Tools for Scaling-Up Viral Load Monitoring Webinar Questions

March 22, 2017

1. **Nadine Abiola:** is it possible to have a scorecard to be using with tablet
   Shirley Lecher: *Yes.*
2. **Olumide:** Is this VL/IVT Scorecard checklist targeted at testing sites alone or it can be used on sites collecting, processing and referring samples too.
   Shirley Lecher: *It is primarily for labs performing VL testing. Information for collecting, performing the VL test and sending results is covered in the VL/IVT checklist.*
3. **Freddy Perez (PAHO):** For the scorecard: 1) comment on selection of the laboratories (central - decentralized) and the limitations of the ability to generalize results
   Shirley Lecher: *It is meant for either decentralized or centralized laboratories. It is specific for each lab. Countries where there is centralized VL/IVT the results would be generalizable for the country. Where there is decentralized testing the information is specific for each lab, therefore to get a picture of VL/IVT for the country all the VL/IVT laboratories would have to be assessed and information reviewed for all the labs to get a clear picture for that country.*
4. **Seun Asala:** One of the challenges with the scale up of viral load services in my country is the frequent stockout of PCR lab reagents. This halts progress on the scale up and has ripple effects on demand creation from the facilities, as clinicians complain of prolonged turnaround times. Are there any thoughts and experiences on how to manage this problem? Reagents supply is donor supported
   Jason Williams: *data needed to inform procurements - and more importantly coordination between donors - ensuring alignment of supply plans, frequencies of deliveries etc.*
5. **Nadine Abiola:** is LabEQIP a free tool?
   Jason Williams: *Yes - open source*
6. **David KOB SAME:** For the network: Is there an ideal number of different platforms required for a country?
   Dianna Edgil: *this is an access and efficiency balancing act, dependent of patient access and sample referral and result return efficiencies*

7. **Mohamed Farag (TGF):** for the use of VL cartridges by CEPHEID on Gxpert platforms, there are several issues to consider on collaborating between HIV and TB programs, just a quick one, can a 4 module Gxpert run 2 VL samples and 2 TB samples in the same run or does it have to be separate runs?
   Dianna Edgil and Jason Williams: *At this time - expert is not WHO prequalified for VL - it is for EID. Yes you can run 2 EID (potentially VL in the future) and 2 TB samples at one time on a 4 module unit*

8. **Partha:** Project ECHO: May share tools or mechanism if any developed to ensure / monitor the recommendations of clinical mentoring are incorporated into practice.. Thanks
   Dr. Rituparna Pati: *This question touches upon the evaluation of the impact of ECHO programs. Thus far, our evaluations have focused on provider-level outcomes. Specifically, we have used pre- and post-knowledge assessments as well as professional satisfaction surveys to determine if there have been changes in knowledge and satisfaction of providers after piloting an ECHO program. We have also conducted focus groups with providers to collect qualitative data on the acceptability and feasibility of the ECHO model, and how they believe ECHO has helped them in practice. If interested in receiving examples of tools used in such evaluations, please contact me directly at rpa7@cdc.gov.*
   For clinically-based ECHO programs, we have not yet conducted an evaluation that directly measures how clinician's practices have changed and what the impact is on patient outcomes. This type of evaluation would require substantial time and resources. We are striving towards completing patient-level outcome evaluations in the future.

9. **Mabel Ikpeme:** what is the margin of error that exist for transporting samples over 48 hours to testing laboratory using a cold box with ice packs.
   Dianna Edgil and Jason Williams: *CDC has looked at this, in relation to time in transit, and adherence to cold chain - as it relates to TND. Determining the actual variability to the result, that is more difficult to determining without knowing the actual value prior to moving outside of appropriate temp and time durations. I could get the CDC numbers associated with TND, but would have to research more into actual result variance.*

10. **Akanimo Ebong:** Is there a plan for a pilot of ECHO in Nigeria due to the sparse nature of the environment.
    Dr. Rituparna Pati: *Yes! CDC Nigeria is currently planning to launch an ECHO program that focuses on VL and the management of patients with virologic failure.*

11. **Mabel Ikpeme:** Why are GeneXpert machines not frequently used for VL in resource setting environment
    Dianna Edgil and Jason Williams: *Currently, they are not WHO prequalified for VL, they are for EID at this time. Once approved, we would expect greater interest.*

12. **David KOB SAME:** How do we configure Forlab tool to have break down of DBS kits for infants and adults?
    Jason Williams: *As part of the commodities associated with VL vs EID. you would like DBS for each test. The volumes of tests would account for the DBS requirements. When adding commodities to VL and EID - add DBS to both. As the testing volumes are determined, the DBS requirements would also be calculated*
13. **Mabel Ikpeme:** With high pool of clients for VL and few available machines with frequent stockout of reagents in testing Laboratory, why can't the prequalification exercise be of priority for these machines to be used also for viral load. This will reduce the workload in some testing laboratories.
    Dianna Edgil and Jason Williams: *Agree completely - validations can take some time - particular for the complete linear range to ensure precision and accuracy against a gold standard. It is currently in process - but is taking some time*