



Emergency Preparedness for Newborn Screening Programs In the New York Mid – Atlantic Consortium

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Planning Region Wide Exercises

- Idea born at May 2011 NYMAC Summit
- Make use of Data system similarities
 - Neometrics/Natus, StarLIMS
- Followed up with a NYMAC Table-Top Exercise in New Jersey in December 2011

Delaware – West Virginia

New York – New Jersey

Maryland – Virginia



Crosswalk Comparison

- Evaluate differences between two states DE/WV
 - ▣ One specimen (WV) vs. Two specimen state (DE)
 - ▣ Slight differences in panel. WV tests for CPT-1a, DE tests for SCID
 - ▣ MS/MS Non-derivitized PerkinElmer kit method (WV) vs. Derivitized non-kit (DE) – cut-off differences
- Differences expected and each side agreed to accept the testing state's panel & processes.
- Planning meetings January → May.
- Exercise designed to test real-life capacity of each lab to test 100 samples from partner state in addition to their own.

EMAC Involvement – KEY COMPONENT

- EMAC = Emergency Management Assistance Consortium Interstate Mutual Aid Request for Assistance – requires a State-of-Emergency to be called in order to evoke.
- West Virginia EMAC Coordinator, Herb Lattimore, very involved on all calls and helpful getting Delaware Preparedness to participate in Exercise.
- Delaware EMAC Coordinator was not accessible. All play was notionalized through PH Preparedness.
- ReqA forms filled out both directions.

Data System Modifications

- Neometrics, Division of Natus – Modified DE and WV data systems to allow for and to distinguish specimens from another state. SpecType = W
- This allowed the alternate state’s Demographic entry screen to be used.
- Natus populated data system with the Physician libraries from other state.
- Merge rules for “W” SpecType added to system, and still remain.

West Virginia → Delaware

- ❑ West Virginia requested AID from DE using EMAC (notionalized) process on 04/09/12.
- ❑ 100 previously tested specimens with sufficient sample left to run complete panel mailed to DE. UPS delivery @ 10:00 am, well before DE samples arrived mid-day.
- ❑ DE was having several other issues at same time – A/C down, working with portable unit, drying issues on MS/MS plate.
- ❑ Staff were able to get WV testing started while waiting for DE samples, and had no issues with the surge.
- ❑ Delaware notified positives using their “call sheet” which was well received by WV.

Delaware → West Virginia

- ❑ Delaware requested AID from WV using EMAC (notionalized) process on 05/21/12.
- ❑ 100 previously tested specimens with sufficient sample left to run complete panel mailed to WV.
- ❑ Testing in WV handled same as a day after a holiday.
- ❑ Samples arrived separately from their routine workload (good).
- ❑ Panic values called & retests notification made by email
- ❑ A CPT-1a presumptive positive sample happened to be in this set of specimens. DE does not test for, but were aware because of notification from NJ.

Most Successful Parts

- Data system upgrades – By using the same data system, the LIMS vendor, Natus, was able to easily add state provider libraries. Unique SpecType allowed separation from DE data. Minimal changes needed to existing system.
- Laboratory Testing Capacity – Because we actually tested the samples using our respective NBS panels, both sides gained the confidence to know that they could handle the surge capacity of the other state.
- Increased Awareness of the use of EMAC for a Newborn Screening preparedness event.

Areas for Improvement

- #1 Delaware Concern – Ability to use EMAC to cover this type of real-life event remains very unlikely.
- #1 West Virginia Concern – Difference in algorithms. IRT Algorithms very different. CPT-1a abnormal handling.
- Other Areas:
 - ▣ Improve ability to identify WV pediatricians, codes.
 - ▣ Shipping arrangements from WV → DE in real event
 - ▣ Populating state data system with digitized image of helping-state mailer.

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