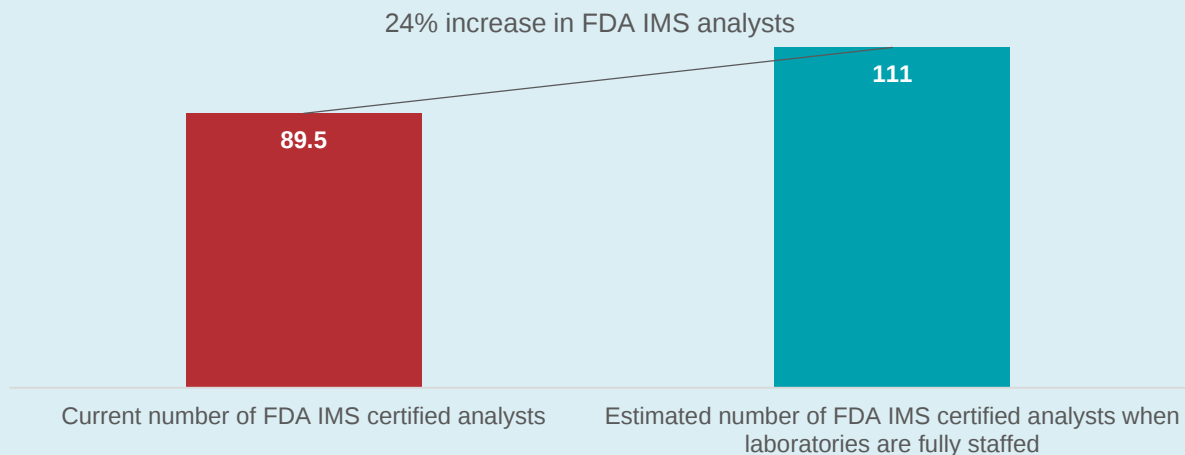


FDA IMS Analysts Survey

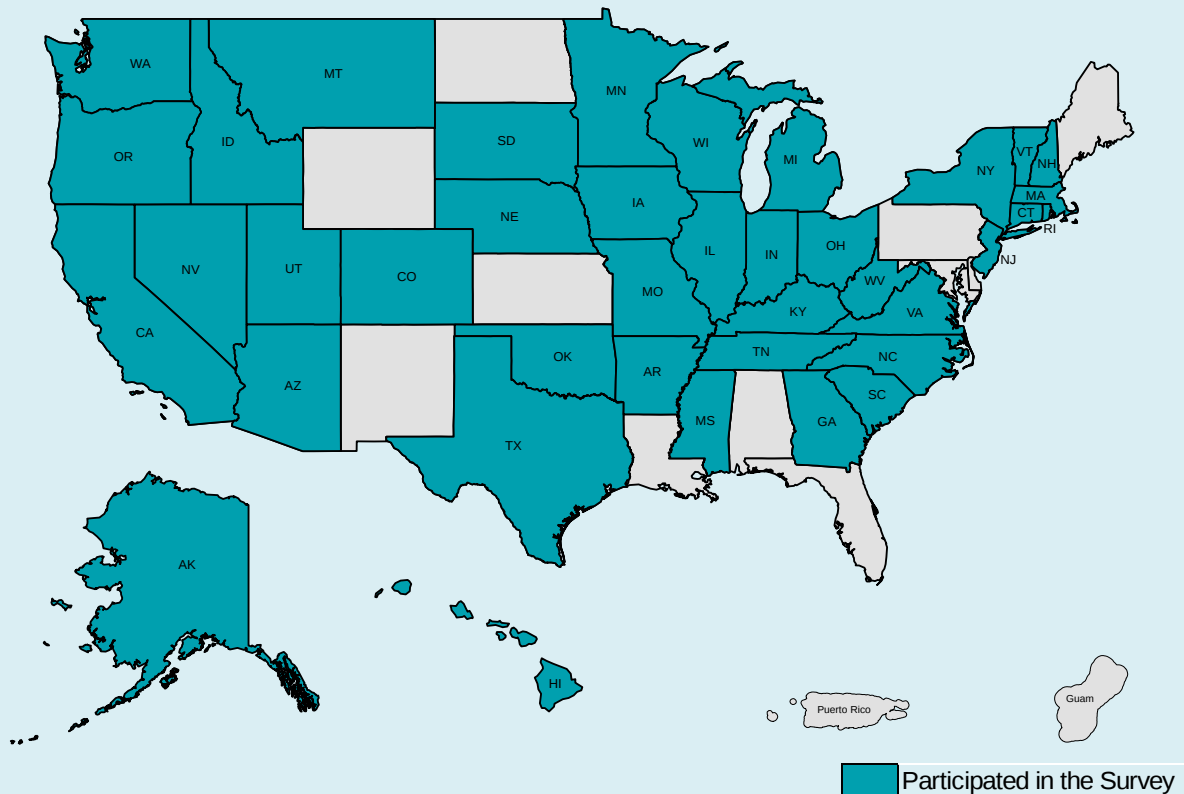
In January of 2015, APHL fielded the *Need for Expedited Certification for FDA IMS Analysts Survey*. The purpose of the survey was to gather information regarding the state FDA Interstate Milk Shippers (IMS) state central milk laboratorians certification process. Fifty-one state PHLs and 11 Agriculture laboratories were invited to participate. Twenty-nine surveys were completed yielding a participation rate of 47%. Data collected in this survey revealed that an overall 24% increase in FDA IMS certified analysts can be expected when the program is fully staffed.



MPS 1 Survey

In November of 2014, APHL fielded the *Public Health System Impact Assessment for MPS 1 Survey* to state newborn screening (NBS) directors and follow-up coordinators. The purpose of the survey was to assess individual state NBS programs' readiness and feasibility to implement screening for Mucopolysaccharidosis (MPS 1). Fifty-three state NBS programs (all 50 states, the District of Columbia, Puerto Rico, and Guam) were invited to participate. Thirty-nine surveys were completed yielding a participation rate of 73.6%.

APHL Survey Highlights



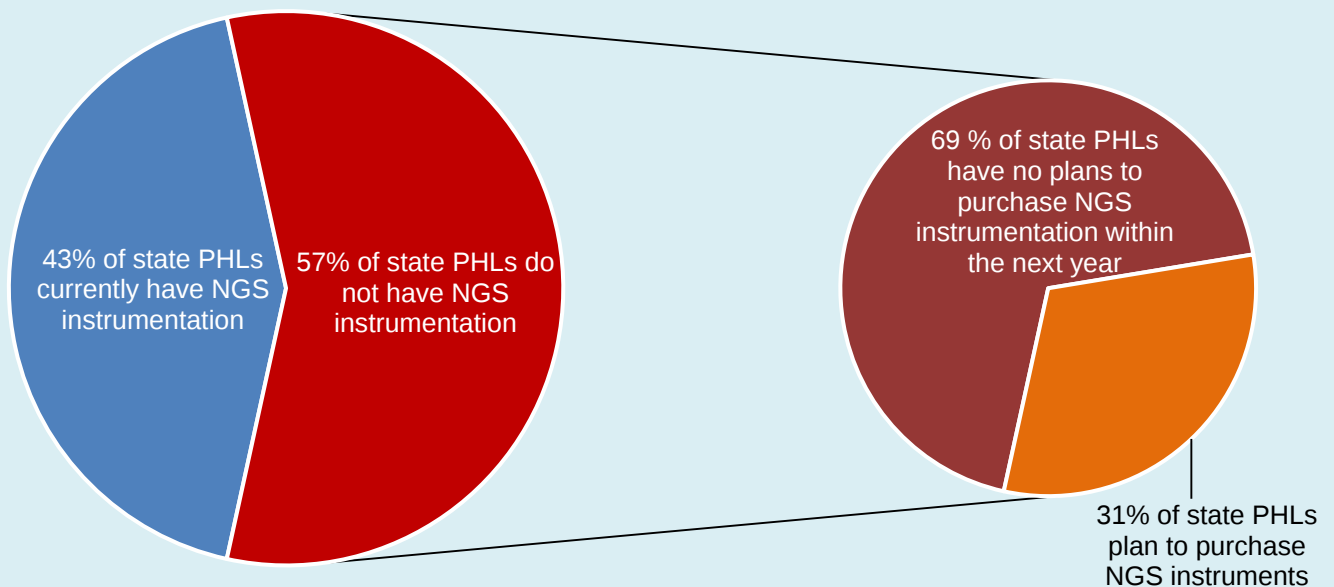
Highlighted Findings:

- 36 of the 39 responding state NBS programs currently do not include MPS 1 as a part of their routine NBS panel or as any type of pilot evaluation
- 81% of those 36 NBS programs that do not include MPS 1 reported “Providing the screening test” as the biggest funding challenge related to program activities for MPS 1. This was followed closely by 74% reporting “Long-term follow-up for those with late-onset disease or who are carriers”
- 54% of those 36 NBS programs that do not include MPS 1 reported they currently do not have and cannot get laboratory equipment needed to screen specimens for MPS 1 using flow injection MS/MS within 1-year
- Exactly half of those 36 NBS programs that do not include MPS 1 reported they currently do not have and cannot get onsite genotyping as part of a second-tier test within 1-year
- 86% of those 36 NBS programs that do not include MPS 1 reported it would take between 1 and 3 years to implement statewide screening for MPS 1 after approval and allocation of funds.

NGS Survey

In November of 2014, APHL fielded its *Next Generation Sequencing (NGS) in Public Health Laboratories Survey*. The survey's aim was to collect information on current capacities for NGS testing and data analysis at state and local PHLs. A total of 68 PHLs (50 state and 18 local PHLs) completed the survey, yielding an overall response rate of 70%. Key findings from the survey are below:

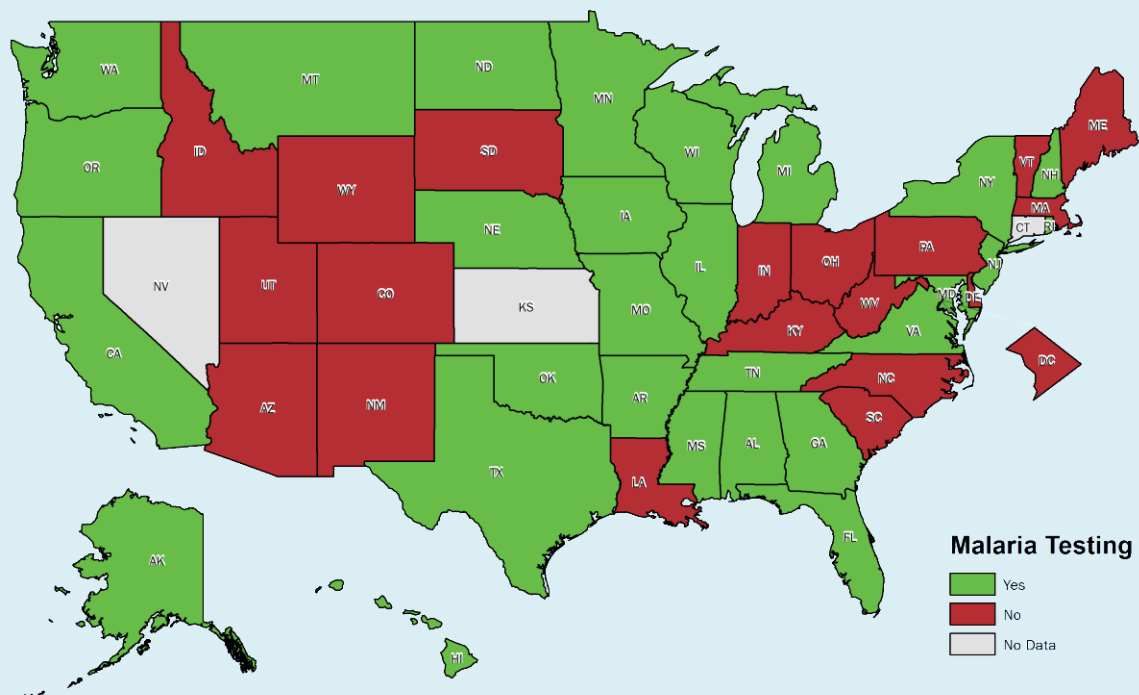
- Twenty-one state PHLs currently have a NGS instrument and another nine state PHLs plan to purchase a NGS instrument within the next year.
- By the end of 2015 at least 30 state and three local PHLs anticipate having a NGS instrument in their laboratory.
- Of the 35 PHLs that reported they do not have and do not plan to have a NGS instrument within the next year, 86% reported “No available funding” as the main reason for not purchasing a NGS instrument.



Malaria Testing Survey

On October 15, 2014 APHL invited state and public health laboratories to participate in a one question survey on malaria testing capabilities. Ninety-five laboratories received the survey and 85 (89.5%) responded: 48 state PHLs (Washington, DC is included in state count) and 37 local PHLs. Forty-four (51.8%) of the respondents, 28 state PHLs and 16 local PHLs, conduct malaria testing in their laboratory. Forty-one (48.2%) of the respondents, 20 state PHLs and 21 local PHLs, do not perform malaria testing. The map below further depicts the distribution of malaria testing in the United States.

Malaria Testing by State and Local PHLs, 2014



NBS Timeliness Survey

In July 2014, APHL invited newborn screening (NBS) programs within state PHLs to participate in this survey which aimed to assess recommendations related to the timeliness of newborn screening. Completed surveys were received from 51 NBS programs. The bullet points below highlight the most impactful factors on the NBS programs' ability to meet four recommendations pertaining to timeliness of newborn screening as reported by the survey participants.

Recommendation 1: Initial NBS specimens should be collected at 24 to 48 hours of life

- NBS programs reported compliance with collection from premature/sick infants (CLSI and/or Program standards) guidelines as the most impactful factor on their ability to meet Recommendation 1.

Recommendation 2: NBS specimens should be received at the laboratory within 24 hours

- NBS programs reported batching of specimens by birthing facilities as the most impactful factor on their ability to meet Recommendation 2.

Recommendation 3: NBS screen results for time-critical conditions should be available within 5 days of life

- NBS programs reported specimen receipt time falls outside of the recommended time frame as the most impactful factor on their ability to meet Recommendation 3.

Recommendation 4: All NBS results should be available within 5 days of collection

- NBS programs reported delays in the processes that lead up to release of NBS results (specimen collection, receipt at NBS laboratory, etc.) as the most impactful factor on their ability to meet Recommendation 4.