseminating this information to the physicians. In the 80's she served as a union representative with NBPEA and later on the Certain Bargaining Employees (CBE) Pension Committee. She enthusiastically volunteered for hospital fundraisers such as the Labatt Relay. In 1991, Anita confidently made her next career move into the realm of computers where she remained as an In-

formation Systems Coordinator until ill health forced her to leave.

Anita will always be remembered for her willing contributions to the health care team and her dedication to her profession.

Anita leaves behind her husband, Gil Lindsay and parents Clarence and Doris Green of Grand Bay-Westfield; two daughters, Sarah Dawn Shea (Jamie) of Riverview and Jennifer Claire Lindsay of Fredericton; two grandsons, William Lindsay and Matthew Shea; two sisters, Laura Wheaton (Ricky) of Grand Bay-Westfield and Jacqueline Ganong (Brian) of Hampton; and several aunts, uncles, nieces and nephews.

Anita Lindsay

