

NPHL Newsletter

April 2026



Funding Opportunities

Nebraska has recently secured \$218.5 million in first-year funding through the federal Rural Health Transformation Program (RHTP). This investment is part of a five-year federal award aimed at improving the health and well-being of rural communities across the country.



The Nebraska Department of Health and Human Services (NE-DHHS) will implement seven major initiatives, each reflecting ideas and feedback from hundreds of stakeholders and community partners. These initiatives outline how Nebraska can use RHTP funds to strengthen the state's rural health infrastructure.

Importantly, DHHS has announced that multiple [Requests for Applications](#) (RFAs) will be released each year beginning in March 2026, with additional opportunities added throughout the funding period. Organizations across rural Nebraska will be eligible to apply for sub-awards aligned with these seven initiatives.

While laboratories are not listed as a standalone initiative, the NPHL is recommending that our clinical partners watch for RFAs over the five-year term of this grant. There will be additional opportunities for applications in each funding year.

Please visit [Rural Health Transformation Project](#) to learn more.

Francisella tularensis

As Nebraska transitions from winter to spring, clinical laboratories across the country begin to see shifts in infectious disease patterns that track closely with environmental and vector activity. One pathogen that reliably reappears on the seasonal radar is *Francisella tularensis*, the causative agent of tularemia.

Spring brings increased tick activity, more outdoor recreation, and rising interactions with animal reservoirs such as rabbits and rodents. For laboratorians, this means renewed vigilance for potential exposures, adherence to proper biosafety practices, and refamiliarization with the characteristic laboratory features of *F. tularensis*.

Gram stain reaction: Gram-negative

Appearance: Very small, faintly staining coccobacilli or pleomorphic tiny rods

Poor to no growth on routine media such as blood agar or MacConkey agar

Will grow on:

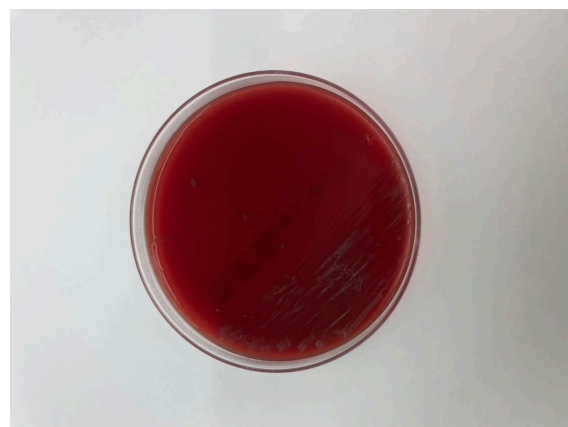
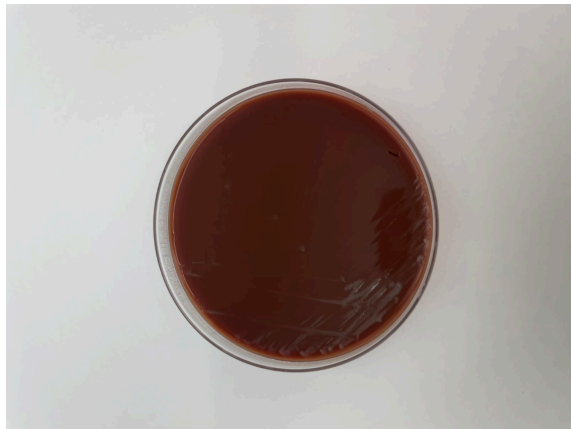
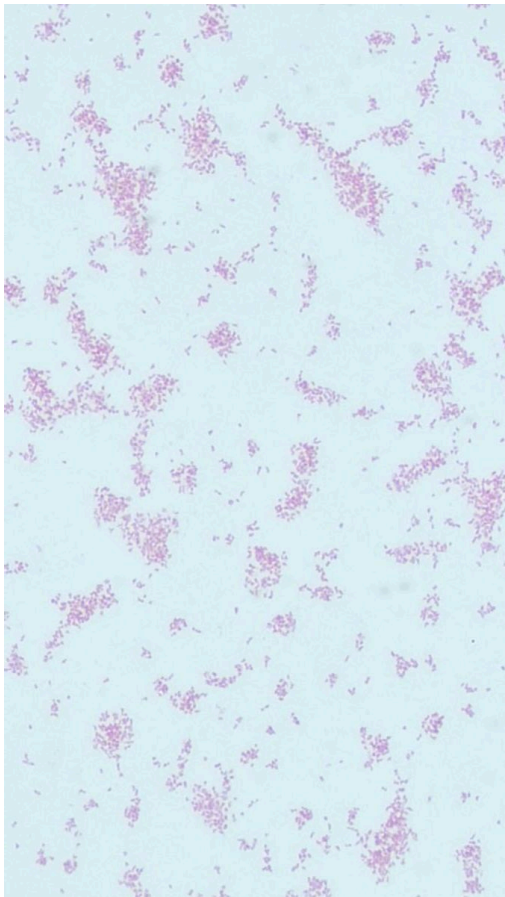
- Chocolate agar
- BCYE
- Modified Thayer-Martin

Growth rate: Slow (2–5 days, sometimes longer)

Appearance:

- Small (1–2 mm), smooth
- Opaque, gray-white colonies

Francisella tularensis Gram stain and plate growth (24 hours)



Because culture manipulation poses a significant laboratory-acquired infection (LAI) risk, all suspected isolates should be handled within a Class II BSC and referred to NPHL when *F. tularensis* cannot be ruled out.

CDC Current outbreaks

***E. Coli* Outbreak Linked to Raw Cheddar Cheese**



As of April 3, 2026, 9 people infected with the outbreak strain of *E. coli* have been reported from 3 states. Illnesses started on dates ranging from September 1, 2025, to February 13, 2026. Of the 7 people with information available, 3 have been hospitalized. No deaths have been reported.

The true number of sick people in this outbreak is likely much higher than the reported number, and it may not be limited to states with known illnesses. This is because many people recover without medical care and are not tested for *E. coli*. In addition, recent illnesses may not yet be reported, as it usually takes [3 to 4 weeks](#) to determine if a sick person is part of an outbreak.

In Nebraska, raw cheese is legal to sell directly from the farm (i.e., farmers' markets), but cannot be sold in any other manner.

Meningococcal Disease in the Democratic Republic of the Congo

There is an outbreak of meningococcal disease in the Mangembo Health Zone of Kongo Central Province (see map).

Meningococcal disease is a serious bacterial infection (caused by *Neisseria meningitidis*) that leads to bloodstream infections or meningitis (inflammation or swelling of the protective lining of the brain and spinal cord). Both forms of the disease are serious and can be deadly in a matter of hours.



The most common symptoms of meningococcal disease include fever, headache, and stiff neck. Additional symptoms may include altered mental status (confusion), nausea, photophobia (eyes being more sensitive to light), vomiting, and a dark purple rash.

People who have been exposed to someone with meningococcal disease may be recommended to take preventive antibiotics.

Even with antibiotic treatment, 10 to 15 in 100 people with meningococcal disease will die from their infection. One in 5 survivors will have long-term disabilities.

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Do you have something you'd like to submit for the Newsletter? Is there something you'd like presented at the Statewide Laboratory Advisory Meeting?

Email us at NPHLab@unmc.edu.

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