



Analysis. Answers. Action.

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National Landscape: COOP, COVID-19 and NBS

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in Newborns and Children

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Overview – Continuity of Operations in NBS

- Background
- Challenges
- COVID-19 impact
- COOP Resources
- State perspectives
- Moving forward



Continuity of Operations Plan (COOP)

The COOP for a newborn screening program and its public health laboratories should have two basic features:

- 1) Provide a comprehensive, pre-identified list of all core testing, support activities (including reporting), and supplies that must be maintained if the laboratory or birthing facility experiences a partial or complete operational disruption.
- 2) Provide a prearranged plan of action to ensure that all core activities are continued without delay.



Emergency

- An “emergency” in the context of NBS includes more than disaster conditions.
- An “emergency” in the context of NBS is ANYTHING that prevents timely identification of and/or adequate interventions for babies born with any of the disorders included in the NBS panel.



2005: Iowa provided emergency newborn screening for the State of Louisiana in the wake of Hurricane Katrina

Timeline

- Aug 29, 2005 (Monday): Katrina makes landfall
- Aug 30: New Orleans floods when levees breached
- Aug 31: LA PHL acknowledges need
- Sep 1: EMAC by LA, IA responds
- Sep 2: Demonstrate IA web NBS Info System
- Labor Day Weekend
- Sep 6: IA selected, finalize details
- Sep 7: LA sends first batch of specimens
- Sep 8: IA sample load triples

Where are the Gaps?

- Day to day operations
 - Specimen transport
 - Facility list
 - Missing information
 - Rejected specimens
 - Result reporting
 - Residual specimens
 - Follow-up contacts
- Differences in mandated disorders
- Differences in testing methodology
- Policies impacting test result
 - Transfusion
 - Age at collection
- How do you rapidly increase throughput?

How is the Agreement to be Activated?

- The Emergency Management Assistance Compact (EMAC)
 - EMAC, a congressionally ratified organization that provides form and structure for interstate mutual aid.
 - Through EMAC, a disaster-impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement.
 - Agreement activated in one day.

Slide courtesy of Stan Berberich

Lessons Learned

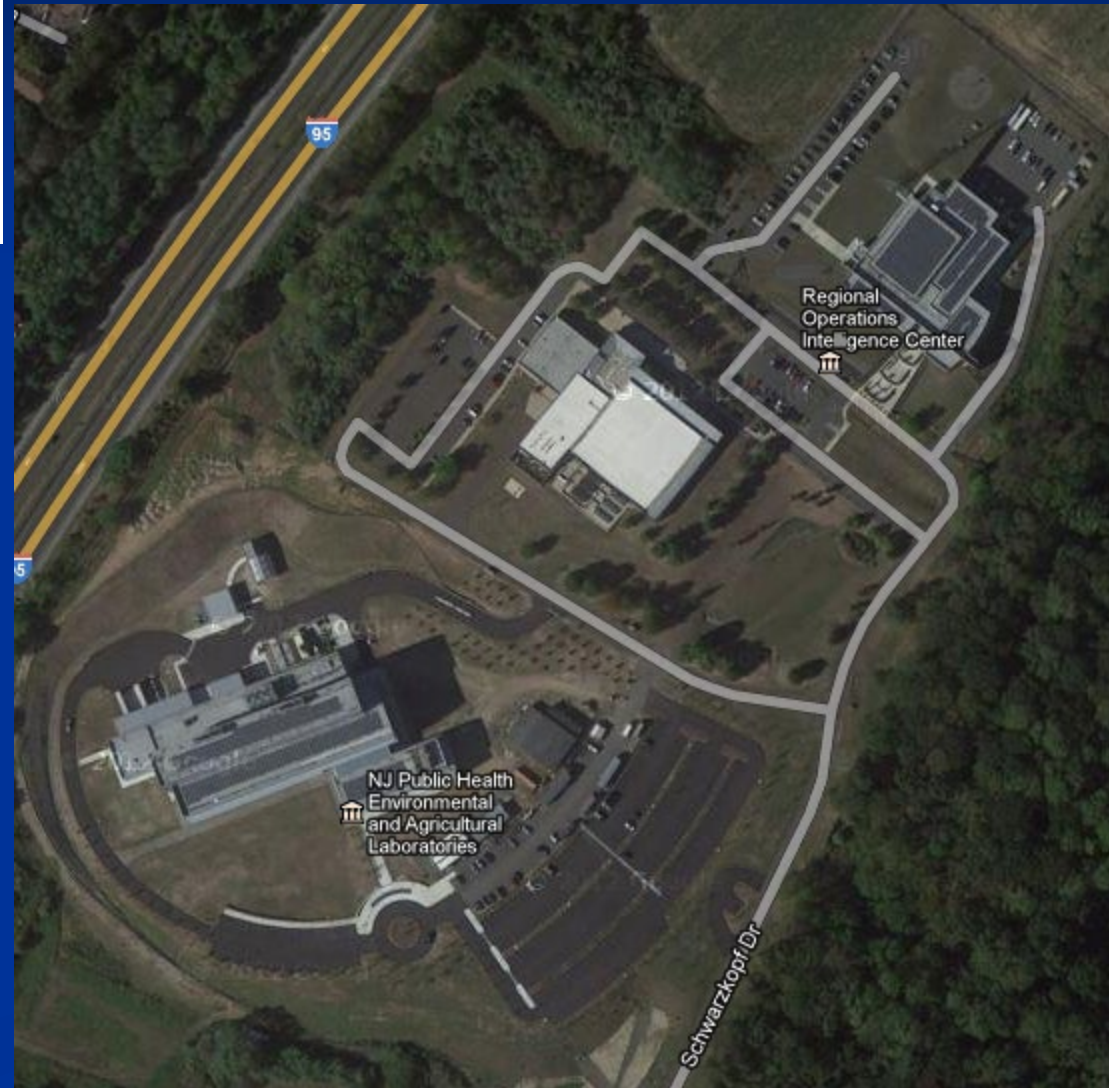
- It can be done
- Essential to have clear understanding of purpose and objectives
- Capacity does exist within NBS community
- EMAC provides essential structure for rapid state to state emergency agreements for NBS [not just for major catastrophe]
- Great partners, in particular PerkinElmer

Planning vs Spontaneous

- Every emergency will have its own fingerprint.
- Every emergency will require some degree of adaptive creativity
- Although our planning, of necessity, was compressed to a couple days, it was essential.
- There is now the opportunity to establish planned procedures for reliable execution for future emergencies.

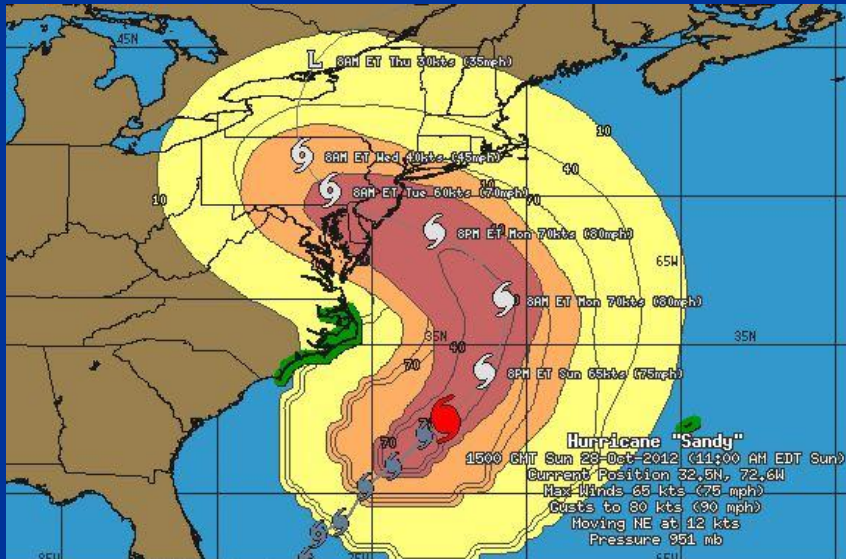
2012: New Jersey NBS Faces Hurricane Sandy

Preparedness, Luck, and Serendipity



Slides
courtesy of
Scott Shone

October 25 - 29



Slides
courtesy of
Scott Shone

October 29

- UPS delivered ONLY to NBS Laboratory
- Wrapped up Saturday specimens
- 19 staff
- Began to plan alternate specimen delivery options



Slides
courtesy of
Scott Shone

October 30



Slides
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October 30



- Use of NJSP for NBS specimen transport approved
- Transport specimens to regional MCCs by 2p
- Message communicated through NJHA
- NJSP transport specimens to laboratory at 4p
- 7 NBS Staff



Slides
courtesy of
Scott Shone

Rest of the Week

October 31

- 32 NBS Lab staff
- 2 Follow-up Staff
- 2 Medical Directors
- Lab took over communication
- USPS

November 1

- Resumed UPS except for 14 hospitals
- Used courier rather than NJSP

November 2

- Only 2 hospitals remained affected
- “Normalcy” returned to lab

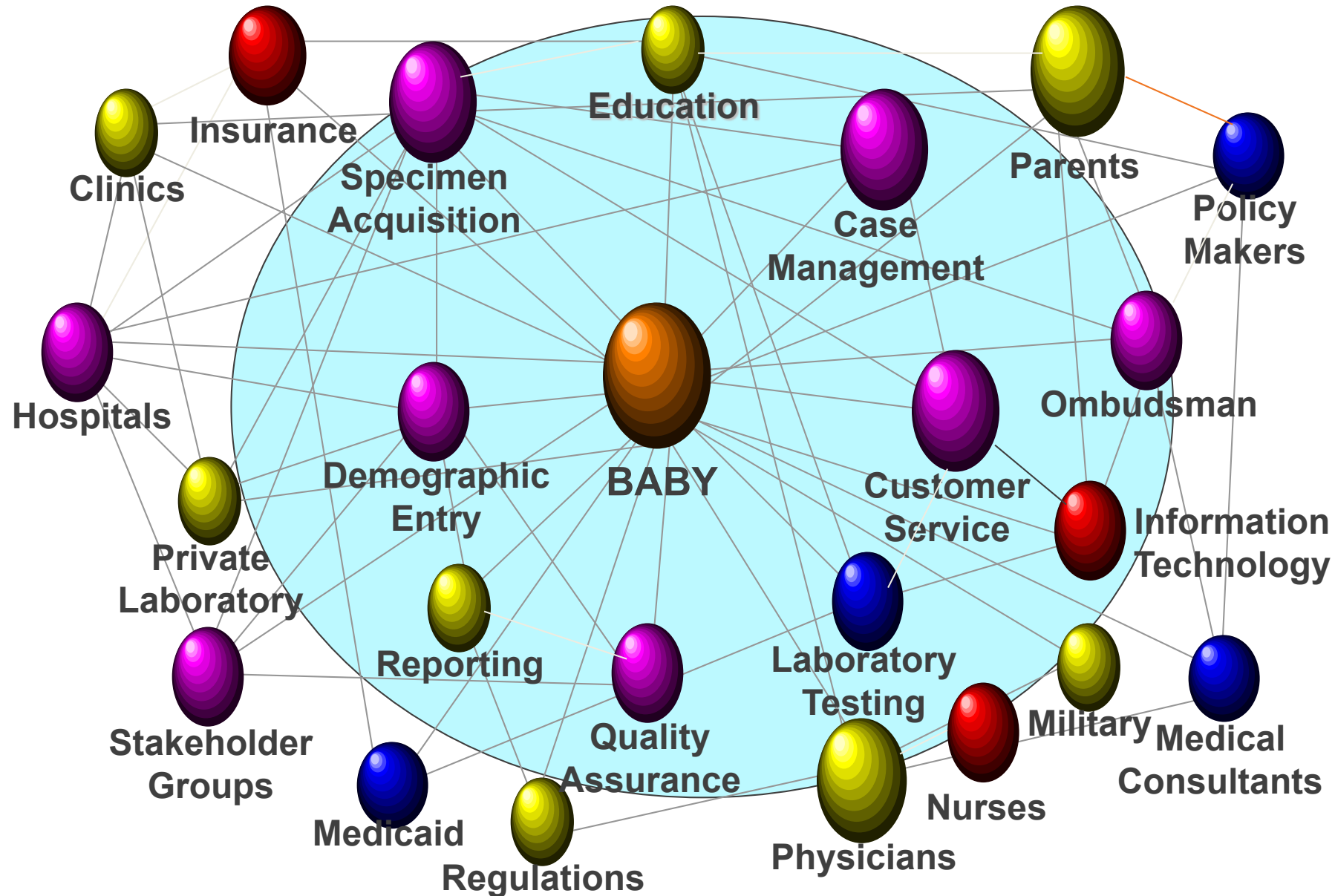
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Epilogue: After Action Report

Hurricane Sandy	
...by the Numbers	
2	The number of hospitals evacuated
5	Number of state shelters opened
11	The number of long-term care facilities evacuated
39	The number of acute care hospitals that lost power
60	Number of DOH staff who worked in Health Command Center and the Regional Operations and Intelligence Center
73	The number of conference calls hosted by DOH with partners
74	The number of assisted living facilities that lost power
100	Number of EMS Task Force units activated
127	Number of shelters at height of the storm
135	Number of out-of-state ambulance units, sent from 5 states, that assisted during the storm
137	The number of health care facilities that lost power
885	The number of email addresses that received Hippocrates updates
1,746	The number of health care facility residents evacuated
7,005	Number of people in shelters at the height of the storm
84,113	The number of Hippocrates email notifications sent
2.7 million	Number of households that lost power at the height of the storm

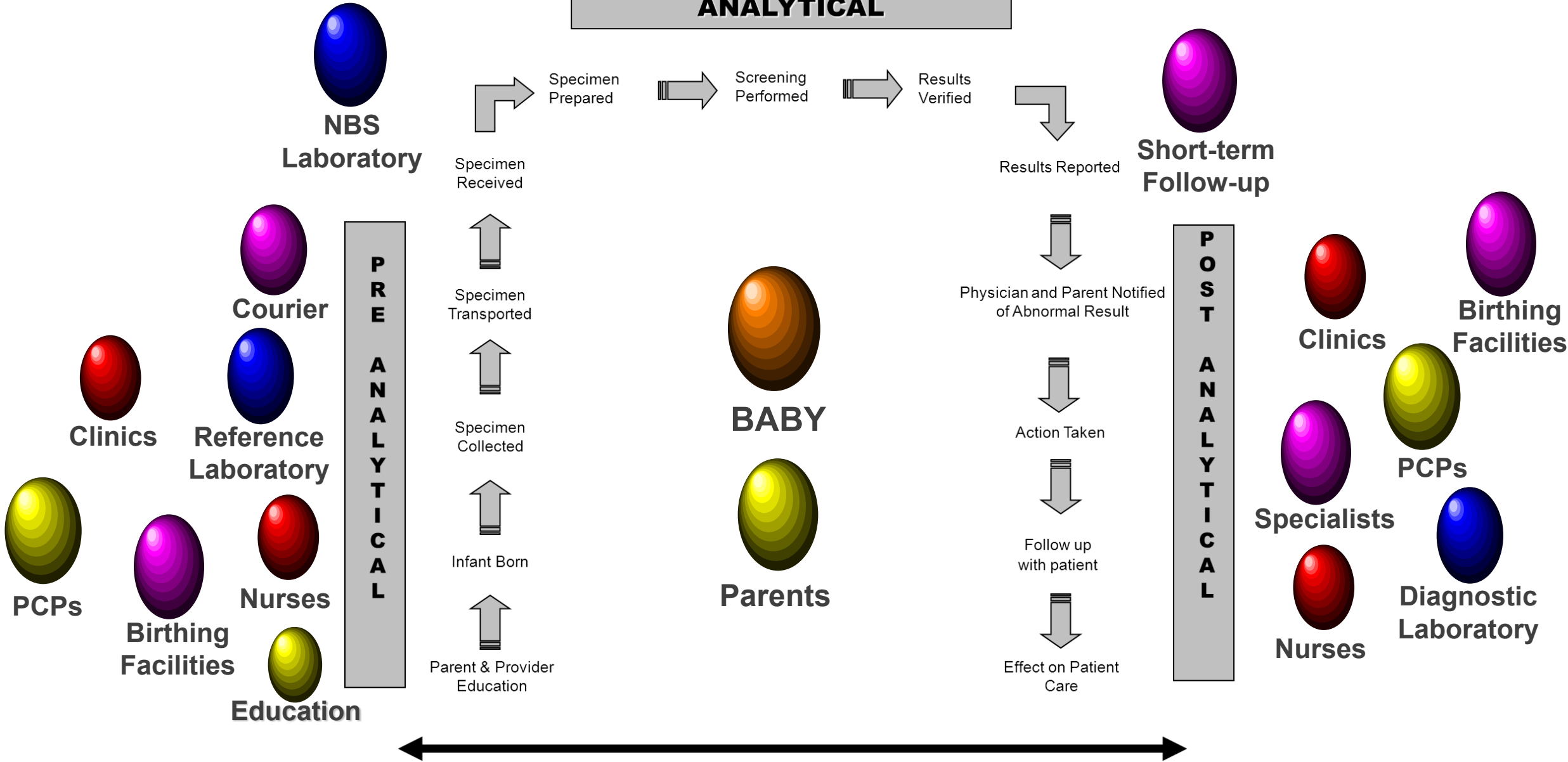
- Communication
 - One phone number
 - NJHA, Program, Agency, Vendors
 - Hospital contact list
 - Cell phone/email
- Saturday before
- 7 staff on Tuesday
- MCC/NJSP
- Follow-up
 - Power
 - Supplies
 - Remote access
 - Workload
- Capital Post Office
- Family needs
- Essential employee needs

Newborn Screening System



NBS System Processes

ANALYTICAL

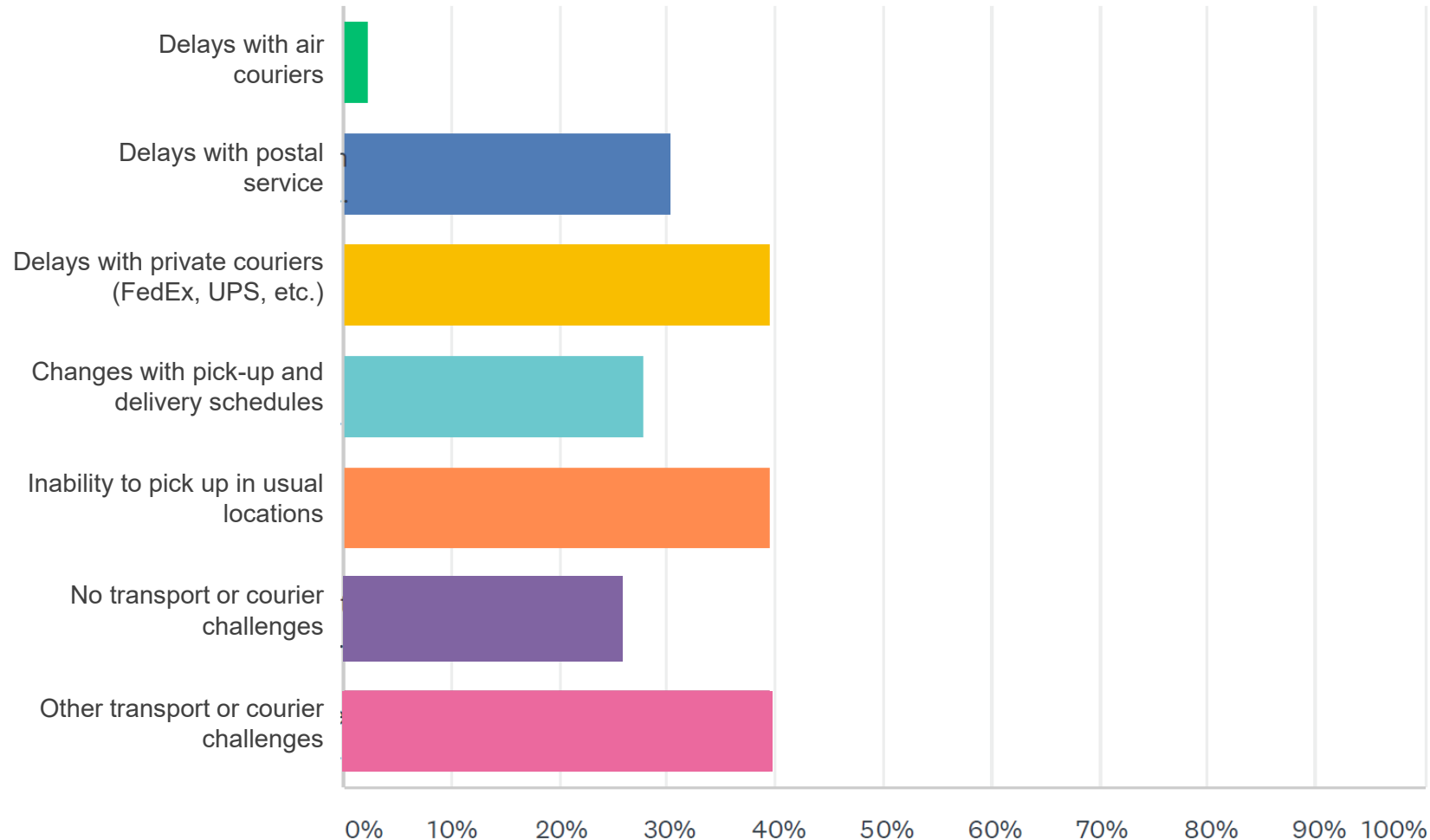


COVID-19 survey

- Fielded from November 2 – 24, 2020
- Sent to all state NBS programs as well as DC, Puerto Rico and Guam (53 programs total)
- Allowed multiple responses per state to capture laboratory, follow-up and other perspectives
- 34 programs responded:
 - 11 states submitted response from laboratory AND follow-up
 - 23 states submitted response from laboratory OR follow-up

COVID-19 survey

Q1: transport and/or courier challenges (n = 43)

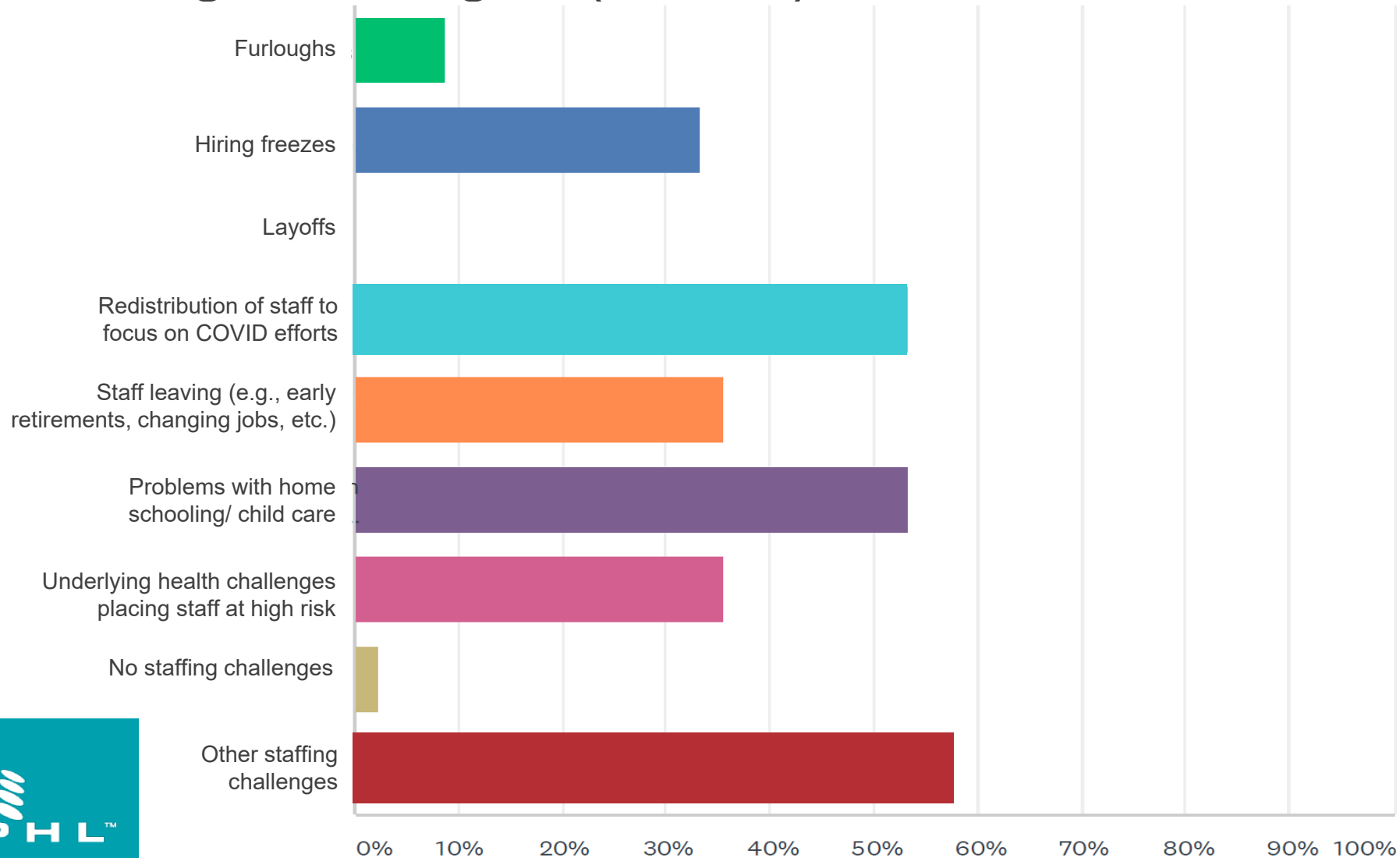


*“Some submitters had physical changes related to COVID-19 response that caused them to dry the blood specimens in new locations. We know of some specimens that were **misplaced** in their new drying system and were **delayed in being sent to our lab.**”*

*“Loss of personnel by the courier therefore delayed delivery, slow learning curves as new employees adjust to the route, lost specimens, and when specimens are found they are **months old** so are unsatisfactory.”*

COVID-19 survey

Q2: staffing challenges (n = 45)



COVID-19 survey

Q2: “other” staffing challenges



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COVID-19 survey

Q7: reagent/supply shortages (n = 38)



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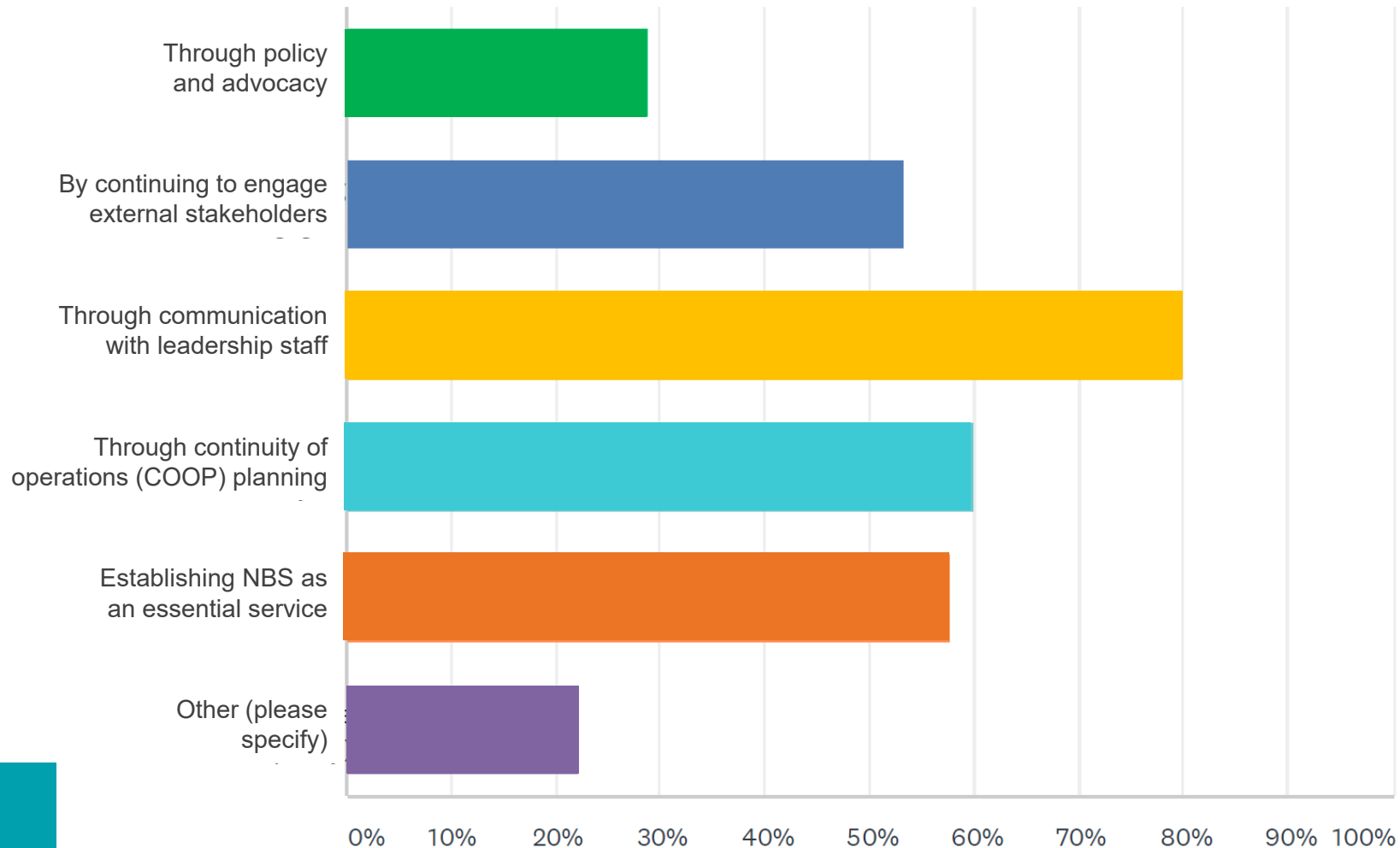
Differences in priorities...

*“I am completing this survey on behalf of our NBS Long-Term Follow-Up program, which is **not considered a priority program within NBS** unlike the laboratory and short-term follow-up program. Nearly 90% of our long-term follow-up team has been **reassigned to COVID duties**. Currently, about half of our team is reassigned 90-100% of their FTE to COVID, the other half of our team is reassigned 40-50% of their FTE. We continue to advocate with leadership and be involved in COOP planning, but it is difficult to negotiate and change our priority level in the middle of the pandemic response.”*



COVID-19 survey

Q9: methods to ensure that NBS is a priority (n = 45)



APHL Services/Resources

- Hot Topics Webinars
- Committee/Subcommittee/Workgroup expert engagement
- Individual, focused outreach
- Website for resource compilation
- Listserv for real-time information sharing



[Case Definitions](#)[Quality Indicators](#)[Resources](#)[Disorders](#)[Quality Improvement Practices](#)[Data Visualizations](#)

Save



Share



COVID-19

At APHL and NewSTEPS, we understand that many of our public health members are engaged in the COVID-19 response. We thank you and commend you for your work in ensuring that essential operations continue, and newborns get screened and treated during these extraordinary times. We are committed to serving the NBS community's needs, and as such, are working to compile resources and guidance regarding the NBS COVID-19 response. If you have additional challenges and/or best practices and ways to address challenges, please email the [NewSTEPS inbox](#).

It should be noted that resources provided are from state NBS programs and partner organizations, and are not necessarily national recommendations.

Practices and Resources:

- [Continuity of Operations Plans \(COOP\)](#)
- [Courier](#)
- [Second or repeat screens](#)
- [Disorder specific](#)
- [Education and outreach](#)
- [Telehealth](#)
- [APHL/ NewSTEPS/ other](#)
- [Biosafety of specimens](#)
- [Supply shortages](#)

Updated daily
Community (member) developed
Resources and guidance
Not necessarily national recommendations

Existing COOP resources and guidance

- Emergency Management Assistance Compact (EMAC)
- State specific Health Alert Networks
 - Each state has a HAN which may have a prescribed template which all programs must follow
- All hospitals are required to have COOPs
- Newborn Screening Saves Lives Act
 - Sec. 8. National contingency plan for newborn screening
 - National Newborn Screening Contingency Plan, version 2