APHL Newborn Screening Symposium 2025

October 5–9, 2025 • Providence, RI

APHL® www.aphl.org/nbs2025

General Information

1. The APHL 2025 Newborn Screening Symposium (NBSS) is an in-person event; speakers should plan to present in-person in Providence, RI.
2. All presenters must register for the 2025 NBSS and assume responsibility for their own transportation, lodging and registration fees. See registration information on the Symposium website.
3. There is no limit on the number of abstracts that registrants may submit. However, authors must be in attendance for their presentations.
4. Accepted abstracts will be posted on the Symposium app. Editorial changes may be made to accepted abstracts at the discretion of the Planning Committee.
5. Membership in APHL is not required for presenting a paper at the Symposium.

Contact Information

Questions regarding abstract submission may be directed to:
Dara Slavin, Senior Specialist, Newborn Screening and Genetics | dara.slavin@aphl.org | 240.485.3862

Symposium Registration

Full conference (early)	**$750**
Full conference (late)	**$800**
Student *(current ID required)*	**$200**
Fellow	**$550**
One Day	**$400**

Registration will open in July 2025 and is to be completed online. All registration fees are payable in US dollars.

Call for Abstracts

Submission Deadline: **May 2, 2025**

Abstract Decisions: **June 30, 2025**

Abstract Submission

Abstracts submitted for the 2025 NBSS will be evaluated for acceptance by the Planning Committee. Please be sure to follow the format instructions carefully; failure to do so may result in rejection. Information in the abstract must not have been previously published in a copyrighted journal.

Abstract submissions must be received no later than midnight PT May 2, 2025. All submissions must be completed on the online abstract submission site which has detailed instructions:

▶ ONLINE ABSTRACT SUBMISSION SITE ◀

You will receive an email confirmation upon submission. All correspondence will be made with the person who submits the abstract.

Presentation Formats

Oral

A number of 10-15 minute oral presentations will be slotted for each 90 minute session. Specific length for each presentation will be determined during the review process. Concurrent Panels of related presentations may be suggested but individual abstracts must be submitted and will be judged separately as well as together. At the top of the abstract text box list "Concurrent Panel" along with the last names of the suggested co-panelists so appropriate abstracts can be paired.

Poster

All posters will be physical and virtual. Freestanding horizontal boards will be provided for presenting in-person posters. Poster presentation surface area is 4'h x 8'w (120cm h x 240cm w). Virtual posters will consist of a visual poster .pdf file which shows your work. It should look like the typical physical poster.

Roundtable

Informal discussion of a single topic. Roundtables will last 60 minutes. Only six will be scheduled.

Note: Presenters should indicate their preference for presentation. The Planning Committee will make the final decision on presentation format based on quality of abstract and the needs of the Symposium.

Poster Award

To encourage excellence in poster presentation, a Best Poster Award for the 2025 NBSS will be selected by the Planning Committee. Certificates will be announced during the Symposium awards ceremony.

A certificate will be awarded to the top three posters. Posters will be judged equally on the following criteria:

1. Importance and Relevancy
2. Broad Interest of the Topic
3. Educational Value
4. Design and Layout

Selection Criteria and Guidance ▶▶▶

Selection Criteria and Guidance

Abstracts must accurately and briefly describe:

1. the problem studied and/or objectives;
2. methodology;
3. significant results and findings (include quantitative and qualitative analyses when applicable)
4. conclusions and/or implications and next steps

Submissions of an educational and/or non-technical matter will also be considered.

- Studies must be based on accepted scientific practices.
- The body of work should not have been previously presented or intended for presentation at another scientific meeting. Papers should not appear in print prior to the 2025 NBSS.
- Results should be summarized. Do not use tables or graphs in the abstract submission.

RUSP Conditions

- Point-of-care (e.g., CCHD, EHDI)
- Improved testing methods or follow-up
- Reporting on secondary conditions
- 1st and 2nd tier testing methods
- New methodologies and therapies
- Screening performance (e.g., false positives, false negatives)
- Counting conditions and counting cases

Conditions Under Consideration for Addition to or Removal from National and State Panels

- Lysosomal disorders
- Metabolic disorders
- Congenital infectious diseases (e.g., HIV, CMV)
- Non-RUSP conditions (e.g., rare conditions, new therapies)
- Testing/follow up algorithms
- Validation lessons learned

System Issues, Updates and Initiatives

- Pre-analytical aspects (e.g., data entry, device ordering/send-out, sample quality, parental refusals)
- Post-analytical aspects (e.g., lab reporting mechanisms)
- Transportation issues (e.g., specimen stability during transportation, timeliness benchmarks)
- Process for handling transfusions
- Screening of special populations (e.g., sick, low-birth weight, pre-term or older babies, out-of-hospital births)
- COOP (e.g., security contingency planning, COVID-19)
- NBS operating structure (e.g., centralized vs non-centralized, 1 sample vs 2 samples)
- Regional initiatives, emerging programs

Quality Improvement, Quality Control and Quality Assurance Activities

- Process improvements (e.g., using population health to improve NBS)
- Preventing quality failures (e.g. validation, cutoff evaluation, SOP revisions)
- Error detection in products (e.g., markers used to indicate process errors, error messages programmed during follow-up process)

Financial, Legal, Ethical, Policy and Social Implications (FLEPSI)

- Legislative processes
- Drug access and policies
- Storage and use of residual bloodspots
- Consent and privacy issues
- Program coverage for confirmatory testing and family testing
- Biobanking, data repositories (e.g., set up, maintenance, management, responsible use, governance)

Training/Education/Communication

- Training for providers, legislators, families and the public
- Resources/materials
- Unforeseen adverse impacts of screening

Data Analytics and Bioinformatics

- How to improve the predictive power and risk assessment determinations in NBS
- Artificial intelligence and machine learning technologies
- Data dashboards
- Model for profile interpretation (eg., ED3N, CLIR)

Molecular Technology

- Methods and utility (e.g., NextGen Sequencing, proteomics, metabolomics, genomics methods)
- In-house developed laboratory methods
- Genomics as a first-line test in NBS
- Use of whole exome/genome in NBS
- Interpretation of rare variants

Short-term and Long-term Follow-up

- Methods and tools for short-term follow-up
- Methods and tools for long-term follow-up
- Late-onset conditions
- Reporting carrier results (e.g., hemoglobins)
- The role of long-term outcome studies to assess the impact and efficacy of NBS
- Diagnostic testing
- Outcome studies

Genetic Counseling

- X-linked disorders
- Utilization of genetics counselors in NBS programs
- Newborn carrier status identified by newborn screening
- Genomics updates
- Traits

Workforce Issues

- Staff development (e.g., morale)
- Shortages, retention, succession planning
- Remote working
- Engaging fellows and students

Engagement with Parents, Patients and Families

- Newborn screening from the parent/patient/family perspective
- Connecting families to early intervention and supplemental support services
- Health care disparities (e.g., language barriers, transportation, insurance, support services)
- Challenges to post-discharge follow-up
- Partnering with primary care providers
- Case studies