SCID National Conversation

July 30-31, 2015 Discussion Summary



Legislation/Approval/Fee Increases

Solution Oriented Themes		
• Be proactive, not reactive	Messaging: educate and engage state legislators early and often. Harness partnerships and utilize your champions Public Health Authority: ensure legislation is not limiting (include fee increases); create a role for PH in legislative process Perform pilot testing in tandem with lengthy rule-making process.	
Appeal to Advocates/Partners	Identify and engage collaborators who can advocate for you (APHL, MOD, IDF, JMF, AMCHP, ASTHO, BFT, etc.) Harness activities of APHL Legal and Legislative Issues in NBS Workgroup Relationship building using non-traditional approaches (social media)	
• Be Informed	Know costs, resources, staffing, technology, workforce requirements associated with implementing NBS for disorder. Have an elevator speech- be able to share this information on NBS and disorder specific activities. Share resources (repository for model practices; don't reinvent the wheel)	

Laboratory

Solution Oriented Themes		
• Garner broad support and Iimit duplication of efforts	Share model practices (benefit from what other states have done) Encourage public health leadership to understand the unique functions of molecular NBS and associated LIMS requirements	
• Recognize Molecular Requirements •	Benefit from experiences of others in implementing unidirectional workflow, PCR, training, etc. Utilize APHL Molecular Assessment Program (MAP), Molecular workshops and associated resources, including CDC experts. Utilize NewSTEPs SCID Expert Evaluators: Caggana, Baker and Comeau Implement collection of quality indicators to review/track quality practices	
• Recognize unique challenges associated with low birth- weight and NICU Babies	Low birth-weight, pre-term and transfused babies with low TREC numbers will benefit from unique solutions such as engaging in early dialogue with immunologists, perform period evaluation of cut-offs, perform flow cytometry in lieu of repeat screen, etc. Transfusion of packed red blood cells should not result impact screening results. The exceptions are following an exchange transfusion or after cardiac surgery. Recognize situations where newborns with congenital heart abnormalities or multiple congenital defects may not require additional screening/testing for SCID; contact physician to clarify clinical status. Understanding clinical scenario to characterize whether additional testing needs to be performed.	
Ensure Timeliness and Laboratory Efficiencies	Point of care testing to measure lymphocytes Efficiencies in workflow and considerations related to sharing space with other molecular programs; identifying creative solutions	

Short Term Follow-Up

Solution Oriented Themes		
Clarify path from screening to diagnosis	 Perform confirmatory testing within 24 hours Involve both laboratory and follow-up staff to develop a 'critical list' of items that need to be addressed that occur between laboratory and follow-up, but are necessary to confirm a diagnosis.* Develop a system of care prior to initiating SCID screening; this would be a centralized checklist.* 	
Ensure integrity of results and interpretation	 Setting and maintaining accurate cut-offs requires investing time to repeat tests and analyze assay results. Thresholds may vary between programs. 	
Develop processes to minimize False positives/False Negatives	 Clarify procedures/pathways for performing confirmatory testing. Maintain stringent controls; maintain contact information. Perform flow cytometry in lieu of repeat screen when first specimen is abnormal. 	
Continue conversation	 Forum needed for Short Term Follow-up staff (national SCID webinar topics dedicated to this). 	

*Potential action item for NewSTEPs Short Term Follow Up workgroup

Education and Information Dissemination

Solution Oriented Themes

• Know your audience •	Physicians receiving results following abonormal newborn screen Parents General pediatricians Public Translate scientific knowledge in an effective way
• Don't reinvent the wheel •	Streamline Have a process (information sheets, check-lists, fact sheets, grand rounds) Use existing resources (NewSTEPs, Baby's First Test, Immune Deficiency Foundation, Jeffery Modell Foundation, ACMG ACT Sheets etc.)
• Build relationships	With hospitals Within rural areas (boots on the ground)
• Assess NBS Literacy •	Identify vehicles to perform outreach and information dissemination, including face to face meetings and social media. Involve all stakeholders (advocacy and interest groups) Be cognizant of level of language and linguistic culture