

**Wisconsin State Laboratory of Hygiene  
Board of Directors Meeting  
December 18th, 2018**

**APPROVED MINUTES  
September 18th, 2018  
10:00 A.M. – 12:00 P.M.  
Milwaukee County Medical Examiner's Office  
933 W Highland Ave.  
Milwaukee, WI 53233**

**MEMBERS PRESENT:** Chair Dr. Richard Moss, Secretary Dr. Jamie Schauer, Jeffery Kindrai, Barry Irmen, Mark Werner, Steve Geis, Gil Kelley, and James Morrison

**WSLH STAFF PRESENT:** Dr. Vanessa Horner, Dr. Daniel Kurtycz, David Webb, Christine Gunter, Diane Kalscheur, Cynda DeMontigny, Kristine Hansbery, Jan Klawitter, Kevin Karbowski, Allen Benson, Jim Sterk, and Nathaniel Javid

**DNR STAFF PRESENT:** Zana Sijan

**GUESTS PRESENT:** None

***Chair Dr. Richard Moss called the meeting to order at 10:00 P.M.***

**Item 1. ROLL CALL**

**Chair Dr. Richard Moss** initiated the roll call of the Board. All Board Member seats or designated representatives were present except Dr. Robert Corliss and Charles Warzecha.

**Item 2. APPROVAL OF MINUTES**

Approve the minutes of the June 19, 2018 Board Meeting as submitted. Barry Irmen presented a correction to the attendance of the June minutes that included the removal of James Wenzler from the attendance list. **Steve Geis** made a motion to approve the minutes with the aforementioned correction. **Jeffery Kindrai** seconded the motion. The voice vote approving the corrected minutes was unanimous.

**Item 3. REORGANIZATION OF AGENDA**

There was no reorganization of the agenda.

#### **Item 4. PUBLIC APPEARANCES**

There were no public appearances.

#### **Item 5. BOARD MEMBERS' MATTERS**

Jeffery Kindrai mentioned the recent flooding damage in Wisconsin and expressed thanks to the Wisconsin State Laboratory of Hygiene (WSLH) for their water testing during this period. Mr. Kindrai also mentioned he was notified that rabies testing is being piloted by the WSLH and asked WSLH representatives for clarification. Jan Klawitter, WSLH Public Affairs Manager, responded that we can provide an update on both of these topics at the December Board Meeting.

Chair Dr. Richard Moss had Secretary Dr. James Schauer speak on the topic of branding. Dr. Schauer responded that we need to focus our efforts on branding ourselves within UW Madison and around campuses statewide for the stakeholders around the state. Dr. Moss replied that he looks forward to seeing more of this initiative in the future.

#### **Item 6. FINANCIAL REPORT**

##### **■ Kevin Karbowski, Chief Financial Officer, Wisconsin State Laboratory of Hygiene**

Mr. Karbowski provided the budget report through June 30, 2018. Our net income as of June 30<sup>th</sup> is \$112,738, which is \$1,609 less than what we had budgeted. We experienced some significant variances in revenue and expenses. Some positive variances were from the Department of Health Services related to capital purchases for forensic toxicology and the ELC contract. We also had a large positive variance for performing additional activity for UWSMPH and the SHOW program (survey for the health of Wisconsin). The negative variances on the clinical side were due to losing Gundersen Health. Other large negative variances were due to correcting our reporting of APHL revenue. Our large variances on expenses are for supplies and services. Over \$1M of these expenses are due to the additional activity we experienced, which has largely been offset. Our balance sheet also shows equipment that we have leased but plan to purchase, and this is reflected negatively.

We also have a negative bad debt expense. This is due to an adjustment in our accounting practices. Our balance sheet now has a more realistic allowance for bad debt. We also recorded the loss of a freezer before the end of its depreciable life.

For working capital, our available working capital is \$9,669,680 as of June 30, 2018 which is \$142,632 less than it was on June 30, 2017. This is due to planned future investments.

## Item 7. SCIENTIFIC PRESENTATION

### *Molecular Autopsy: Genetic Testing for Sudden Cardiac Death in the Young*

- **Vanessa Horner, PhD, FACMG, Cytogenetics and Molecular Genetics Services, Disease Prevention Division, WSLH**

Chair Dr. Richard Moss introduced Dr. Vanessa Horner of the WSLH for the Board's Scientific Presentation. Dr. Horner discussed her laboratory's experience using genetic testing to help determine the cause of sudden cardiac death in the young (those under age 40). Sudden cardiac death is defined as a death occurring within about an hour of the onset of symptoms in an otherwise healthy person, due to an underlying cardiac disease. Sudden cardiac death (SCD) can occur at any age, however, young individuals are much more likely to have an underlying genetic disorder leading to SCD.

The genetic disorders linked to SCD are sorted into two main categories: structural heart disease, in which the heart is structurally abnormal, and arrhythmogenic disorders, in which a structurally normal heart has defects in its electrical conduction system. In the majority of cases, there is a structural cause. However, SCD can also be due to inherited cardiomyopathies. Hypertrophic cardiomyopathy is the most common followed by arrhythmogenic right ventricular cardiomyopathy. Other kinds of cardiomyopathy include dilated cardiomyopathy and restrictive cardiomyopathy.

Although a cause of death is usually found in a postmortem examination, some unclear findings may be further explained by genetic testing. This molecular autopsy can help us understand the underlying or genetic cause of death. This is especially crucial for prevention in warning and protecting family members.

The use of genetic testing in SCD began over a decade ago, in sequencing four genes that are associated with arrhythmias. Several studies have shown that sequencing these four genes in cases of unexplained SCD yields a clinically significant finding about 9-15% of the time. However, recent advances in sequencing technologies have made it feasible to greatly increase the number of genes you can sequence at a time. Dr. Horner explained their approach in developing a gene panel consisting of 109 genes that includes 24 associated with arrhythmia, 65 with cardiomyopathy, and 20 with both. Dr. Horner was approached by a genetic counselor at the Inherited Arrhythmias Clinic at UW Hospital to develop a program for individuals suspected to have suffered unexplained sudden cardiac death. Dr. Horner and the clinic designed this 109 gene panel.

Dr. Horner next explained the molecular autopsy process. First, the pathologist or medical examiner performing the autopsy identifies appropriate candidates for genetic testing. Next, the family is referred to the Inherited Arrhythmias Clinic for counseling. If they are good candidates and want sequencing, they are then consented and sequencing is performed. If a causative mutation is found, targeted testing on at-risk family members is performed.

This program started about two years ago and is currently internally funded. Seven cases have been done so far, but Dr. Horner explained that they are looking for funding opportunities to expand the program and potentially make it state-wide.

Dr. Horner next went over the of details cases of the seven patients that have been sequenced so far, and their pathogenic variants.

Dr. Horner noted types of testing that they are either beginning to pursue or are considering pursuing as a public health genomics laboratory. They are beginning a pilot project with a pathology resident at the UW to expand their molecular autopsy program to include sudden unexplained infant death. In addition, Dr. Horner is beginning a collaborative research project with Patrice Held, WSLH Director of Biochemical Genetics, and Amy Peterson, a pediatric cardiologist at UW Madison, to bring on genetic testing for familial hypercholesterolemia. Other future directions for consideration include recommended testing from the CDC's Office of Public Health Genomics, which created evidence based recommendations for the use of genetic testing in public health. To date, there are two areas where genetic testing is recommended: colorectal cancer and women with a family history of breast and/or ovarian cancer.

The Board thanked Dr. Horner for her very informative presentation and Dr. Horner answered several questions from Board Members on appropriate ages for genetic testing and discrimination based on genetic findings along with comments on the importance of this work.

#### **Item 8. APPROVE FEE INCREASE**

■ **Kevin Karbowski, Chief Financial Officer, Wisconsin State Laboratory of Hygiene**

Mr. Karbowski reminded the Board that at the June Board Meeting we discussed proposing a 5% increase for services effective January 1, 2019. This will help address an increase in costs. The increase will be across the board except for newborn screening, NADP, contracts with set prices, and grants with set prices. This was discussed in June with the intention of the Board to consider and approve at the September meeting. Jeffery Kindrai mentioned concerns on how this would affect the agreement with DHS. Dr. Schauer responded that we also will receive our state GPR increase, allowing for an increase in testing and salaries, so an increase in prices would be congruous. Dr. Schauer mentioned that we would like a motion from the Board in support of this increase and reiterated that we have ensured enough time to inform our customers for necessary preparations. Jeffery Kindrai made a motion to support the 5% increase cautioning that this will be monitored. The motion was seconded by Steve Geis. The motion passed unanimously and the 5% increase was approved by a voice vote. Dr. Moss noted that the Board can approve the increase, but does not have authority to mandate it.

#### **Item 9. APPROVE WSLH BOARD POLICIES & PROCEDURES**

■ **Jan Klawitter, Public Affairs Manager, Wisconsin State Laboratory of Hygiene**

Ms. Klawitter provided some background on the Board Policies & Procedures that have been updated over this past year, including some revisions by former Board Member, James Wenzler. The Policies & Procedures have been thoroughly reviewed by WSLH staff and UW Legal. In June, we presented the Board with a clean version and redlined version of the Policies & Procedures for the Board to review and approve at the September meeting. Jeffery Kindrai

noted some confusion about the “governmental” and “non-governmental” seats on the Board, which Ms. Klawitter clarified. Barry Irmen commented that it appeared some contract authority was taken away from the lab director. Ms. Klawitter clarified that these changes were made in accordance with UW Legal following the lab director’s appropriate contract authority (granted by the Chancellor and not by the Board). Barry Irmen made a motion to approve the updated Policies and Procedures. James Morrison seconded the motion and the approval of the Policies and Procedures passed unanimously by a voice vote.

## **Item 10. HUMAN RESOURCES REPORT**

### **■ Cynda DeMontigny, Human Resources Director, Wisconsin State Laboratory of Hygiene**

Ms. DeMontigny went over the human resources report from June 2<sup>nd</sup> to September 11<sup>th</sup> of 2018. For recruitments, we have six in the Disease Prevention Division (DPD), five in the Environmental Health Division (EHD), none in the Laboratory Improvement Division (LID), three in the Communicable Disease Division (CDD), two in Administration, and one in the Occupational Health Division (OHD) for a total of 17.

For hires, we had two in DPD, eleven in EHD, zero in LID, one in CDD, five in Administration, and two in OHD. For resignations, we had two in DPD, EHD one in LID, and zero in CDD, OHD, and Administration. There were no retirements during this period.

## **Item 11. CONTRACTS REPORT**

### **■ Christine Gunter, Financial Program Supervisor, Wisconsin State Laboratory of Hygiene**

For September 2018, we have received \$7,027, 662 in contracts broken down by CDD (\$1,507,372), EHD (\$2,697, 054), and NADP (\$2,823,236). The remaining funds are divided among APHL, WDHS, EPA, USFWS, and NYSERDA.

## **Item 12. DIRECTOR'S REPORT**

### **■ Dr. James Schauer, Director, Wisconsin State Laboratory of Hygiene**

Jan Klawitter went over the recent public and environmental health incidents at the WSLH. The WSLH chemical emergency response unit has developed a method and test for synthetic cannabinoid coagulopathy. As of early September, there have been 54 cases in Wisconsin and this is an ongoing issue. An article featuring the WSLH regarding this was published in APHL’s Lab Matters Publication. Dr. Schauer was named an Envoy by the US State Department, and was tasked with putting together a program at the WSLH for an air quality delegation visit from Southeast Asia in July. The WSLH hosted an ARLN regional meeting for the Midwest. The

WSLH has also been involved in multiple Wisconsin Clinical Laboratory Network activities along with presenting at the APHL Annual Meeting in June. The WSLH Cytogenetics and Newborn Screening departments hosted sessions at the UW Grandparents University program. Communicable Disease Division Director, Peter Shult, was named a “Flu Fighter” by the CDC.

The Board approved our strategic plan with our eleven strategic initiatives. Dr. Schauer had Kevin Karbowski and Allen Benson (WSLH) provide updates on cytogenetics and eBusiness, respectively. Kevin Karbowski gave a brief update on the financial statements of the cytogenetics program, analyzing which areas are self-sustainable and which areas are losing money. Our goal is to ensure prices cover costs. At this point, we are analyzing the results. We are also looking at innovative investments for testing methods. Dr. Moss noted the excitement and investment from the UW in this initiative.

Mr. Benson next presented on eBusiness. The WSLH 2018 Strategic Plan included specific initiatives for eBusiness and Web Portal capabilities, as well as defining our support role going forward for our LIMS environments. These initiatives are lab-wide and will deliver capabilities to all divisions of the organization. The scope of this work includes websites, content management, Enterprise Resource Planning (ERP), LIMS support, and call centers. For websites, we are currently reviewing content and having focus group meetings to define requirements. For ERP, we are currently working with UW Business Systems and a proposal is being reviewed. For LIMS support, the initial staffing is complete but we are refining support transition plans. For the Call Centers (new Cisco phones), we are reviewing the proposal from the UW network services team for a collaborative network to support the Cisco phone integration with the Henry Mall facility.

Mr. David Webb, Director of the WSLH Environmental Health Division, noted a new test that has been implemented on Perfluorinated Compounds (PFC's) in water and soil sediment. We have done this before in fish testing, but we are currently developing this for water and soil. We plan to validate and continue our development of these methods for the DNR and others. Prices will be developed and are highly dependent on batch size. This test is the result of emerging concerns of PFCs in the environment. Dr. Schauer noted that this is a huge emerging issue at the federal level.

The Board reviewed the Water Systems Boil Notice Report for the period of June 2018 through August 2018. In this period, there was one boil notice for Dane and Door counties, two boil notices for Sr. Croix County, and three boil notices for Lafayette County.

Dr. Schauer mentioned that the next Board Meeting will take place at the WSLH Agriculture Drive Facility on December 18<sup>th</sup>, 2018.

**Chair Dr. Richard Moss** made a motion to adjourn the meeting at 11:45 A.M. **Jeffery Kindrai** seconded the motion. The motion passed unanimously and the meeting was adjourned.

Respectfully submitted by:

A handwritten signature in black ink, appearing to read "James J. Schauer". The signature is written in a cursive style with some loops and flourishes.

James J. Schauer, PhD, P.E., M.B.A.  
Secretary, Wisconsin State Laboratory of Hygiene Board of Directors