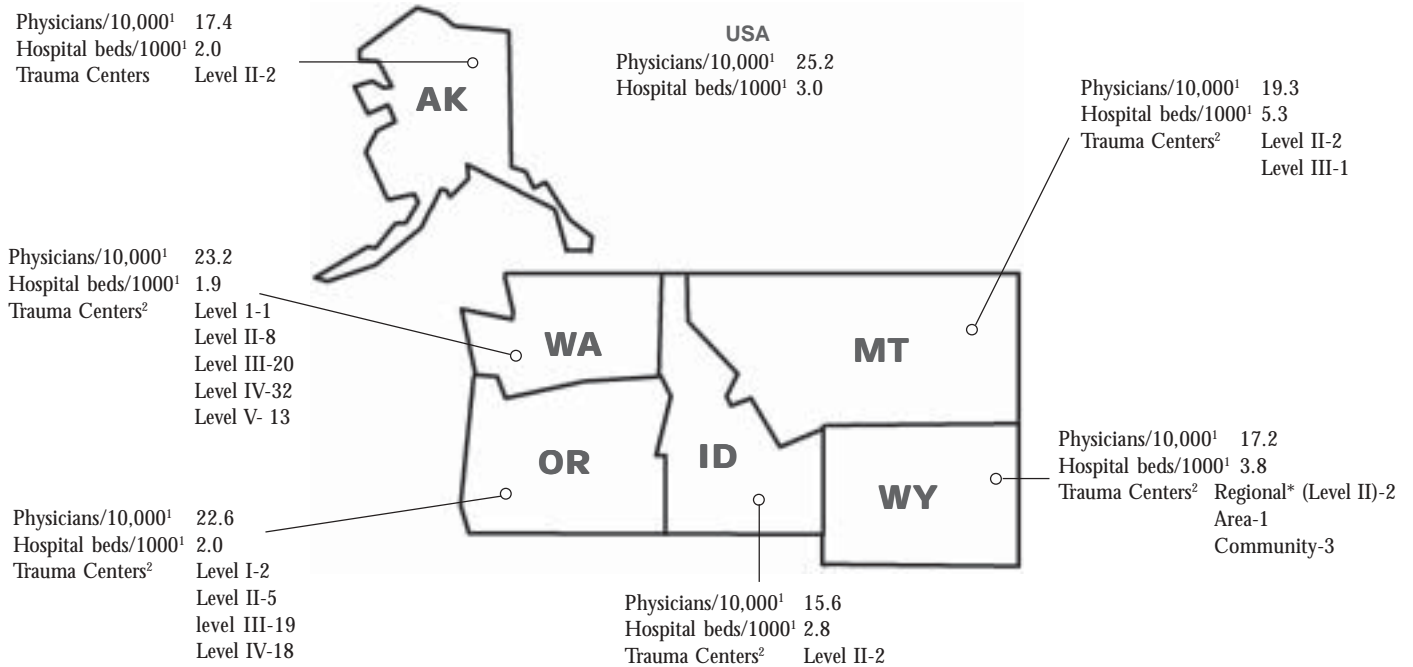


Northwest Region at a Glance

Emergency Capacity



Note: The trauma center rank indicates the level of care a hospital is equipped to handle. Level I provides the highest level of comprehensive care for the most severely injured patient. Level II is similar to a Level I without the research component. Level III provides evaluation, stabilization, and comprehensive inpatient services. Level IV resuscitates and stabilizes patients. Level V (WA only) is a non-physician staffed clinic. The American College of Surgeons recommends minimum standards for each level, which a state then adapts to its situation. *WY is implementing a trauma system that does not use numerical designations and adapts ACS standards.

Sources: ¹National Center for Health Statistics. Health, United States, 2001. Hyattsville, Maryland: 2001. ²Personal communication with state health departments.

Public Health Labs

	Alaska	Idaho	Montana	Oregon	Washington	Wyoming
Labs	25 Level A State lab: Level C	23 Level A State lab: Level B	44 Level A State lab: Level B	95 Level A State lab: Level B/C	~90 Level A 1 Level B (limited) State lab: Level C	33 Level A State lab: Level C
Diagnostic capacity	<i>B. anthracis</i> , <i>Y. pestis</i> , <i>F. tularensis</i> , <i>Brucella</i> sp	<i>B. anthracis</i> , <i>Y. pestis</i> , <i>F. tularensis</i> , <i>Brucella</i> sp	<i>B. anthracis</i> , <i>Y. pestis</i> , <i>F. tularensis</i> , <i>Brucella</i> sp	<i>B. anthracis</i> (Level B); <i>Y. pestis</i> , <i>F. tularensis</i> , <i>Brucella</i> sp, Botulism toxin (Level C)	<i>B. anthracis</i> ; <i>Y. pestis</i> , <i>F. tularensis</i> , <i>Brucella</i> sp, Botulism toxin	<i>B. anthracis</i> , <i>Y. pestis</i> , <i>F. tularensis</i> , <i>Brucella</i> sp.

Public and private laboratories have distinct roles in the nation's public health response to bioterrorist events. The laboratories are categorized in four levels, from A to D, which characterize their technical sophistication, diagnostic capability, and biosafety level. Level A laboratories are the most limited in these capacities, but they are crucial to the early detection of a bioterrorist event.

Level A laboratories, typically clinical laboratories that serve hospitals, clinics, and other health care institutions, are in a unique position to identify the first signs of a potential bioterrorist event. In these situations, the role of Level A laboratories is to *rule out* bioterrorist agents, using clinical data and standard microbiological tests. Organisms that cannot be ruled out are then sent to either Level B or C laboratories for further evaluation.

Level B laboratories are state and local public health laboratories capable of limited confirmation of suspect organisms. Confirmed organisms are

forwarded to Level D laboratories for molecular identification. Organisms that are presumptively diagnosed by level B labs are referred to Level C laboratories. Level B laboratories help to minimize false positives and reduce the burden on Level C laboratories.

Level C laboratories are often located at state health agencies, academic research centers, and federal facilities. They maintain advanced capability for rapid identification and specialized testing of organisms. Level C laboratories send confirmed specimens to a Level D laboratory.

The only **Level D laboratories** in the U.S. belong to the Centers for Disease Control and the U.S. Army Medical Research Institute of Infectious Diseases. These laboratories are highly specialized, federal facilities that conduct definitive confirmatory or forensic testing as well as molecular typing and archiving of organisms for reference in future outbreaks.

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