



NEWBORN SCREENING PROGRAM OVERVIEW – JANUARY 2008

It is the stated policy of the state of Washington “...to make every effort to detect as early as feasible and to prevent where possible phenylketonuria and other preventable heritable disorders leading to developmental disabilities or physical defects” (Revised Code of Washington, RCW 70.83.010; Declaration of policy and purpose). The law gives authority to the State Board of Health to determine which disorders are to be detected and directs the board to adopt regulations as needed to carry out the intent of the law.

Chapter 246-650 WAC requires screening for ten preventable disorders. Universal screening of infants for Phenylketonuria (PKU) was first promoted in 1966 and in 1976 became required for all infants unless parents object on religious grounds. Since then the Board has added nine additional disorders to the screening panel (see attached “Timeline of Newborn Screening in Washington”).

Board of Health regulations (chapter 246-650 WAC) direct hospitals throughout the state to collect a small specimen of blood from each infant’s heel before they are discharged. The specimens are absorbed on a special type of paper, dried, and then sent to the Department of Health’s Public Health Laboratories where highly sensitive and specific tests are performed for each of the disorders. The laboratory employs a range of technologies including immunoassay, high performance liquid chromatography, iso-electric focusing, mass spectrometry, and DNA/polymerase chain reaction.

Positive test results are immediately communicated to the child’s health care provider along with consultation to link them with appropriate diagnostic and treatment services. The program tracks all positive results to assure that the children receive the necessary care as quickly as possible. The program also tracks the long-term outcome of infants found to be affected by the disorders to evaluate the effectiveness of the system.

Over two million infants have been screened since 1966 and hundreds of children have been given the opportunity to live healthy, productive lives because their conditions were detected and treated in time through this screening. These children have been spared permanent disability, mental retardation, or tragic death that would otherwise result from their disorders.

The screening program is self-sustaining through a charge of \$60.90 per child that is collected through the hospital where the child is born. Diagnostic and treatment care is funded through many sources including government and private insurance, federal grants and self-pay. A \$3.50 fee collected at the same time as the screening charge helps subsidize specialty care clinics for the disorders (RCW 70.83.040). State general funding to support additional clinic care was added by the 2007 legislature in response to the program’s continuing expansion.

For more information contact:
Michael Glass, Director, Newborn Screening Program at (206) 418-5470
Email: mike.glass@doh.wa.gov