Call for Poster Abstracts
Deadline: December 2

The Association of Public Health Laboratories (APHL) is soliciting abstracts for posters to be presented at the 10th National Conference on Laboratory Aspects of Tuberculosis to be held April 18–20, 2017, in conjunction with National TB Controllers Association (NTCA) and co-located at the Atlanta Marriott Marquis Hotel (265 Peachtree Center Ave NE, Atlanta, GA).

The conference, sponsored by APHL, will focus on finding ways to improve the quality and efficiency of TB testing practice and standards for laboratories in the United States.

Call for Abstracts
All submitted abstracts will be for poster presentations. The posters should address program implementation and technical laboratory aspects of mycobacteriology related activities.

Suggested topics include (but are not restricted to):
- Molecular Methods
- Laboratory Methods
- Testing Algorithms
- Systems Approaches
- TB Lab/TB Control partnership
- Nontuberculous Mycobacteria

Abstract Requirements
Abstracts must include a title, authors, and affiliations. Abstract body should be no more than 2,000 characters or approximately 300-350 words (title and authors not included) and be structured to include the following four sections: objective, study design, results, and conclusions. Please refer to the sample abstract provided. All abstract submissions must also include: the name of presenter and their respective institution, department, mailing address, telephone, and email.

Abstract Submission
Abstracts must be received by 11:59 pm ET on December 2, 2016, to ensure consideration for poster sessions in this meeting. All abstracts and questions should be submitted to Paul Zell (paul.zell@aphl.org, 240.485.2764).

Abstract Review and Notification
Abstracts not meeting format requirements will NOT be considered for review.

The notification of the status of your submission will be emailed to all applicants no later than December 23, 2016.

Guidelines for Poster Presenters
Posters for presentation will be limited to a maximum of eight feet wide by four feet high (8’W x 4’H). Posters must be oriented and mounted horizontally.

Abstracts chosen for poster presentation shall be displayed during the times allotted for poster sessions.

Poster presenters MUST be at their posters during the assigned time to discuss their work with interested attendees.

Authors whose posters are selected may be asked to give a short presentation (2–5 min) at the conference. Three outstanding posters will be asked to give a 10–20 minute presentation of their work.
Newborn Screening with Tandem Mass Spectrometry: Examining its Cost Effectiveness in the Wisconsin Newborn Screening Panel

R.P. Insinga, R.H. Laessig, G.L. Hoffman, University of Wisconsin, Madison, Madison, WI

Presenter: Ryan P. Insinga, University of Wisconsin, Department of Newborn Screening, 1600 Observatory Drive, Madison, WI 53706

Objective: To examine the cost-effectiveness of tandem mass spectrometry (MS/MS) in a neonatal screening panel for 14 fatty acid oxidation and organic acidemia disorders in the Wisconsin Newborn Screening Program.

Study Design: Incremental cost-effectiveness (C-E) analysis using a hypothetical cohort of 100,000 infants. First, the cost-effectiveness of screening for medium-chain acyl-CoA dehydrogenase deficiency (MCAD) alone is analyzed. A threshold of $50,000/QALY (quality adjusted life year) is used to determine whether screening for MCAD alone is cost-effective, or whether data on additional disorders would need to be incorporated into the analysis to arrive at a conclusion regarding the overall cost-effectiveness of MS/MS.

Results: Under very conservative assumptions, screening for MCAD alone yields an incremental C-E ratio of $41,862/QALY. Employing more realistic assumptions, screening becomes even more cost-effective ($6,008/QALY), and remains cost-effective so long as the incremental cost of screening remains under $13.05/test. Adding the incremental costs of detecting the 13 other disorders on the screening panel still yields a result well within accepted norms for cost-effectiveness ($15,252/QALY).

Conclusions: In Wisconsin, MS/MS screening for MCAD alone appears cost-effective. Future analyses should examine the cost-effectiveness of alternative follow-up regimens for MCAD and other panel disorders.