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Department of Health
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012-14

January 3, 2000

ADMINISTRATIVE ORDER

No. 1-A s. 2000

SUBJECT: Policies on the Nationwide Implementation of Newborn Screening

I. Rationale:

Newborn screening enables early detection and management of certain inborn metabolic disorders, which, if left untreated, may lead to mental retardation and even death. This procedure was introduced almost four decades ago in developed countries. In the Philippines, newborn screening was initiated by the University of the Philippines-National Institutes of Health in 1996. In a period of 3 years, statistical information were collected for some of the disorders:

<u>Metabolic Disorder</u>	<u>Incidence</u>
Congenital hypothyroidism	1:4,237
Congenital adrenal hyperplasia	1:6,844
Phenylketonuria	1:44,491
Galactosemia	1:44,491

While the incidence is low from a public health point of view, DOH is putting high priority for newborn screening in as much as the provision of quality life even for a fraction of our 2 million babies born annually deserves as much attention as survival.

II. Policy Statements:

1. The Philippine Newborn Screening Project is a collaboration between the Department of Health (DOH) and the University of the Philippines - National Institutes of Health (UP-NIH)
2. The project shall be lodged at the Family Health and Nutrition Cluster of the DOH.

Signed AD Received in
the Records Section on 1/3/00

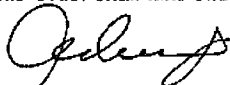
3. All DOH retained and renationalized hospitals shall participate in the project by year 2000. All other hospitals both private and government shall participate in the project by year 2004.
4. At the initial phase of the project up to year 2004, the screening process shall be primarily hospital based. It is envisioned that by year 2004, newborn screening shall be part of standard newborn care and be a national program.
5. Pilot tests involving selected health facilities shall be started prior to wide-scale community based newborn screening. It is envisioned that by year 2010, all newborn babies will be screened.
6. The scope of the project shall include 6 disorders namely: Congenital hypothyroidism, congenital adrenal hyperplasia, phenylketonuria, glucose 6 phosphate dehydrogenase deficiency, homocystinuria and galactosemia. The screening fee is currently priced at P450.00. The cost is inclusive of all materials, supplies and freight which are incidental to the screening process.
7. Expenses for the screening process shall be borne by the parents, unless the hospital or the local government or NGO has a scheme providing full or partial subsidy depending on the financial capability of the parents. The Philippine Health Insurance Corporation shall hopefully implement a new package for newborn care in its insurance scheme.
8. DOH funds allocated for newborn screening shall at the initial phase of the project until year 2004 be utilized for advocacy, training of health workers and management of babies found to be positive for any of the six disorders.
9. Newborn screening shall be done through a heel prick to be performed by trained health workers. The procedure shall be done preferably on the 48th hour of life. However, in cases of early discharge, the sample collection must be done not earlier than the 24th hour from birth. In case a baby is discharged earlier than the 24th hour, the baby should be brought back to the health facility for screening within the first week of life.
10. DOH shall draft and finalize the policies pertaining to the project. It shall make the directional plan, secure funds for the project and be active in advocacy.
11. UP-NIH shall provide technical advice. At the initial phase, it will act as central laboratory taking charge of screening all specimens. UP-NIH will assist DOH in training laboratory personnel and in setting-up satellite laboratories by year 2001. In addition, it shall be responsible for monitoring laboratories for quality assurance.

12. DOH and UP-NIH shall conduct trainings for health workers to enable them to harness their skills at advocacy, organizing newborn screening teams in hospitals, RHUs, private clinics (e.g. lying-in clinics) to implement the project. Medical specialists shall be selected to undergo short course on the diagnosis and management of common metabolic disorders. Medical technologists of selected hospitals shall be trained in setting up the satellite laboratories. Physicians, nurses and health promotion officers shall be trained on genetic counselling.
13. UP-NIH is also tasked to come up with treatment protocols for each of the disorders in question and assist DOH in the preparation of IEC materials.
14. Currently the UP-NIH is the repository of all statistical information related to the project. By year 2001, the DOH registry of diseases shall be revised to include congenital metabolic disorders.
15. A newborn screening surveillance system shall be established in all regions to track down the number of infants with congenital metabolic disorders and the percentage of infants for whom appropriate management has been instituted.
16. The regional health office (RHO) shall designate newborn screening coordinators to coordinate with DOH in the implementation of the policies. The regional coordinators shall include newborn screening in the regional plan, monitor and evaluate the project. In addition, they shall advocate for newborn screening through enactment of local ordinance by LGU.
17. Newborn screening coordinators shall be designated at all levels to oversee the implementation in the province, city and catchment municipalities.
18. The RHO/PHO/CHO shall monitor the implementation of the project. They shall collate and analyze performance reports provided by UP-NIH, conduct field visits, hold conferences among implementors to discuss issues and recommend solutions.
19. The LGU may assist in the recall of patients with positive results through the PHO, CHO and district offices. They may also devise a financing scheme to assist indigent patients.
20. At the initial phase of the project up to year 2004, the hospitals, whether private or government shall be the implementing unit of the project. Each hospital shall organize a hospital coordinating team composed preferably by a pediatric consultant, an obstetrics-gynecology consultant and the chief nurse.

21. The hospital coordinating team shall perform the following tasks:
 - a. increase awareness among the hospital medical-nursing staff
 - b. devise strategies whereby parents or mothers are informed of newborn screening as early as the first prenatal visit.
 - c. ensure that babies are screened through a heel prick after obtaining parental consent.
 - d. ensure that all filter papers are promptly sent to the laboratory.
 - e. inform parents about the results.
 - f. recall patients with positive screen for confirmatory test.
 - g. manage and monitor patients who are confirmed to have any of the six disorders.
22. In addition to the above tasks, the hospital coordinating team shall see to it that administrative matters including correspondence, information and statistical data are collected and financial concerns are handled efficiently.
23. The NGO and other Go's shall be tapped for advocacy, financial support and assistance in recall.
24. DOH, in collaboration with UP-NIH, shall undertake a comprehensive evaluation of the project by year 2003. However, special studies may be conducted to address issues and problems that surface in the reports.
25. Research and development concerning newborn screening processes and the diseases with which it is concerned is strongly encouraged and must be included in the regional/provincial/city plans.

III. Effectivity

This Order shall take effect immediately.



ALBERTO G. ROMUALDEZ JR. , M.D.
Secretary of Health