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Newborn Screening Program NEWS

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WELCOME

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Welcome to the first issue of the Texas Department of Health Newborn Screening Program (NBS) Newsletter. The goal of this newsletter is to share information about our program which includes both the Laboratory NBS Branch and the NBS Case Management Program. The mission of the Laboratory NBS Branch is to provide accurate, timely laboratory services, to participate in quality assurance protocols that maintain and improve the quality of these services, and to perform all aspects of this mission in a manner that contributes towards effective detection and follow-up of neonatal disorders. It is the mission of NBS Case Management to decrease the morbidity and mortality of infants born in Texas through customer-oriented, high quality newborn screening follow-up, case management and outreach education. Together, we strive to improve the quality of life for all Texas newborns.

The Texas Newborn Screening Program (NBS) tests for five disorders which, if not treated very early in life, can cause severe mental retardation, illness or death. The two inborn errors of metabolism, phenylketonuria (PKU) and galactosemia, are treated by diet; congenital hypothyroidism and congenital adrenal hyperplasia (CAH) are treated by medication; and sickle cell disease complications may be prevented through a program of medical supervision and antibiotics administered at an early age.

Texas law mandates all babies born in Texas to have two screening tests. In 1998, the births in Texas totaled 346,104. The Texas Department of Health Laboratory processes 2500-3000 screens daily, totaling 665,176 tests in 1998.
This includes the initial tests, the second screening and repeats which are requested because of abnormal initial results.

An active follow-up system is maintained by the NBS Staff in the Bureau of Children's Health on all abnormal reports. Health care providers are contacted by mail or telephone with instructions for further testing.

Pediatric endocrinology, hematology and metabolic consultants are available at several centers throughout the state to assist the private physician with diagnosis and treatment of children identified through the program.

NBS Program Information

The first specimen is to be collected at hospital discharge (or the first seventy-two hours if a home delivery).

The second specimen is to be collected at 1-2 weeks of life on newborns.

A registry is maintained on all newborns with screened disorders. Children diagnosed through the program are followed at regular intervals to monitor health status.

Educational pamphlets about each disorder are available in English and Spanish. Program information, a specimen collection poster, roster of medical specialists who treat newborn screening disorders and guidelines for health providers are available on request by calling the Newborn Screening Program at 1-800-422-2956 or order electronically from:
www.tdh.state.tx.us/newborn/pubs.htm.

NBS Statistics

	PKU	Galactosemia	Congenital Hypothyroidism	Hemoglobinopathies	Congenital Adrenal Hyperplasia
Program Began	1965	1979	1980	1983	1989
Cases 1993	13	5	136	137	36
Cases 1994	25	5	118	149	33
Cases 1995	25	10	155	159	34
Cases 1996	21	3	145	162	40
Cases 1997	16	12	140	111	30
Cases 1998	21	9	160	146	34
Total	434	90	1,791	1,981	251

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