

**LSU Health**  
SHREVEPORT

## RISK OF VECTOR-BORNE DISEASES FROM CLIMATE CHANGE

Lynda Britton, Ph.D., MLS(ASCP)<sup>CM</sup>, SM  
LSU Health Shreveport

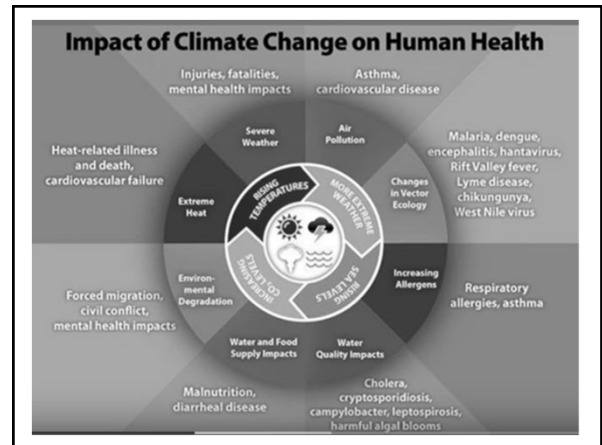
### OBJECTIVES

1. Describe the effects of climate change on vectorborne diseases
2. Discuss the new and most important vectorborne infections
3. Identify prevention and treatment strategies.

“CLIMATE CHANGE IS CONSIDERED ONE OF THE GREATEST THREATS TO HUMAN HEALTH BY THE WORLD HEALTH ORGANIZATION”

**a** CO<sub>2</sub> Concentration (ppm)

**b** Methane Concentration (ppm)



### TICK AND MOSQUITO INFECTIONS SPREADING RAPIDLY, C.D.C. FINDS

- Numbers tripled
- Warmer weather
- 2004-27K
- 2016-96K
- 643K illnesses

### IMPACT OF CLIMATE CHANGE

- 5.3% decrease in outdoor productivity
- 46% increase weather related disasters since 2000
- 9.4% increase in dengue since 1950

“...the most extreme precipitation events (those in the 99th percentile of intensity) have increased in every region of the contiguous states since the 1950s.”

National Climate Assessment, 2014

2017

- “Last year the United States suffered more than \$260 billion in direct damages from natural disasters—mainly from hurricanes Harvey, Irma, and Maria”
- “And there were also numerous wildfires, floods, and tornadoes. Data show that since 2000, approximately 99% of counties in the US have experienced significant damage from some type of natural disaster, with costs expected to increase significantly over coming years.”

### CLIMATE CHANGE AND VECTORS

- Mosquito-borne diseases worse during heat waves
  - Major outbreaks of West Nile virus in U.S. occurred during heatwaves
- ↑ temperatures make mosquitoes more infectious and infectious faster, promoting outbreaks
- Longer mosquito seasons and more regions
- ↑ temperatures expand the range of ticks further north and ↑ length of tick season
  - Increased Lyme in Canada

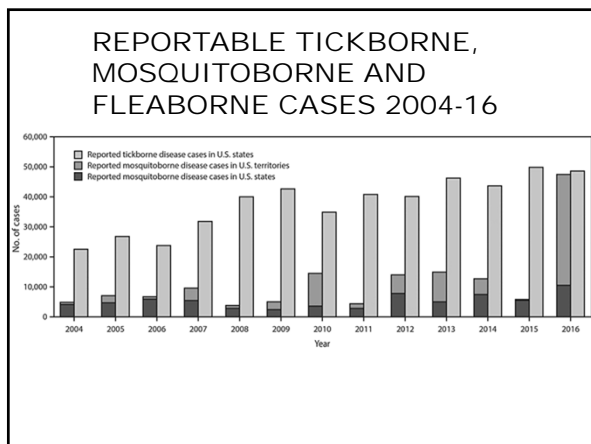
Did you know? Vector-borne diseases account for more than **17%** of all infectious diseases.

Caused by pathogens and parasites in human populations, vector-borne diseases cause more than **1 million** deaths annually.

**2,000+** Cases of West Nile Virus were reported in the U.S. last year.

VDCI

PROTECT PUBLIC HEALTH BY MANAGING VECTOR-BORNE DISEASES



### MOST COMMON VECTOR-BORNE DISEASES IN US

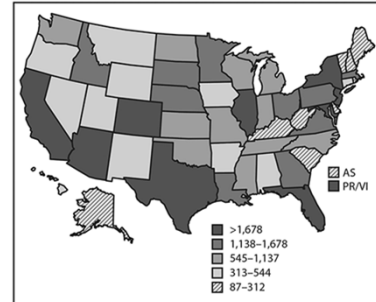
- West Nile Virus (WNV)
- Eastern equine encephalitis (EEE)
- Lyme disease
- Rocky Mountain spotted fever

### ASIAN LONG-HORNED TICK

- NJ in 11/17 now in Connecticut, Maryland, Pennsylvania, New York, North Carolina, Virginia, West Virginia and Arkansas
- 1st new in 50 yrs
- Carries virus in Asia



### MOSQUITOBORNE DISEASE 2004-16



### MOSQUITO-BORNE DISEASES IN US

- West Nile
- Several encephalitis viruses
  - EEE, JCV, SLE. etc
- New threats:
  - Zika
  - Dengue
  - Chikungunya

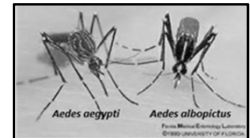
### MOSQUITOBORNE DISEASE 2004-16

- 4858 in 2004 to 47,461 in 2016
- Punctuated by epidemics
  - Dengue, chikungunya, Zika
  - Confined to territories—Puerto Rico
  - Travelers 90% in continental
  - Limited dengue in FL, TX, HI
  - Chikungunya and Zika in TX & FL
- WNV most common, dengue, Zika
- 1500 cases malaria

### MALARIA: THE LEADING MOSQUITOBORNE DISEASE HAS A HISTORY IN THE U.S.

- Leading cause of mosquito-borne deaths throughout the world
- Not until after 1950 that malaria was considered eliminated from the country
- Not currently a threat,
- *Anopheles quadrimaculatus* (Common Malaria Mosquito) distributed throughout the eastern United States
- Huge numbers in the southeastern states along the Gulf of Mexico

### AEDES AEGYPTI AND AEDES ALBOPICTUS



- *Ae. aegypti*--Most common mosquito transmitting viral diseases
  - Dengue, chikungunya, yellow fever and Zika
- *Ae. albopictus* also spreads all four and WNV
- *Ae. aegypti* high vectoral capacity--effective transmitter
- *Ae. albopictus*, Asian tiger mosquito lives in more temperate (cooler) climates

## *AE. AEGYPTI* & *AE. ALBOPICTUS*

- *Ae. aegypti* --close proximity to people and their homes
- *Ae. albopictus* less likely to live close or spread disease—eggs survive in tires
- Both more active and bite in the daytime

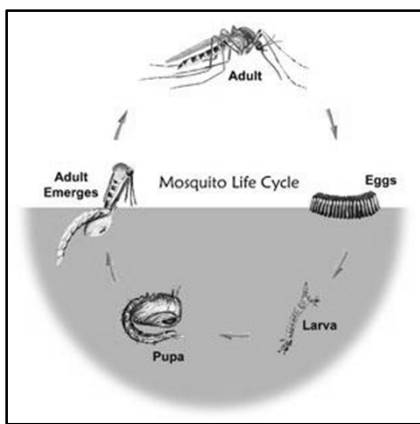


### Estimated Range of *Aedes aegypti* and *Aedes albopictus* in the United States

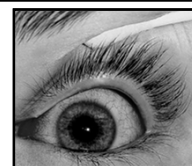
Estimated range of *Aedes aegypti* in the United States, 2016\*



Estimated range of *Aedes albopictus* in the United States, 2016\*

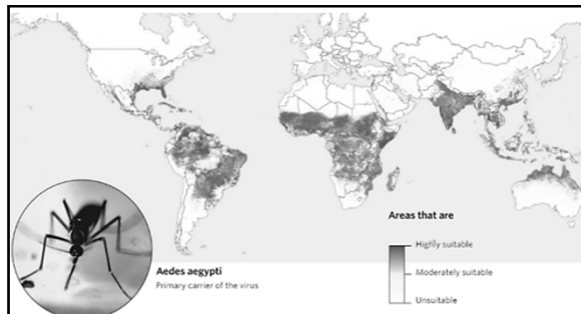


## ZIKA

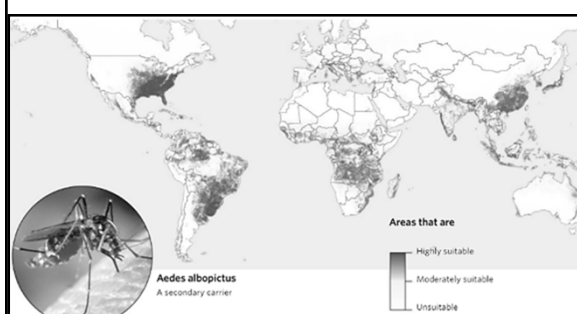


- Most asymptomatic
- Few days-week
- Rarely hospitalized
- Symptoms: fever, rash, conjunctivitis
- Severe birth defects if mother infected during pregnancy
- USZPIR monitors 7300 pregnancies

## ZIKA AND *AE. AEGYPTI*



## ZIKA AND *AE. ALBOPICTUS*



### ZIKA VIRUS PERSISTS IN INFANTS' BRAIN AFTER BIRTH

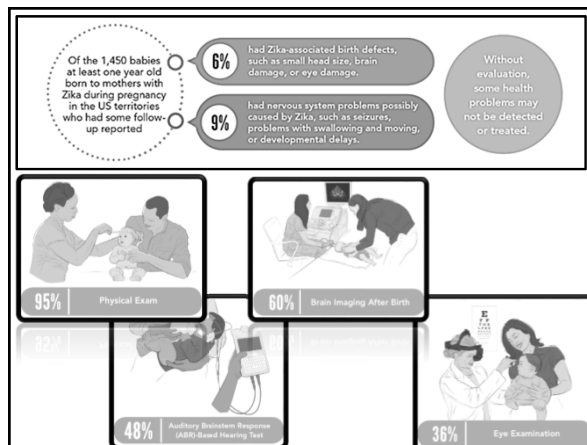
- Virus replicates in brains after birth
- Up to 7 mos
- Persists in placentas months
- Infects Hofbauer cells in placenta
- These immune cells help transfer virus to fetus's brain
- Molecular testing (RT-PCR) detects virus replication and persistence
- Abnormalities persist after virus cleared

### CONGENITAL ZIKA SYNDROME



### 1 IN 7 BABIES EXPOSED TO ZIKA HAVE HEALTH PROBLEMS

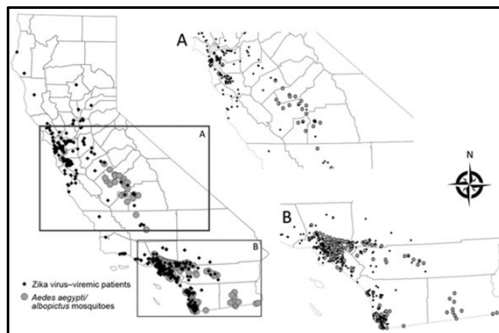
- 14% age 1 yr or older of 1450 babies
- Appear healthy at birth
- Eye or brain defect
- Neurodevelopment abnormality
  - Seizures, swallowing, moving, hearing, developmental delay
- 4800 pregnancies with Zika infection
- <https://youtu.be/j5zJ3Lm3frk>



### ZIKA UPDATE

- Local transmission study in CA 2015-17
- 588 travel-related cases—Mexico Central America
- 139 pregnant
- 10 congenital
- 8 STI
- *Ae. aegypti* mosquitoes spread to 124 locations--142% increase
- *Ae. albopictus* mosquitoes had spread to 53 locations—81% increase

### LOCATIONS OF VIREMIC PATIENTS AND *Aedes* SSP.



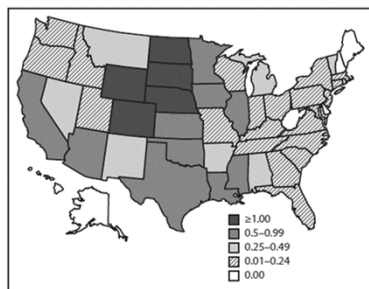
### UPDATED ZIKA GUIDELINES

- Men possibly exposed should wait **3** months instead of 6 to conceive
- Zika in semen declines substantially in 3 mo.
- Use condoms during entire pregnancy
- Pregnant women should not travel
- Blood can be screened in pools instead of individually
- Disease more than doubled  
– 22,527 in 2004 to 48,610 in 2016

### ARBO VIRUSES UPDATE

- West Nile-2150 cases—61% neuroinvasive
- La Crosse—35 cases
- St. Louis encephalitis—8 cases
- Eastern Equine encephalitis—7 cases
- Sporadic disease and periodic outbreaks
- Most asymptomatic

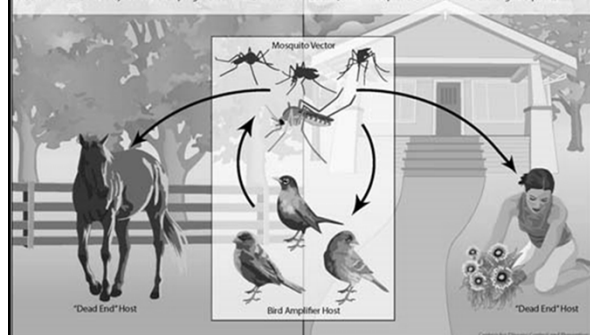
### WEST NILE VIRUS NEUROINVASIVE DISEASE 2016



### West Nile Virus Transmission Cycle

In nature, West Nile virus cycles between mosquitoes (especially *Culex* species) and birds. Some infected birds, can develop high levels of the virus in their bloodstream and mosquitoes can become infected by biting these infected birds. After about a week, infected mosquitoes can pass the virus to more birds when they bite.

Mosquitoes with West Nile virus also bite and infect people, horses and other mammals. However, humans, horses and other mammals are 'dead end' hosts. This means that they do not develop high levels of virus in their bloodstream, and cannot pass the virus on to other biting mosquitoes.



### WEST NILE VIRUS


- 63 species mosquitoes
- 330 species birds
- 85% of cases April to September
- 39,300 to 91,700 non-neuroinvasive disease cases expected to occur; however, only 840 (1%–2%) were reported
- 2018: Neuroinvasive 312/ Non-neuroinvasive 247 / Total cases 559 / Deaths 18 /

### DENGUE FEVER

#### Laboratory-Confirmed DHF in the Americas Prior to 1981 vs. 1981 - 2003

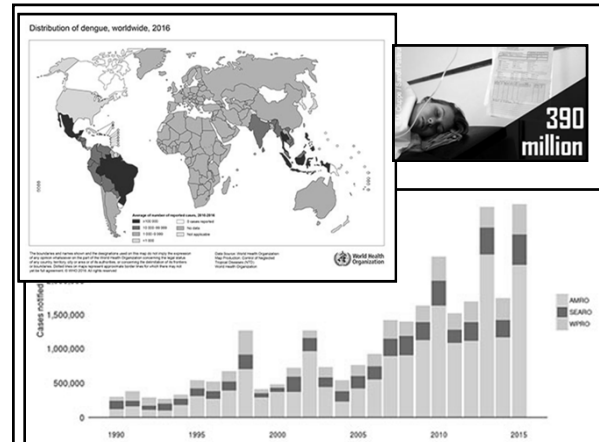


## DENGUE FEVER



**World Health Organization**

- 3.2 million cases in 2015
- Under-reported—50-100M
- Asia, Latin America, Africa
- Man or monkey to mosquito
- Severe dengue more likely with 2<sup>nd</sup> infection
  - Antibody dependent enhancement, cytokine storm, or cross reactive T cells
- US-- [week ending 31 Aug 2018] / D? / 118 / 1 severe



## SEVERE DENGUE


- Follows symptomatic dengue after 1-2 days of defervescence
- Capillaries permeable—plasma leakage
- Abdominal pain, vomiting, thrombocytopenia, breathing difficulties, and possibly severe bleeding
- 500,000 hospitalizations
- 2.5% die --usually children
- Convalescence over 4-7 days
- Vaccine developed—9-45 years in endemic areas

## US DENGUE OUTBREAKS WITH LOCAL TRANSMISSION


- 2009 and 2010 Key West
- 2013 Martin County FL
- Close proximity to Puerto Rico, C & S Am reintroduction
- 2015-16 Hawaii—181 cases
- Air conditioning, screened windows and indoor lifestyle protects from large outbreaks

## TICKBORNE DISEASES

Eastern black-legged tick, *Ixodes scapularis*

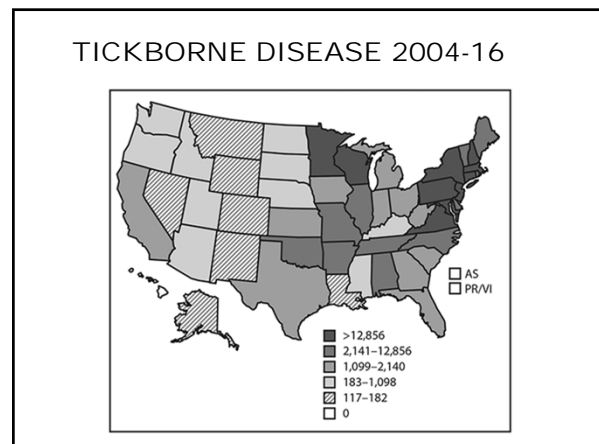


Western black-legged tick, *Ixodes pacificus*



**Relative size**

- Adult female
- Adult male
- Nymph
- Larva



### TICKBORNE

- Geographic range of *I. scapularis*—50% more counties in 2015 than 1996
- Lyme 82%--30,000/year
  - Under estimated—300,000



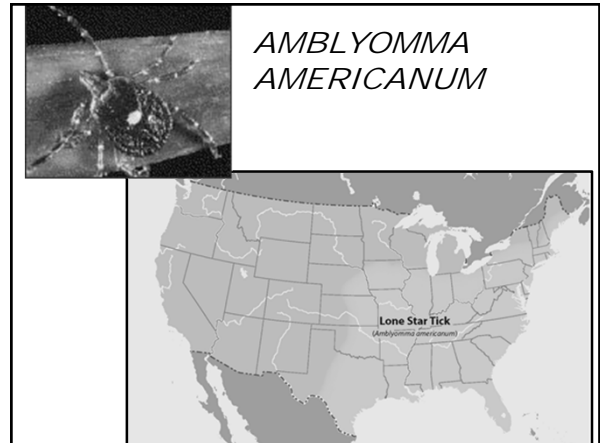
### TEXAS

- 23% carry *Rickettsia*, *Borrelia* & Ehrlichia
- 56% *Amblyomma americanum*



### LONE STAR TICK

- **Range and abundance ↑ over past 20-30 years**
- **Large numbers in Maine and as far west as central Texas and Oklahoma**
- **All life stages will feed on humans—aggressive**
- **Feed readily on dogs and cats**
- **Saliva can be irritating; redness and discomfort at a bite site does not necessarily indicate an infection**

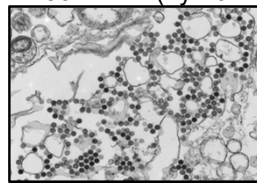
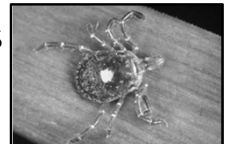


### NEW EMERGING TICKBORNE DISEASES

- Heartland and Bourbon-RNA viruses in Midwest
- *Rickettia parkeri* and *Rickettsia philipii* (364D)
- *Ehrlichia muris eaucloirensis*

### HEARTLAND VIRUS

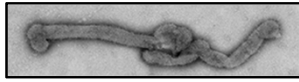
- Midwest and South
- Fever, headache, fatigue, muscle aches and diarrhea
- >30 cases (by 2017)





### BOURBON VIRUS

- Thogotovirus
- Midwest and South
- Discovered while studying Heartland using advance molecular detection (AMD)



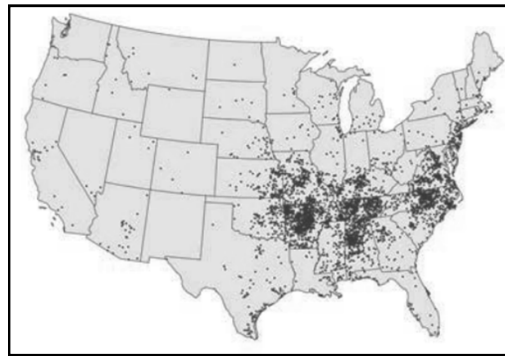
### FIRST BOURBON CASE

- Isolated from blood samples from a hospitalized male 2014
- Resident of Bourbon County, KS
- >50 years of age and previously healthy
- Reported several tick bites and an engorged tick on his shoulder
- Nausea, weakness, and diarrhea, then fever, anorexia, chills, headache, myalgia, and arthralgia
- Papular rash on his trunk

### FIRST CASE

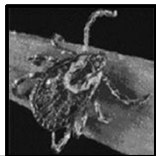
- Day 4 after onset, hospitalized
- Leukopenia, lymphopenia, thrombocytopenia, hyponatremia, and increased liver enzymes
- Serologic assays for RMSF, tularemia, brucellosis, babesiosis, and Q fever negative, as were molecular tests for *Ehrlichia* spp. and *Anaplasma phagocytophilum* and blood smears for *Babesia*
- Died 11 days after symptom onset

### SPOTTED FEVER RICKETTSIOSIS

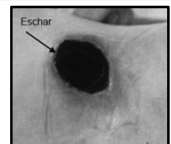


### ROCKY MOUNTAIN SPOTTED FEVER

- Etiologic agent: *Rickettsia rickettsii*
- Vectors:
  - *Dermacentor variabilis* (dog tick)
  - *D. andersoni* (wood tick)
  - *Amblyomma americanum* (lone star tick)



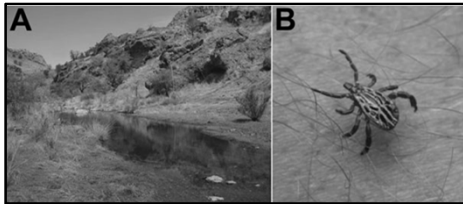
### *RICKETTSIA PARKERI*



- Febrile, eschar-associated
- Transmitted by *Amblyomma* ticks
- ≈40 cases reported since recognition in 2004
- Gulf Coast tick (*Amblyomma maculatum*) principal vector
- Reported from Uruguay and Argentina

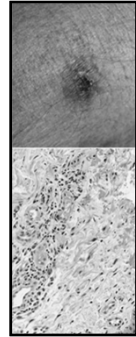
*RICKETTSIA PARKERI*

- 1 confirmed and 1 probable case acquired in southern Arizona after bites from *Amblyomma triste* ticks



ARIZONA CASE

- 49 y.o. male 2014
- Remove tick on arm <3 hrs
- 10 days later fever, headache, myalgia, and scalp tenderness
- Rash on trunk and feet
- Treated with doxycycline



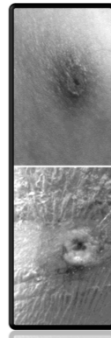
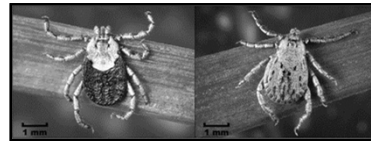
*RICKETTSIA PHILIPPI* (364D)



- Pacific coast tick fever
- *Dermacentor occidentalis*
- Eschar, fever, headache—no rash
- 14 cases reported since 2008
- 15 of 37 CA counties

*RICKETTSIA PHILIPPI* CASE

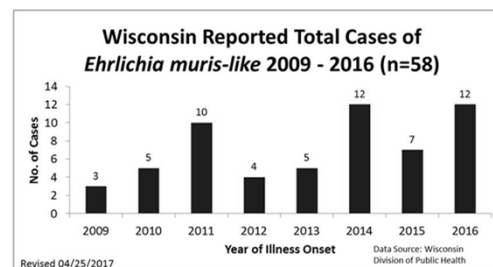
- 80 y.o. male rural N. CA
- Eschar on forearm
- No rash
- Milder than RMSF
- Male & female Pacific coast ticks



EHRlichiosis



*EHRlichia MURIS*  
*EAUCLAIRENSIS*



*EHRlichia MURIS*  
*EAUCLAIRENSIS*

- 115 cases in upper Midwest
- *Ixodes scapularis*
- Similar to other ehrlichia
- No deaths reported



*EHRlichia MURIS*

- *Ixodes cookei* Wood Tick
- Northeastern United States, 2016–2017
- White-footed mouse

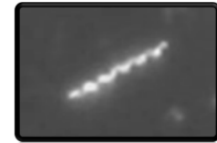


JAMESTOWN CANYON VIRUS

- Few cases reported (11-22 per year)
- Endemic throughout US
- Most asymptomatic
- 68% neuroinvasive
- Symptoms similar to WNV
- 15 cases in 2016 (MA, MN, WI)
  - 47% neuroinvasive
  - 0 deaths

*BORRELIA MIYAMOTOI*

- 1st described in Russia
- Initially thought to cause a relapsing fever
- 1st described as meningoencephalitis in U.S.
- Transmitted by deer tick that transmits Lyme disease

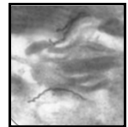


*BORRELIA MIYAMOTOI*

- Can be severe--hospitalization with a sepsis-like presentation
- Febrile illness and confused with atypical Lyme disease (without a rash), ehrlichiosis, or anaplasmosis
- No commercial assays

*BORRELIA MAYONII*

- New Lyme disease in upper Midwestern US—6 cases in 90,000
- Fever and rash
- Erythema migrans or diffuse maculopapular rashes
- High loads of spirochetes in blood
- May or may not be detected in *B. burgdorferi* tests

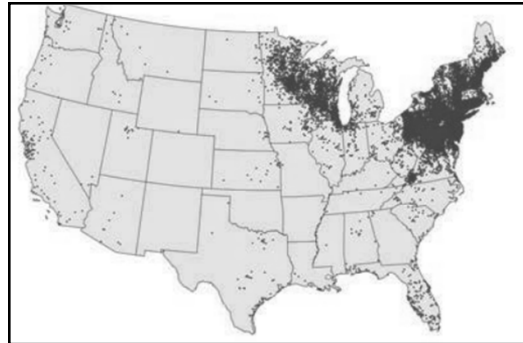


### POWASSAN VIRUS

- North American tickborne encephalitis
- Death in 10-15%
- 50-70% long term sequelae
- 2006-16—99 cases

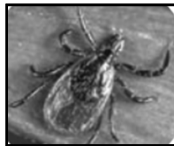


### LYME DISEASE



### LYME DISEASE

- 300,000 cases estimated
- 35,000 diagnosed
- Ticks thriving—*Ixodes scapularis*
- More travel
- Lack of vaccine
- Fewer deer, less Lyme—87% less deer = 50% less tick infection & 80% less human cases



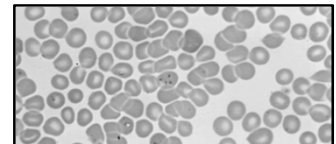
### ANAPLASMOSIS



### BABESIOSIS

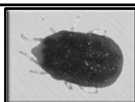


### BABESIOSIS



- Intraerythrocytic parasite
- *Babesia microti* transmitted by *I. scapularis*
- *B. divergens*—splenectomized Europe
- *B. duncani*—WA, CA
- Currently unnamed strain designated MO-1--Missouri

## TICK BORNE RELAPSING FEVER

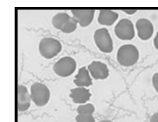


- *Ornithodoros hermsii* prefers coniferous forests at altitudes of 1500 to 8000 feet –14 western states
- Feeds on tree squirrels and chipmunks
- *O. turicatae*, found at lower altitudes in Southwest
  - cattle, rodents, pigs, snakes, tortoises, and possibly coyotes

## SYMPTOMS



- Fever lasting several days
- Interval without fever
- Episode of fever
- 1-4 times
- Body, muscle, joint and headache
- Nausea, vomiting, anorexia



## TOOLS FOR FIGHTING VECTORBORNE DISEASES AND PREVENTION

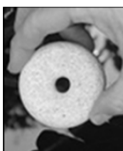
## PERSONAL PREVENTION OF MOSQUITO BITES

- Wear loose-fitting, long-sleeve, light-colored clothing
- Use an EPA-approved repellent



## PREVENTING MOSQUITOES

- Look around at items that can hold water
- If holds water for >4 days, can be breeding site
  - Plastic bottle cap
  - Tires
  - Gardening items & sporting equipment
  - Bird baths, clogged gutters



## KEEP MOSQUITOES OUT OF YOUR SEPTIC TANK



### MOSQUITO TRAPS

- Light trap—small light and CO<sub>2</sub> emitter
- Gravid trap—stagnant water with a fan to blow mosquitoes into collection container
- BG Sentinel trap—tarp-like container with an attractant



### COUNTING AND REPORTING

- Identify species in area
- Mosquito-borne diseases
  - PCR



### KILLING MOSQUITOES



- Ultra low volume fogging machines
- Computers to aid customization with mission specific software
- Mobile mapping GPS



### PREVENTION OF MOSQUITO BITES

- Resistance to insecticides and larvicides
- 2 new agents in 2017
- New odors to attract and repel
  - ethyl pyruvate, food flavoring with a fruity flavor: found to reduce *Aedes aegypti* attraction
  - cyclopentanone, mint-smelling flavor and fragrance: powerful attractant for *Culex quinquefasciatus* mosquitoes

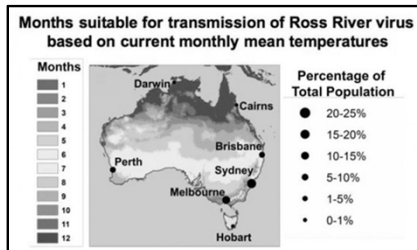
### ROBOTICS, GENE SEQUENCING, AND CLOUD COMPUTING TO DETECT DISEASES EARLY

- Robotic traps for collection



- Machine learning algorithms
- Analysis of DNA and RNA samples

### COMPUTER MODELING



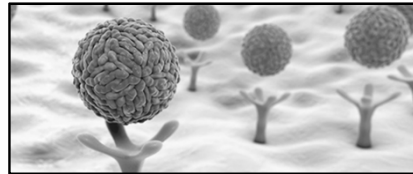
Build a model using laboratory data on traits : mosquito growth, survival, bite rate and infectiousness in response to different temperatures

### INFECTED WITH *WOLBACHIA* BACTERIA

- Sterile male *Aedes aegypti* mosquitoes infected with *Wolbachia* bacteria
- Releases millions of mosquitoes
- *Wolbachia* prevents females producing viable eggs
- Reduces populations by 80%

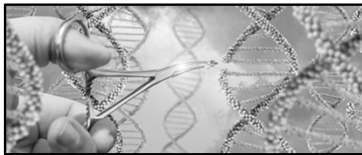
### MODIFICATION OF MOSQUITO GUT

- Targeting pathways needed for pathogens to infect cells lining gut
- Researching ways to block them



### KNOCKING OUT MOSQUITO GENES

- CRISPR/Cas9 to knock out FREP1 that enables *Plasmodium* to infect midgut
- Significantly reduces infection



### Anti malarial drugs



- Current treatment—1 or 2x daily for 3 days
- Resistant to both artemisinin and partner drugs, such as mefloquine and piperazine
- Solve challenge of drug resistance
- Single exposure radical cure and prophylaxis
- Mass drug administration

### NEW ANTIMALARIALS

- Krintafei (tafenoquine)
  - FDA approved single dose
  - Kills *P. vivax* in liver to prevent relapse
- Pyramax® Granules (pyronaridine-artesunate)
  - Uncomplicated malaria in infants 5-20 kg
  - Expanded to >20kg
  - Safe for redose up to 8 times in 2 years



### PREVENTION OF TICK BITES

- **Avoid wooded and brushy areas with high grass and leaf litter**
- **Walk in the center of trails**
- **Use repellents that contain 20 to 30% DEET (N, N-diethyl-m-toluamide) on exposed skin and clothing**



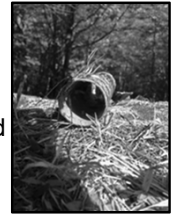
### PREVENTION OF TICK BITES

- **Permethrin on clothing--treat clothing and gear, such as boots, pants, socks and tents with products containing 0.5% permethrin**
  - Remains protective through several washings
  - Pre-treated clothing available and may be protective longer



### TICK TUBES

- Host-targeted devices
- Filled with cotton nesting materials laced with Permethrin
- Placed in mouse breeding habitats (e.g. stone walls, brush piles, wood piles)
- Mice place it in their nests
- Live ticks detach and die
- Biodegradable and low risk for environmental contamination



### DEER TARGETED DEVICES



- 4-Poster Bait Stations—98%
- Central feed bin for baiting deer
- 2 application stations at either end
- Deer feed on the corn bait
- Device forces them to rub against applicator rollers which apply pesticide to the ears, neck, head, and shoulders
- [www.youtube.com/watch?v=I0nhdC5IPKU](http://www.youtube.com/watch?v=I0nhdC5IPKU)

### FIND AND REMOVE TICKS

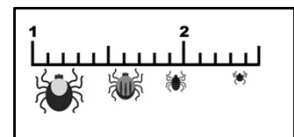
- **Bathe or shower as soon as possible (preferably within two hours) to wash off and find ticks**
- **Conduct a full-body tick check using a hand-held or full-length mirror**
- **Examine gear and pets**
- **Tumble clothes in a dryer on high heat for an hour**

### ANTIMICROBIAL PROPHYLAXIS

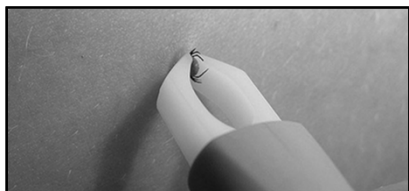
- Not recommended for any but Lyme
- Single dose doxycycline
  - Adults not pregnant
  - Children >8 yrs
- Tick *I. scapularis* and attached >36 hrs
- Lyme disease common in area

### FIND AND REMOVE TICKS

- **Parents should check children closely:**
  - Under the arms
  - In and around the ears
  - Inside the umbilicus
  - Behind the knees
  - Between their legs
  - Around the waist
  - In their hair







- Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible
- Pull upward with steady, even pressure
- Don't twist or jerk the tick

### HOW TO REMOVE A TICK

- Thoroughly clean bite area and your hands with rubbing alcohol, iodine scrub, or soap and water
- Dispose of a live tick by submersing it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet
- Never crush a tick with your fingers

### QUESTIONS?



## SURVEY MONKEY

*Program Evaluations  
No Scantron sheets*

CELL PHONE LOGON - GO TO [WWW.LSUHSC.EDU](http://WWW.LSUHSC.EDU)

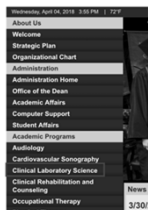
- Click on LSU Health New Orleans and then on the building icon



CLICK ON ALLIED HEALTH PROFESSIONS



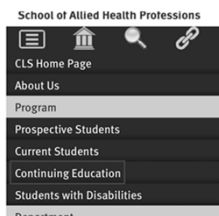
## CLICK ON CLINICAL LABORATORY SCIENCE



## CLICK ON THE ICON BELOW



## CLICK ON CONTINUING EDUCATION



## CLICK ON THE CITY YOU ARE ATTENDING

**CONTINUING EDUCATION**

The CLPC Seminars are scheduled on Saturdays except for the Distance Learning which will be scheduled on a weekday.

Check in is: 8:30 - 9:00 AM

Sessions are listed in order of presentation for the times listed below.

9:00 - 10:30 AM 8<sup>th</sup> first session  
 10:30 - 12:00 PM 8<sup>th</sup> second session  
 12:30 - 1:30 Lunch on your own  
 1:30 - 2:00 PM 8<sup>th</sup> third session  
 2:00 - 3:30 PM 8<sup>th</sup> fourth session

We are currently working on the Spring 2018 schedule. Please bookmark this page and check back regularly.

**City Choices:** Please mark your calendar with the dates and review the web site for details or changes. Click on the city for course descriptions and maps to the seminar location.

Spring 2018 information will be posted on the Speaker, Topics, and Objectives link below as it is received from the speakers. The order of speakers has not yet been set. Please check back later.

April 14, 2018	Alexandria
April 21, 2018	Shreveport
April 28, 2018	Monroe
April 28, 2018	Monroe
May 3, 2018 - Wednesday	Chalmette
May 3, 2018	New Orleans
June 8, 2018 - New Location	Slidell Square

If you wish to have an ELECTRONIC NOTIFICATION OF CHANGES, please click [here](#) to register your email.

If you are not in possession of your current wallet card license or are unsure if your license is current you may check your licensure status on-line. Go to the LSEME website at <http://www.lseme.louisiana.gov> and select the [Verification/ID Update](#) in the blue box to the left. Click "online verification" which will allow you to download and print the licensure status.

Please bookmark this website in your favorites list and check before you attend the seminar in case of date, location, or speaker changes.

## CLICK EVALUATION AT THE TOP RIGHT

Saturday, April 14, 2018  
 Learning Center for Rapides Parish  
 1419 West Shelby Blvd  
 Alexandria, LA 71303 [\[map\]](#)

LSUHC Department of Clinical Laboratory Sciences is approved as a Provider of continuing education programs in the clinical laboratory sciences by the Clinical Laboratory Personnel Committee of the Louisiana State Board of Medical Examiners.

These continuing education seminars are also accepted for BOC/Credential Maintenance Program (CMP) credit by the ASCP Board of Certification.

Handouts will be available during the week before the seminar. (When the word **HANDOUT** is underlined, the handout is attached and ready for download.)

Remember to bring your current licensure card and a photo ID. No one will be able to attend these seminars without these.

The lunch break has been shortened to 30 minutes. Please bring a brown bag lunch, snacks, or plan on picking up something to go for lunch.

**Seminars, Topics, and Objectives for Spring 2018**

Please check back later for topics and times and closer to the seminar date in case of last minute changes.

Department Homepage

Alexandria, LA	EVALUATION
If you wish to have an ELECTRONIC NOTIFICATION OF CHANGES, please click <a href="#">here</a> to register your email. You only need to register <b>ONCE</b> . As long as your name is current on the LSEME license verification website page and the emails are not returned as undeliverable, you should continue to receive the updates.	
8:30 - 9:00	Registration Check In
9:00 - 10:30	Lynda Britton, Ph.D., MLS(ASCP) <sup>SM</sup>
HANDOUT BAW	Microbiology Intermediate - Biotech
10:30 - 12:00	Stephanie Blackburn, MHS, MLS(ASCP) <sup>SM</sup>
HANDOUT color	General Lab Safety Basic - Patient Safety An Essential Role of Laboratory Professionals.
12:00 - 12:30	Lunch on your own
12:30 - 2:00	Kristin Butler, MLS(ASCP) <sup>SM</sup>
HANDOUT color	Immunology Basic - Hepatitis C Virus: Understanding the Epidemic
2:00 - 3:30	Lee Ellen Brunson Scilla, MHS, MLS(ASCP) <sup>SM</sup>
HANDOUT color	General Intermediate - CRISPR: Not Just a Disease in Your Backyard

## EVALUATION ON LAPTOP OR DESKTOP

- LSUH home page, click on Allied Health Professions
- Click on Clinical Laboratory Science



## EVALUATION ON LAPTOP OR DESKTOP

- Click on Continuing Edu



- click on city of choice

### INSTRUCTIONS

- question 1 - license number
- questions 2 and 3 - speaker 1
- same questions as scantron sheets
- click NEXT to save
- questions 4 and 5 - speaker 2
- questions 6 and 7 - speaker 3
- questions 8 and 9 - speaker 4
- question 10 - recommendations
- question 11 - general comments/future programs
- changes can be made to any page until you click DONE after question 11.

1. Please fill in your CLPC licensure number in the space provided below.

2. Speaker 1

	Excellent	Good	Average	Poor
Speaker Evaluation - Overall quality of presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker Evaluation - Knowledge of content/matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker Evaluation - Organization of presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Evaluation - Rate the session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Evaluation - Applied stated objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please comment on the speaker and course strength/weakness.

NEXT

## PAGE 5

10. Would you recommend these presentations to others?

	Yes	No
Presentation 1	<input type="radio"/>	<input type="radio"/>
Presentation 2	<input type="radio"/>	<input type="radio"/>
Presentation 3	<input type="radio"/>	<input type="radio"/>
Presentation 4	<input type="radio"/>	<input type="radio"/>

11. Please comment on the program in general and list suggestions for future programs.

PREV DONE