



Newborn Screening Quality Assurance Program

PROFICIENCY TESTING PROGRAM FOR ANTI-HIV-1 IN DRIED BLOOD SPOTS

Quarterly Report

Quarter 3

August 2012

INTRODUCTION

The Anti-HIV-1 proficiency testing (PT) panel for Quarter 3, 2012, consisted of five individual-matrix dried-blood spot (DBS) specimens representing a variety of serostatuses. HIV antibody screening and confirmatory tests should identify all HIV-positive specimens, regardless of subtype. Method and laboratory performance are evaluated by challenging participants with specimens representing HIV-negative and positive serostatuses.

On July 16, 2012, we sent the Quarter 3 Anti-HIV-1 panel to 15 domestic and 13 international participants. We received data reports from 26 of the 28 participating laboratories by the designated deadline date. This report is the outcome of data reported for the Quarter 3, 2012, Anti-HIV-1 PT specimens. This quarterly report is distributed to all participants and to program colleagues upon request.

Each participant was asked to analyze the specimens for anti-HIV-1 using the assay schemes they routinely use and to report for each specimen the screening results along with results from any confirmatory assays performed for presumptive positives. A final interpretation for each specimen must be submitted to receive a grade.

PARTICIPANTS' RESULTS

Table 1 shows the overall frequency of reported reactive, non-reactive, and indeterminate screening results for specimens 31241-31245.

In Part 1 of the report, Table 2 shows the number of laboratories using each screening method/kit both for the primary and secondary screens.

Table 3 shows the summary of screening errors by method. There were no false negative or false positive errors this quarter.

In Part 2 of the report, Table 4 shows the number of laboratories using each confirmatory method/kit.

Table 5 shows the Reported Frequency of Bands by Western Blot for each of the PT specimens that tested positive for the Anti-HIV-1 screening analysis.

The Quality Assurance Program will ship next quarter's HIV-1 DBS proficiency testing specimens on Oct 9, 2012. ❖

CONFERENCES AND MEETINGS

December 12-14, 2012. 2012 HIV Diagnostics Conference, co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL).

SPOTLIGHT

Testing for HIV may become as routine in the United States as cholesterol screening and other preventive tests.

The US Preventive Services Task Force, an independent panel of government-backed clinicians and scientists, is expected to make a new recommendation on HIV screening before the end of the year.

The panel's current position, which was issued in 2005, strongly recommended HIV screening for adults and adolescents determined to be at increased risk of infection. The following year, the US Centers for Disease Control and Prevention released revised guidelines that recommended that all individuals between 13 and 64 years of age in health care settings be screened for HIV, regardless of recognized risk factors.

For more read: <http://www.globalpost.com/dispatch/news/health/120820/hiv-testing-us-may-become-routine-practice>.



Direct inquiries to:
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway, NE, MS/F43
Atlanta, GA 30341-3724

Quarterly publications for colleagues and participants of the Proficiency Testing Program for Anti-HIV-1 in Dried Blood Spots.

Phone: 770-488-7897
FAX: 770-488-4255
E-mail: NMeredit@cdc.gov

Editor: Nancy Meredith
Production: Connie Singleton



**Anti-HIV-1 PT Report
Quarter 3, 2012**

TABLE 1: Frequency Distribution: Outcome of Final Interpretations (26 Labs)

Specimen Number	Expected Results	Non- Reactive	Reactive	Indeterminate	Not Reported
31241	Non-Reactive	26	0	0	2
31242	Reactive	0	26	0	2
31243	Non-Reactive	26	0	0	2
31244	Non-Reactive	26	0	0	2
31245	Non-Reactive	26	0	0	2

Part 1. SCREENING

TABLE 2: Number of Screening Methods Reported; Includes Primary and Secondary Methods

Method Code	Kit Source	Participants
10	Fujirebio Serodia-HIV 1,2	2
11	In House	2
12	Other	6
27	Tecnosuma (Cuba) UMELISA HIV 1+2	2
34	Q-Preven HIV 1+2, DBS, Brazil	1
40	Avioq HIV-1 Microeleisa Systems	11
41	Bio-Rad HIV-1/Hiv-2 plus O EIA	2
Total		26*

*Note: Two laboratories did not report EIA data and reported final interpretations based on a Western Blot confirmatory tests.

This **NEWBORN SCREENING QUALITY ASSURANCE PROGRAM** report is an internal publication distributed to program participants and selected program colleagues. The laboratory quality assurance program is a project cosponsored by the **Centers for Disease Control and Prevention (CDC)** and the **Association of Public Health Laboratories**.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GA 30341

Director

Thomas R. Frieden, M.D., M.P.H.

Director

National Center for Environmental Health

Christopher J. Portier, Ph.D.

Director

Division of Laboratory Sciences

James L. Pirkle, M.D., Ph.D.

Chief

Newborn Screening and Molecular Biology Branch

Carla Cuthbert, Ph.D.



Contributors: Barbara W. Adam
Carol Bell
Dana Chafin
Paul Dantonio
Victor R. De Jesus, Ph.D.
Marie C. Earley, Ph.D.
Sharon Flores
Elizabeth M. Hall
Christopher Haynes, Ph.D.
Kevin Lanza
Francis Lee, Ph.D.
Lixia Li, Ph.D.
Timothy Lim, Ph.D.
Daniel Mandel, Ph.D.
Joanne Mei, Ph.D.
Nancy Meredith
Tracey Myers
Kelsey Sheard
Jennifer Taylor, Ph.D.
Robert Vogt, Ph.D.
Irene Williams
Golriz Yazdanpanah
Hui Zhou, Ph.D.
Sherri Zobel

Production: Sarah Brown
Felicia Manning
Teresa Moore
Connie Singleton



ASSOCIATION OF PUBLIC HEALTH LABORATORIES
SILVER SPRING, MD 20910

President

Charles Brokopp, Dr. P.H., M.P.H.

Chairman, Newborn Screening and Genetics in Public Health Committee

Susan M. Tanksley, Ph.D.

Chairman, Newborn Screening Quality Assurance Quality Control Subcommittee

Patrick Hopkin, B.S.

INQUIRIES TO:

Nancy Meredith, Editor • Centers for Disease Control and Prevention (CDC)
Newborn Screening Quality Assurance Program • Mailstop F-43
4770 Buford Highway, N.E. • Atlanta, GA 30341-3724
Phone (770) 488-4582 • FAX (770) 488-4255 • E-mail: NMeredith@cdc.gov