



## Much Ado about PAMA

By Anne Marie Mullin, Chief Executive Officer

Everyone operating a clinical laboratory should know about PAMA. PAMA stands for the Protecting Access to Medicare Act of 2014. No other topic has dominated the headlines of laboratory publications over the last two years as it has. Examples include “Good

News Bad News in PAMA Final Rule for Repricing Lab Tests,” “Quest and LabCorp Pricing Data Likely to Dominate PAMA Data,” “PAMA Lab Repricing Likely to be Based from Small Number of Labs,” “Why Small Labs and Hospitals Are at Risk from PAMA Cuts,” “10% PAMA Fee Cut Would Lower Medicare Pay to Laboratories by \$400 Million” and “Could Community Labs Become Extinct after PAMA?”

Medicare officials have regularly made known their desire to dramatically adjust (i.e., lower) the fees on the Medicare Part B clinical laboratory fee schedule (CLFS). The provisions in PAMA are the means for doing just that. The Center for Medicare & Medicaid Services (CMS) will use the data that it will be collecting from labs across the country to phase-in reimbursement reductions to each lab test code to a max 10% cut per year between 2018 and 2020. Price cuts will be capped at 15% per year between 2021 and 2023. Over ten years, CMS expects savings from the PAMA rule to be \$3.93 billion.

Due to how the CMS has defined “applicable” labs that must report reimbursement data to them (*see box*), the new payment rates will be based primarily on private payer data from independent labs. Very few hospital laboratories meet the definition of an “applicable” lab. Exclusion of their reimbursements is unfortunate and probably deliberate since they represent the highest paid part of the market. With Quest Diagnostics and LabCorp performing the most testing nationwide, the new rates will be formulated mostly from pricing information supplied by these large

commercial labs rather than a fair representation of the overall lab market.

The first data collection period is January 1-June 30, 2016. Laboratories are required to report their test volumes for each test and amounts paid to them for each test from all commercial insurance payers including Medicare Advantage plans and Medicaid managed care organizations during that six month period. All subsequent data collection and reporting periods will follow the same data collection and reporting schedule every three years.

It has been no small feat for Laboratory Alliance to collect, format and validate the voluminous data that we will be submitting to CMS on or before the March 31 deadline. Once it has been submitted, we will wait for the release of the preliminary lab fee schedule in September 2017 and, if warranted, provide feedback on its accuracy. CMS intends to issue the final PAMA fee schedule in November 2017. Effective January 1, 2018, payment for each test on the CLFS will be based on the weighted median (not average) of all payment amounts for that test. The new rates will not be subject to any geographic adjustment or consumer price index (CPI) inflation update.

Some employees have asked me, over the past year, how we should prepare for the anticipated PAMA-induced cuts in reimbursement since a third of our non-hospital revenue comes from Medicare. My response is always the same. Until the new fee schedule is issued, we don't know how much our reimbursement will change. The implementation of the principles of Lean Management throughout the company, beginning in 2010, brought standardization across our four laboratories and helped us reduce waste and rework. We were well-served by those efforts. In the meantime, we do what we have always done – we run the company with our eyes ever focused on fiscal responsibility. We deliver quality laboratory results in the most timely and efficient manner possible and we treat all patients and clients as we would want to be served so as to protect and grow our business.

### Labs Required to Report Data

Labs must report their private payer rate and volume data to CMS if they:

- Are a laboratory as defined by the CLIA regulations
- Bill Medicare Part B
- Receive more than \$12,500 in Medicare revenues from laboratory services on the CLFS during the six-month data collection period
- Receive more than 50% of their Medicare revenues under the CLFS or Physician Fee Schedule
- Have their own National Provider Identifier (NPI #)

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## Employees Serve as Career Coaches for Henninger 9th Graders

About 30 Laboratory Alliance employees served as volunteer career coaches for Henninger High School 9th grade students participating in the Pathways in Technology Early College High School (P-TECH) program. The 35 students enrolled in the Clinical Lab Technology and Health Information Technology programs met with the coaches at Laboratory Alliance's Corporate Office on March 1.

Laboratory Alliance is part of a collaborative partnership between the Syracuse City School District and Onondaga and SUNY Broome community colleges to train high school students for careers in the health care industry.

The students met with Laboratory Alliance's volunteer coaches in small discussion groups that helped them to learn about the many departments and job positions and the vast range of required skills. For two hours they asked questions, toured the information systems facility and participated in hands-on exercises that reviewed lab devices including test tubes, slides and microscopes.

Laboratory Alliance's career coaches included medical technicians and technologists, cytotechnologists, microbiologists, laboratory office assistants, technical directors and vice presidents. The staff represented nearly every department of the laboratory and corporate offices, including the cytology, microbiology, chemistry and histology departments, information systems, human resources, payroll and benefits, research, central receiving and customer service.

Laboratory Alliance's career coaches are **Michael Adetu, Brenda Alkins, Michelle Botwinick, Laura Buehler, Robin Corlis, Sara D'Arcy, Sara Elsaft, Jeremy Fuller, Barbara Guiffrida, Brenda Henry, Roseanne Ianuzi, Mark Jordan,**

**Matthew Kinsley, Daria Lebduska, Jodi Lippke, Sue Maloney, Lazaro Martinez, Dave Mineo, Sarah Pluff, Katie Raimondo, Heidi Ricci, Rita Romano, Debra Shannon, Angela Smith, Jessica Spicer, James Swank, Morgan Thomas, Samantha Thompson and Jennifer Walczyk.**

The 35 ninth-graders enrolled in the P-TECH Health Careers Academy will graduate in five to six years with a high school diploma, an associate's degree, industry-recognized credentials and preference for local jobs. Associate's degrees in clinical lab technology or health information technology are offered through Onondaga and SUNY Broome community colleges. Laboratory Alliance provides employee mentors to the students, and will allow the students to be "first in line" for jobs after they graduate. Every year, the program will accept another 35 students.

At the start of the program last August, students in the Clinical Lab Technology program visited Laboratory Alliance's main laboratory and learned first-hand what is involved in becoming a laboratorian.



Chief Executive Officer **Anne Marie Mullin**, above, speaks with a student whose goal is to become a doctor. "I never met a woman CEO before," she said. Among the Laboratory Alliance staff who served as career coaches were, from top right, Medical Technologist **Sarah Pluff**, Senior IS Analyst **Dave Mineo** and Laboratory Office Assistant **Samantha Thompson**.

## CDC Announces Sexually Transmitted Diseases at Unprecedented High in U.S.

Centers for Disease Control and Prevention Surveillance Report Released in December

Rates of sexually transmitted diseases (STDs), including chlamydia, gonorrhea and syphilis, were at their highest levels ever in 2015, the most recent year reported, according to the annual *Sexually Transmitted Disease Surveillance Report* recently published by the Centers for Disease Control and Prevention (CDC.)

The new report notes that many people with STDs are not diagnosed and therefore not treated. People with untreated infections are at risk for infecting others and for developing serious health conditions themselves. Chlamydia and gonorrhea infections can increase the risk of infertility, miscarriage, and chronic pelvic pain. If syphilis is not treated, it can progress and eventually damage the heart, eyes, brain, nervous system, bones or joints.

Those most at risk for STDs, according to the CDC, include young people, gay and bisexual men, and newborn babies whose mothers have an STD but were not treated during pregnancy. Among the most commonly reported STDs, there were:

- More than 1.5 million cases of chlamydia (a 5.9% increase over 2014)
- Nearly 400,000 cases of gonorrhea (a 12.9% increase)
- Nearly 24,000 cases of primary and secondary syphilis (23,872), the most infectious stages of the disease (a 19% increase)

According to the CDC, the increase in STD cases is especially alarming now because in the last several years, over half of the U.S. local and state STD programs have faced major budget cuts. For example, over 20 state health department STD clinics closed in just one year, which means people at risk have less access to testing and treatment for STDs.

Some people do not get tested and treated because they don't know they are infected. Signs and symptoms may be non-specific and are sometimes easily missed. That is why it is important to get the recommended screenings for STDs, even if you don't notice any symptoms.

STD testing recommendations from the CDC include:

- Screening for chlamydia and gonorrhea should be done annually for all sexually active women younger than 25 and older women with risk factors for STDs, such as a sex partner who has an STD, a new sexual partner, or multiple sexual partners.
- Men who have sex with men should be tested at least once each year for STDs, and men who have multiple sex partners should be tested every three to six months.
- Beginning early in their pregnancies, all pregnant women should be screened for syphilis and chlamydia, and at risk pregnant women who have multiple sexual partners or a partner with an STD should be tested for gonorrhea. The CDC recommends repeat STD testing during pregnancy for at risk women in order to treat an infection, which lessens the chance of the infection being passed from the mother to the newborn baby.
- All adults and adolescents ages 13 to 64 should be tested at least once for HIV. People at increased risk should be tested annually.

Chlamydia and gonorrhea screening is usually done by testing a urine sample or cervical swab for the bacteria with a method called nucleic acid amplification testing or NAAT. Syphilis is usually diagnosed with blood tests. HIV testing can be done with blood or oral fluid samples.

Read more at [www.cdc.gov/std/](http://www.cdc.gov/std/)

### Women's Health Panel for STDs

By Paul A. Granato, Ph.D., Director of Microbiology

*Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis* are common causes of sexually transmitted disease (STD) in the United States and throughout the world. In women, *C. trachomatis* and *N. gonorrhoeae* are the leading bacterial causes of cervicitis in which infected patients may be at risk for systemic complications of pelvic inflammatory disease, septicemia, septic arthritis and salpingitis. Most women infected with *C. trachomatis* and/or *N. gonorrhoeae* are asymptomatic for disease.

*Trichomonas vaginalis*, a protozoan, can cause vaginitis, cervicitis or urethritis. Complications of *Trichomonas* genital infection can include premature labor, low-birth-weight offspring, premature rupture of membranes, and post-abortion or post-hysterectomy infection. An association with pelvic inflammatory disease, tubal infertility, and cervical cancer with previous episodes of trichomoniasis has been reported. Symptomatic women with trichomoniasis usually complain of vaginal discharge,

Continued on page 4

### STD Prevention Systems



#### Fast Facts

- STD case reports provided to CDC indicate that the majority of cases are reported in non-STD clinic settings, such as private physician offices and health maintenance organizations.
- There are 8,400 new HIV cases identified by STD clinics each year.

### Adolescents and Young Adults



#### Fast Facts

- People aged 15-24 account for half of the nearly 20 million new sexually transmitted infections that occur each year in the U.S.
- Both the number and rates of reported cases of chlamydia and gonorrhea continues to be highest among people aged 15-24.
- Young women face the most serious long-term health consequences. It is estimated that undiagnosed STDs cause more than 20,000 women to become infertile each year.

### Antibiotic-Resistant Gonorrhea



#### Fast Facts

- Of new gonorrhea infections, 30% are resistant to at least 1 drug.
- Gonorrhea is the second most commonly reported communicable disease in the U.S., with an estimated 820,000 new infections each year.
- In 2006, CDC recommended five treatment options for gonorrhea – we now have only one.



## Spotlight on Clinical Laboratory Scientists

**YEARS OF HIGHER EDUCATION: 2-4**

**JOB OUTLOOK: Excellent**

Clinical laboratory science professionals — also called medical laboratory scientists or medical laboratory technicians — are highly skilled scientists who discover the presence or absence of disease and provide data that helps physicians determine the best treatment for the patient.

Although they are not often personally involved with patients, laboratory technologists and technicians play a crucial role in the process of providing personalized care. They generate vitally important data for identifying and treating cancer, heart disease, diabetes and many other health conditions.

Using sophisticated biomedical instrumentation and technology, as well as highly skilled manual techniques, clinical laboratory professionals examine and analyze body fluids, tissues and cells, as well as identify infective microorganisms. They analyze the chemical constituents of body fluids, identify blood clotting abnormalities, cross-match donor blood for transfusions and test blood for drug levels to measure the efficacy of particular treatments. Also, they evaluate test results for accuracy in order to aid in their interpretation by a healthcare provider.

Medical laboratory technicians (MLT) and clinical laboratory technicians (CLT) have associate degrees, while medical laboratory scientists (MLS) have baccalaureate degrees. Much of the laboratory work performed by these professionals is the same, but laboratory technicians focus on collecting, processing and analyzing biological specimens; performing laboratory procedures; maintaining instruments; and relating findings to common diseases or conditions.

### Outlook

Every day, new advances in genetic testing, biomarkers and PCR (polymerase chain reaction) technology are creating more challenges and job opportunities for clinical laboratory science professionals.

**It is a fast-growing field, and there is a great demand for clinical laboratory professionals.**

### Academic Requirements

There is a career ladder for laboratory professionals. To become a clinical laboratory technician (CLT) or medical laboratory technician (MLT), you must earn a two-year associate's degree from an approved program and pass a certification exam.

Medical laboratory scientists (MLS) have a baccalaureate degree and have completed an accredited clinical laboratory science or medical technology program. These accredited programs may be located within a hospital system or a university. After graduating, an MLS also must pass a certification exam.

Higher levels of training also are available for those who want to pursue a particular field of specialization.

*From explorehealthcareers.org*

## Women's Health Panel for STDs

*Continued from page 3*

vulvovaginal soreness, and/or irritation. Dysuria is also common. However, it has been estimated that 10% to 50% of *T. vaginalis* infections in women are asymptomatic, and in men, the proportion may even be higher.

Given the systemic complications that can result from localized chlamydial, gonococcal or trichomonal genital infection, highly sensitive and reliable tests are needed for diagnosis. Although cultural methods may be used to diagnose these infections, they can be highly insensitive, cumbersome, and time-consuming. As such, for the last 15 years, molecular-based methods or gene amplification tests are now used in most clinical microbiology laboratories for the detection of *C. trachomatis* and *N. gonorrhoeae* in urogenital specimens. One such amplification test is the APTIMA Chlamydia/GC combination test that Laboratory Alliance's Microbiology Department has been using for over a decade. The APTIMA test combines the technologies of target capture, transcription-mediated amplification and hybridization protection assay. This technology represents one of the most sensitive and specific methods for the detection of *C. trachomatis* and *N. gonorrhoeae* in urogenital specimens.

Recently, the APTIMA assay has been approved for use for detecting *T. vaginalis* in vaginal specimens using the same APTIMA specimen collector that is used for *C. trachomatis* and *N. gonorrhoeae* testing. Culture was formerly regarded as the best laboratory method for detecting *T. vaginalis* in clinical specimens. However, laboratory evaluations of the APTIMA *Trichomonas vaginalis* assay compared to culture showed that culture had, at best, an 82% sensitivity. As such, the use of the APTIMA *Trichomonas vaginalis* assay will result in a significant improvement in the detection of infections.

Healthcare providers will now have the opportunity to order the APTIMA *Trichomonas vaginalis* test as part of the APTIMA Chlamydia/GC Test combo by using the APTIMA Swab Specimen Collection Device. This single specimen can then be used for the detection of *C. trachomatis*, *N. gonorrhoeae*, and *T. vaginalis* in cervical/vaginal specimens by using one of the most highly sensitive and specific gene amplification assays available.

The *T. vaginalis* assay may also be ordered as an individual test. Providers may continue to order the AFFIRM test which screens for *Gardnerella vaginalis*, the major cause of bacterial vaginosis, and *Candida* species, the fungal agent responsible for vaginal moniliasis, by using the AFFIRM specimen collector provided by the laboratory.



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## Meet our Anatomic Pathology Processors from St. Joseph's RRL

Laboratory Alliance's Rapid Response Laboratory at St. Joseph's Health includes Anatomic Pathology Processors Kimberly Johnson, Megan Phillips, seated front, and Technical Processor Assistant Kaylene Ilacqua. They work closely with Pathology Assistant Leeanna Ribera, wearing the lab coat, and with our RRL managers and pathologists in preparing surgical pathology specimens. Unavailable for our fall issue when we featured the anatomic pathology processors from our RRLs at Crouse Hospital and Upstate University Hospital Community Campus, this team is proficient in office and administrative skills. Also, they are involved in patient registration, specimen accessioning, preparing specimens for special studies and stocking the surgical pathology laboratory.

## 50 Yet? Get Screened for Colon Cancer

Colon cancer has become a reality for many people younger than age 50, and it's the only group where incidence rates are on the rise. In fact, 11% of colon cancer diagnoses and 18% of rectal cancer diagnoses occur in those under 50.

Colon cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in men and women combined in the United States. The American Cancer Society estimates that this year 136,830 people will be diagnosed and 50,310 will die from this disease. On average, the lifetime risk of developing colon cancer is about one in 20 (5%), however, this varies widely according to individual risk factors. About 72% of cases arise in the colon and about 28% in the rectum. Research has shown people with certain risk factors are more likely than others to develop colon cancer. Although no one knows the exact cause of colon cancer, we do know this disease is not contagious. Pay particular attention to these factors that may increase your risk:

- Age over 50
- Family history of polyps
- Family history of colon cancer
- Genetic alterations
- Hereditary nonpolyposis colon cancer
- Familial adenomatous polyposis
- Ulcerative colitis or Crohn's disease
- Personal history of cancer
- Diet and Lifestyle
- Inactivity and obesity
- Cigarette smoking



Because people who have colon cancer are at an increased risk of developing the disease again, it is important to have regular checkups. It is also important to talk to your family about their increased risk and screening.

*From Medical Laboratory Observer*



## COLON CANCER is:

Preventable.

Treatable.

**BEATABLE.**

Regular testing can prevent colon cancer or find it early.  
If you're 50 and older, go get tested!



THE OFFICIAL SPONSOR OF BIRTHDAYS!

[cancer.org/fightcoloncancer](http://cancer.org/fightcoloncancer)

## What Is Colorectal Cancer Screening?

A screening test is used to look for a disease when a person doesn't have symptoms. Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum.

Screening tests can find precancerous polyps, so that they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

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## Announcing



### Anne Chamberlain Will Manage Special Projects

Hematology Manager Anne Chamberlain announced her retirement late last fall and now serves Laboratory Alliance in a part-time capacity as a manager of hematology special projects. Anne was a tremendous asset as our hematology manager since the inception of Laboratory Alliance in 1998. She has been a key contributor to numerous corporate growth initiatives. Prior to this she served as the hematology manager at Community General Hospital. We appreciate the dedication and leadership that Anne has provided and look forward to supporting her in her new role.



### Elizabeth Madonian to Lead Hematology Department

Elizabeth “Liz” Madonian of Manlius, N.Y., has been promoted to hematology manager, where she will oversee hematology at Laboratory Alliance’s main laboratory at Electronics Business Park in Liverpool, N.Y., as well as at the three area hospital rapid response laboratories. She joined Laboratory Alliance in 1998 and most recently served as technical supervisor of hematology.

Liz has more than 29 years of experience in the fields of hematology, coagulation and urinalysis, including 19 years in supervisory roles.

Prior to Laboratory Alliance, Liz worked in the laboratory at Crouse Hospital. She is licensed by New York state in clinical laboratory technology and a member of the Clinical Laboratory Management Association.

Liz earned her four-year degree in medical technology from Rochester Institute of Technology and an MBA in Organization and Management from Syracuse University.

## Medical Laboratory Professionals Week Planned for April 23-April 29

Laboratory Alliance will celebrate Medical Laboratory Professionals Week (MPLW) by recognizing our employees for their contributions to the health of our community.

This is an annual celebration of medical laboratory professionals, who play a vital role in ensuring timely, correct diagnoses and in improving patient outcomes. The Clinical Laboratory Management Association and other professional medical associations have come together to organize MLPW to show support and gratitude for the important work performed by laboratory professionals and celebrate the positive impact of this work on overall patient care.

Medical laboratory personnel play an integral role in healthcare delivery. Join us in recognizing the professionals who stay at the leading edge of the changes occurring in laboratory management and health care today.

## LA Newsmakers

### New Employees

Please welcome our new employees

#### At our Operations Center

**Michael Adetu** - Medical Technologist  
**Caitlin Beckwith** - Medical Technologist  
**Roberta Demoski** - Cytotechnologist  
**Lisa Fingland** - Medical Technologist  
**Caitrin Fitzmaurice** - Phlebotomist  
**Danielle Gushlaw** - Technical Processing Assistant  
**Gerald Hastings** - Courier  
**Timothy Liles, II** - Laboratory Office Assistant  
**Lazaro Pablo Martinez** - Laboratory Office Assistant  
**Natalie McGuire** - Laboratory Office Assistant  
**Nathan Menapace** - Phlebotomist  
**Jacqueline Neverette** - Phlebotomist  
**Wilma Nixon** - Phlebotomist  
**Eric Rasmussen** - Courier  
**Marvin Kevin R. Reyes** - Medical Technologist  
**Stefanie Rossi** - Medical Technologist  
**Daniel Sheehan Sr.** - Courier  
**Bruce Sherman** - Courier  
**James Swank III** - Technical Processing Assistant  
**David Winscott** - Technical Processing Assistant

#### At our Rapid Response Laboratory at Crouse Hospital

**Donald Franklin** - Medical Technologist  
**Cynthia Kukenberger** - Manager, Transfusion Services  
**Marina Vols** - Medical Technologist

#### At our Rapid Response Laboratory at St. Joseph's Hospital

**Aubrey Borasky** - Laboratory Office Assistant

#### At our Rapid Response Laboratory at Upstate University Hospital Community Campus

**Virginia White** - Laboratory Office Assistant

### Employee Anniversaries

**January, 5 Years**  
**Brittaney Barrella**  
**Richard Rock**  
**Paul Woods**

**February, 10 Years**  
**Brian Meaker**  
**Kimberly Sweatland**

**January, 10 Years**  
**Jana Goode**

**March, 5 Years**  
**Lisa Dennis**  
**Gary Stelter**

**February, 5 Years**  
**David Race**  
**Meredith Weaver**

**March, 15 Years**  
**Tatyana Voytovich**

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## New York State Influenza Surveillance Reports Generated Weekly

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York state and produces this weekly report during the influenza season (October through the following May).

Reports are available online at [health.ny.gov/diseases/communicable/influenza/surveillance/](http://health.ny.gov/diseases/communicable/influenza/surveillance/)

Weekly Influenza Surveillance Report During the week ending March 4:

- Influenza activity level was categorized as geographically widespread. This is the 11th consecutive week that widespread activity has been reported.
- There were 3,129 laboratory-confirmed influenza reports, a 40% decrease over last week.



- Of the 2,410 specimens submitted to NYS WHO/NREVSS laboratories, 645 (26.76%) were positive for influenza.

- Of the 117 specimens tested at Wadsworth Center, 69 were positive for influenza. 1 was influenza A (H1) and 68 were influenza A (H3).

- Reports of percent of patient visits for influenza-like illness (ILI3) from ILINet providers was 3.39%, which is above the regional baseline of 3.00%.

- The number of patients hospitalized with laboratory-confirmed influenza was 552, a 41% decrease over last week.

- There were no influenza-associated pediatric deaths reported this week. There have been seven influenza-associated deaths this season.

## Community Connections

### Calendar of Events

**Friday, Feb. 6**

**American Heart Association's Wear Red Day 2017**

**Sunday, April 23 - Saturday, April 29**

**National Medical Laboratory Professionals Week**

**Saturday, April 1**

**American Heart Association Heart Walk, SRC Arena at Onondaga Community College**

Laboratory Alliance employees participated in Wear Red Day and raised over \$500 for the American Heart Association.

We know that laboratory professionals get results! Which is why we celebrate our employees throughout this week.



### Known for Crisis Prevention, Contact Offers Much More to Local Community

By Matt Michael, Community Engagement Coordinator  
Contact Community Services

**Contact Community Services** recently attended the annual Wellness Fair at P.E.A.C.E., Inc., in Syracuse, where they met Toni Vadala, a family worker for P.E.A.C.E. As they were sharing stories about their agencies, Toni explained how Contact has been a positive influence in her family's life. Contact shared Toni's experiences:

Contact is best known for the crisis and suicide prevention Hotline — **315-251-0600** — that it has operated in Central New York since 1971. But Contact offers a variety of programs and services to support the social, emotional, behavioral and mental health of children, youth and adults.

Learn more about Contact at [contactsyracuse.org](http://contactsyracuse.org). And to connect to community, social and government services in the area, call their 211 information and referral service at 2-1-1 or visit [211CNY.com](http://211CNY.com).

help some of my assigned families with housing and shelter needs, as well as referrals for formula and diapers.

"This is an amazing service and an easy-to-use website that will keep me coming back. I'll share it with anyone who needs help. The myriad of services that you can connect people to — mental health, education, transportation, housing, food, health and more — is what I call one-stop shopping!"

"My sons have both been in Contact for the last couple of years and have thoroughly enjoyed it. My younger son was able to participate in the summer program two years ago and attend Sea Breeze. He had the time of his life!

"Currently, my younger son is receiving in-school tutoring services to help him integrate back into school after a long illness. Last year he was out for most of the second semester due to mono and other illnesses. He loves the support and we can see it in his grades.

"As a family worker for Head Start through P.E.A.C.E., Inc., we frequently look for resources to share with our families. When we heard about 211CNY we were very happy. I have been able to use it to

### Dictionary Donations Help 3rd Graders

Laboratory Alliance contributed to **United Way's Dictionary Distribution** which provided English and Spanish versions of Webster's Dictionary to all of the 3rd grade students at Seymour Dual Language Academy. One particular classroom of Spanish speaking students were so excited to receive a Spanish/English Dictionary of their own to take home. "Thank you once again for sponsoring the school," said Principal Rria C. Cruz-Soto.



## LABlines

Comments, suggestions or inquiries should be directed to  
Joan Rusin, Senior Executive Assistant,  
315-461-3038, or by email to [joanrusin@lacny.com](mailto:joanrusin@lacny.com)

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