

Public Health Laboratory Status Report

What's Changed in the Last 5 Years?

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Factors Impacting PHLs 2008- Present

- Economic Downturn
- Move to Molecular Methods
- Laboratory Efficiencies Initiative/ Use of Shared Service Models
- Changing Workforce

Effects of the Economic Downturn: 2008 - 2010

- Survey Conducted in 2010
- State spending on SPHLs decreased by an average of \$1.3 million per laboratory
- At least 215 PHL positions were eliminated nationwide.

The Laboratory Efficiencies Initiative

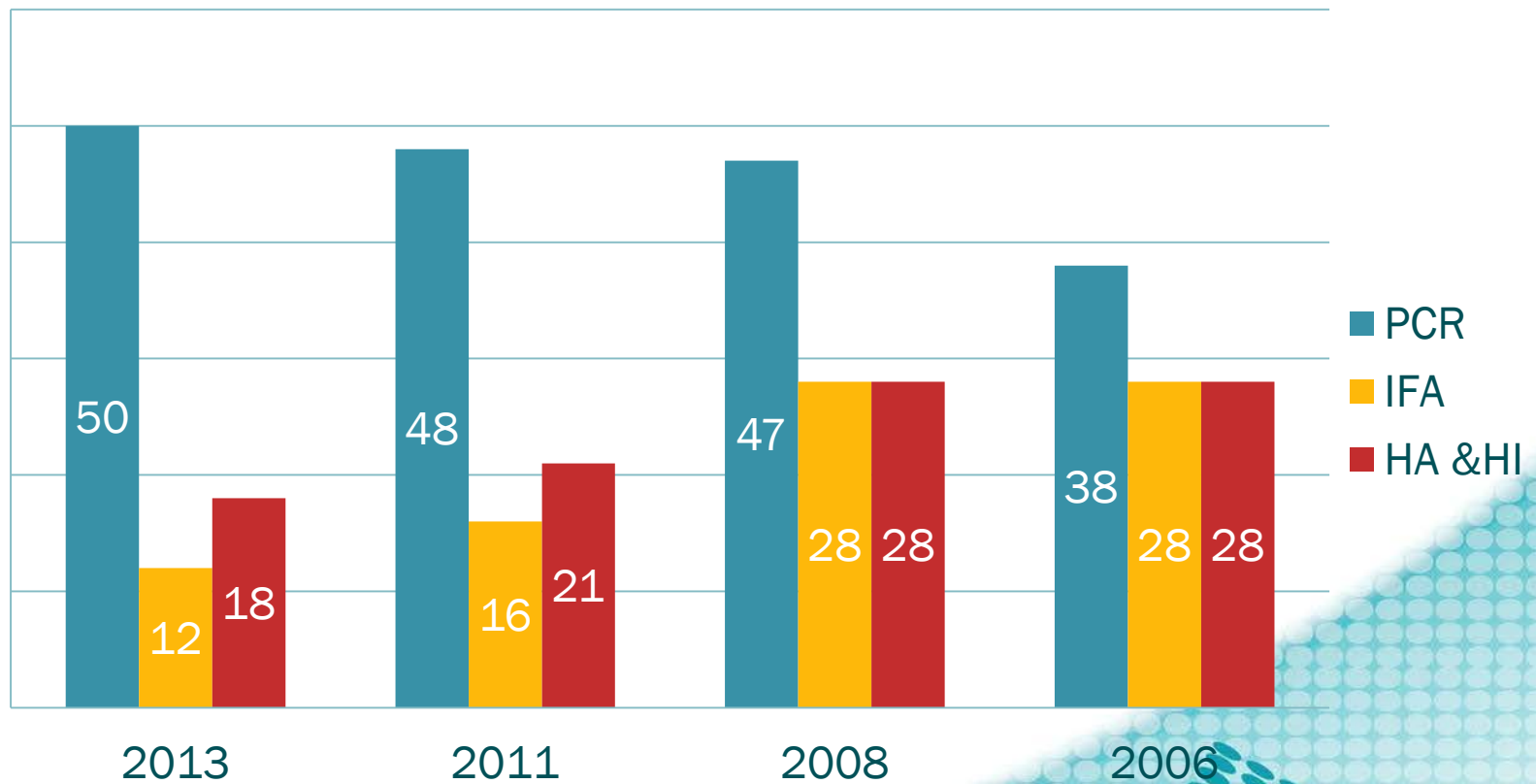
- *Vision:* A sustainable and integrated network of public health laboratories.
- *Mission:* To assure that the public health laboratory network efficiently provides high confidence scientific evidence to drive decision-making that protects and improves the health of the public.

Exploring Shared Service Models

- Providing Specialized Testing to Assist CDC
 - Influenza Virus Isolation and Neuraminidase Inhibition
- Provide Access to the Latest Technologies for Low Volume Tests
 - HIV NAT; Vaccine Preventable Disease PCR; TB
- Assist in Surge and Outbreak Response
 - Current Cyclospora Outbreak

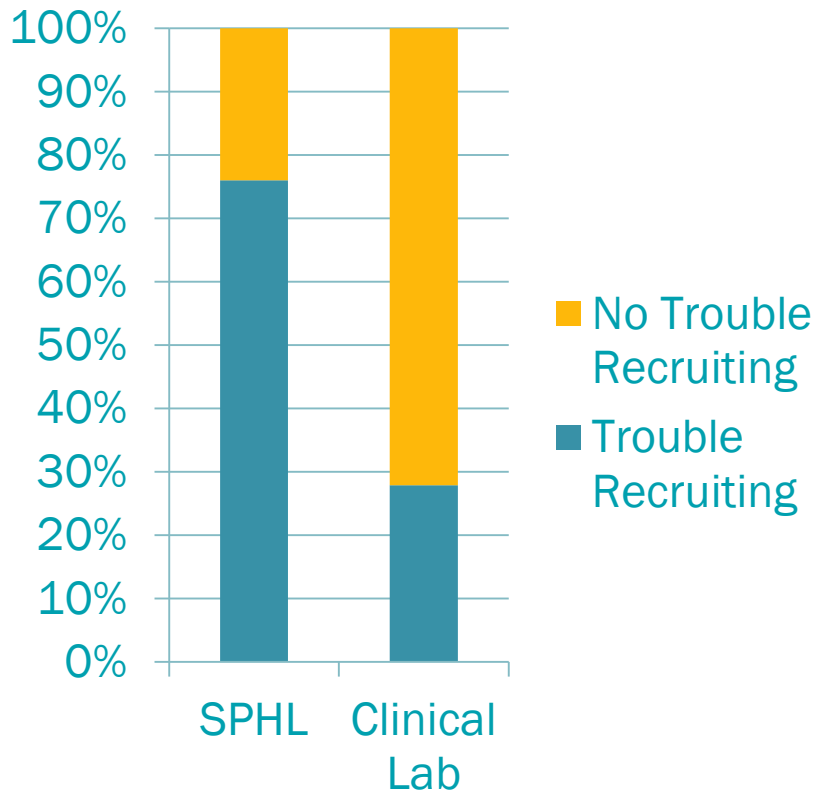
Move to Molecular Methods

Influenza Subtyping Methods in PHLs 2006-2013

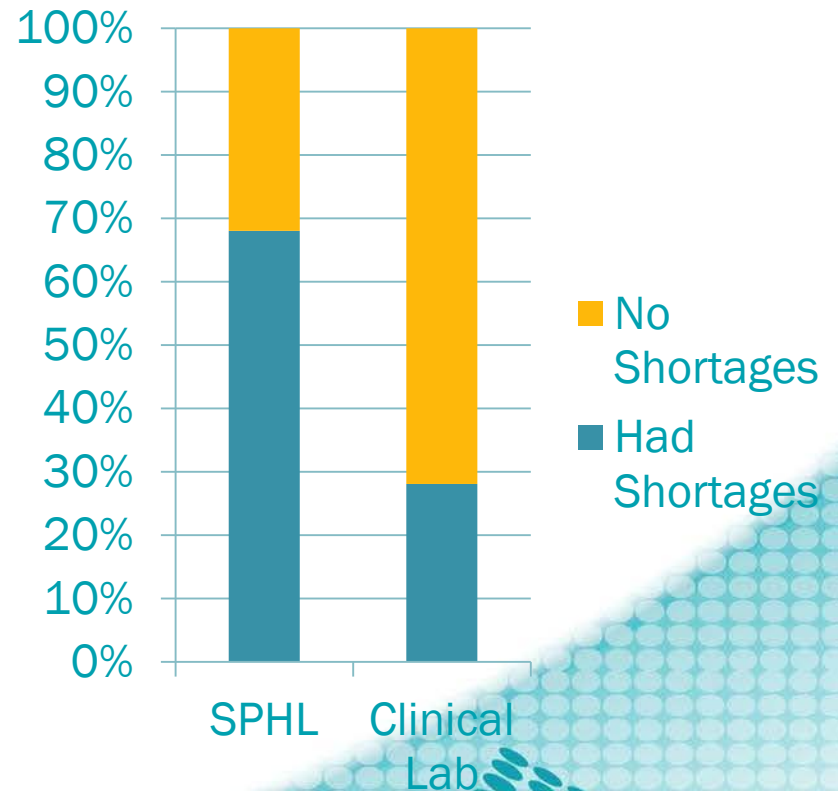


Changing Workforce

Percentage of Laboratories that Reported Issues with Recruiting Staff



Percentage of Laboratories that Reported Staff Shortages

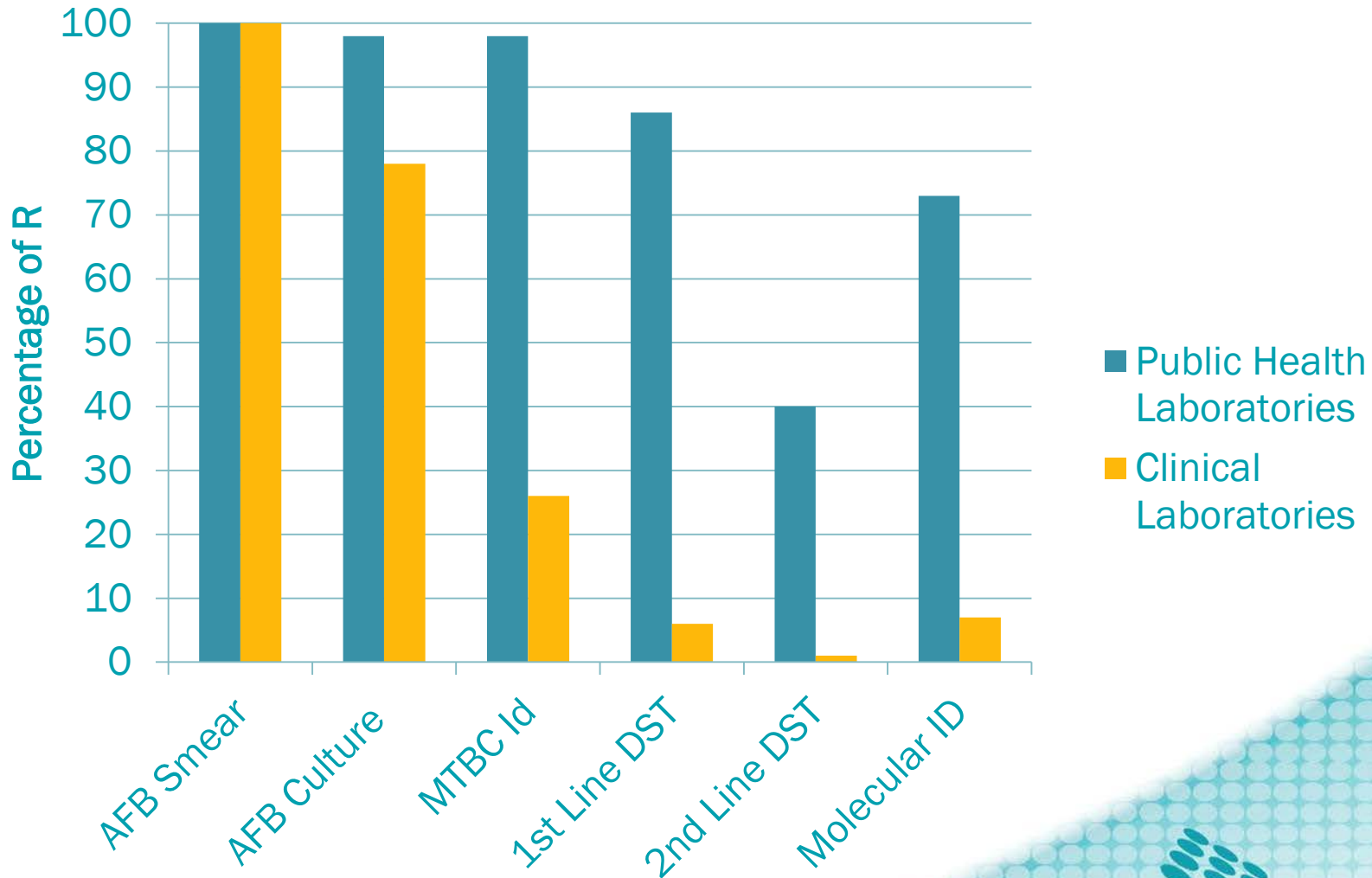


So what have we learned...

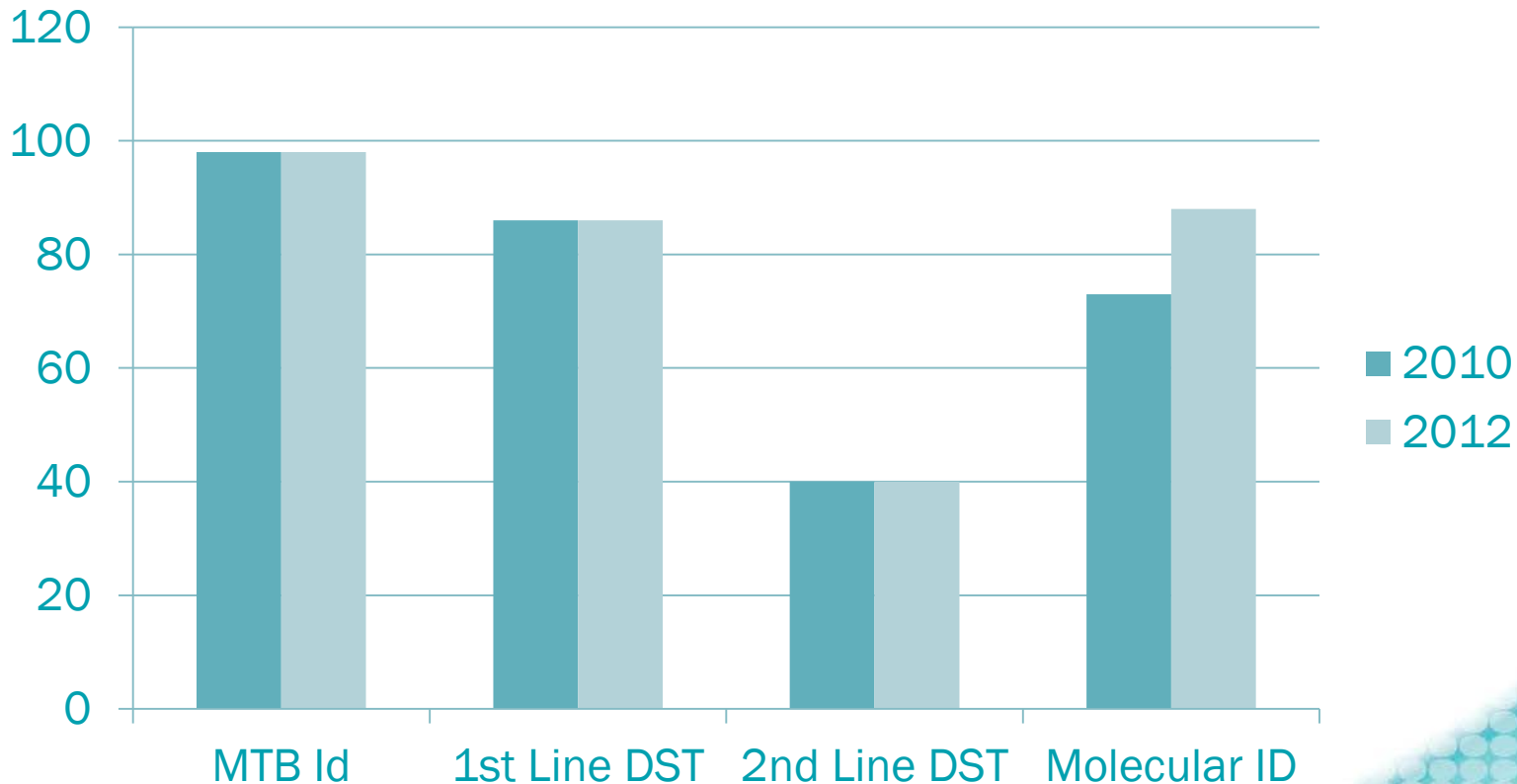
- PHLs were hit hard by the financial downturn
- There are more molecular testing capabilities and less traditional microbiology
- Recruiting is Becoming Increasingly Difficult
- As a result PHLs have been exploring ways to operate more efficiently

So what about TB?

TB Capabilities by Method: 2010



Advanced TB Testing Capabilities in SPHLs in 2010 and 2012



The Future of TB Testing in PHLs

