Congenital & Inherited Disorders

Division of Health Promotion & Chronic Disease Prevention
Phone: 1-800-383-3826
www.idph.state.ia.us/genetics/default.asp

Promoting & Protecting the Health of Iowans

IDPH Iowa Department of Public Health

Brody's Story…
We were overjoyed at the birth of our first child, Brody. With a full-term pregnancy and a successful natural delivery, we took our newborn home from the hospital believing he was completely normal. However, we were shocked when Brody was diagnosed with profound Biotinidase deficiency at one week of age. Without Iowa's newborn screening test, we wouldn't have known about Brody's genetic deficiency. Never did we imagine as healthy adults that we both carried this recessive gene. It has been passed down unknowingly for generations on both sides, as Brody is the first child in either of our families to have the genetic deficiency. Biotinidase deficiency is 100% treatable with early detection and continuous treatment. We expect Brody to live a completely normal and healthy life. Without early detection, Brody could have had developmental delays, hearing loss, vision loss, coma, or might have even died. We are grateful to live in a state that offers newborn screening. He now has a chance to live a quality life full of joy, health, and opportunity. Thank you so much for believing in the importance of providing this screening to Brody and all Iowa newborns. Families like ours are testimonies of how this screening positively affects our lives. We are thankful and most appreciative of Iowa's newborn screening program.

Did you know?

Each year, an average of 1,850 Iowa children are born with a congenital or inherited disorder, and approximately 200 babies are stillborn. Three of every 1,000 newborns or 120 babies in Iowa are diagnosed with hearing loss each year and another 2 to 3 per 1,000 children will develop hearing loss after birth. Childhood hearing loss is the most common birth defect. Most babies born with hearing loss are born to parents with normal hearing.

The Center for Congenital and Inherited Disorders (CCID) programs serve all phases of the life cycle: prenatal, neonatal, pediatric, and adult.

Why is the Center for Congenital and Inherited Disorders important to promoting and protecting the health of Iowans?

- Screening programs for the early detection of inherited or congenital disorders help assure earlier interventions to eliminate or reduce disability and provide family support.
- Early detection and treatment can prevent mental retardation and even death in children born with an inherited or congenital disorder.
- Children born with a hearing loss who are identified early and given appropriate intervention before 6 months of age demonstrated significantly better speech and reading comprehension than children identified after 6 months of age (Yoshinaga-Itano, et al., 1998).
- By the time a child with hearing loss graduates from high school, more than $400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services (White & Maxon, 1995).

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

CCID administers 8 programs that promote and improve access to comprehensive genetic health care services, laboratory services, early hearing detection and intervention, and surveillance. CCID assures statewide education is provided and develops policies and programs that assure the availability of and access to quality genetic health care, newborn screening, and laboratory services.

- Early Hearing Detection and Intervention (EHDI) program – provides universal newborn hearing screening, short-term follow up, and referrals to early intervention and family support services.
- Regional Genetics Consultation Services – regional clinics provide statewide medical consultation and counseling to people with a diagnosed genetic disorder.
- Neuromuscular & Related Disorders – provides medical consultation and counseling to those with a diagnosed neuromuscular disorder, such as muscular dystrophy.
- Iowa Neonatal Metabolic Screening Program (INMSP) – conducts newborn testing and follow-up for metabolic disorders and cystic fibrosis. Testing is done for Iowa, North Dakota, and South Dakota. INMSP also provides metabolic formula and medical foods for people diagnosed with PKU and other inherited metabolism disorders that require medically necessary foods.
- Iowa Registry for Congenital and Inherited Disorders – conducts surveillance for congenital and inherited disorders and stillbirth on children born in Iowa.
- Stillbirth Surveillance Program – supports stillbirth surveillance activities of the Iowa Registry for Congenital and Inherited Disorders. Promotes stillbirths awareness initiatives.
- Family Health History Initiative – provides resources to explore and compile family health history to determine the risk of inheriting disease. Provides resources for lifestyle/behavior changes and screening tests based on the results of the family health history.
- Maternal Prenatal Screening Program – conducts prenatal testing to screen for congenital/inherited disorders of the fetus.

How do we measure our progress?

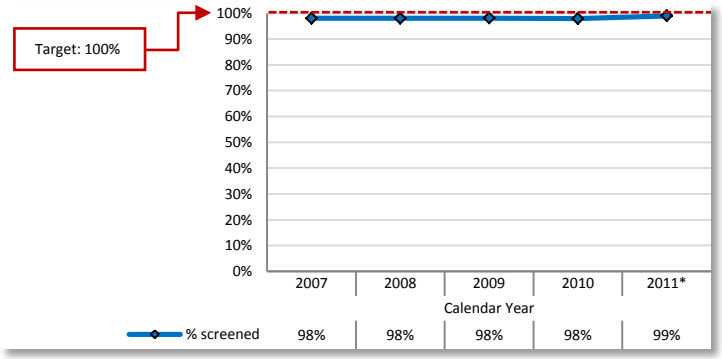
❶ **Percent of screen positive newborns who get timely follow up to definite diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs.**
Data Source: INMSP/UHL database. Data are available annually.

How are we doing? In 2011, 100% of children with a presumptive positive screen received timely follow-up services (Target – 100%).

❷ **Percent of children, who do not have a parent-signed waiver, that are screened for disorders tested through the Iowa newborn screening panel.** Data Source: INMSP/UHL database. Data are available annually.

How are we doing? Nearly all, 99.97%, Iowa newborns are screened using the Iowa newborn screening panel (Target – 100%). There were 47 NBS waivers signed in CY2011.

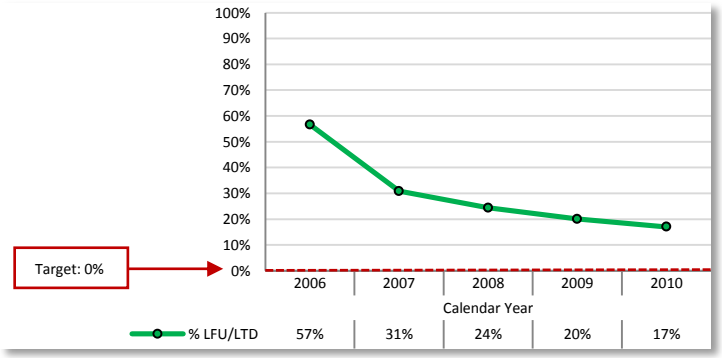
❸ **Percent of infants screened at birth for hearing loss.**



Data Source: IDPH/EHDI database. Data are available annually.
*2011 measure compiled using preliminary data.

How are we doing? Nearly all newborns are screened (99%) for hearing loss. Those not eligible for screening included infant deaths and parent refusals. There were 268 families who refused the hearing screen at birth; 224 (84%) were home birth families.

❹ **Percent of infants lost to follow up or documentation (LFU/LTD) among all infants who did not pass their initial birth hearing screen.**



Data Source: IDPH/EHDI database. Data are available annually. 2011 data are not yet available.

How are we doing? The number of infants that do not return for a hearing re-screen is steadily decreasing which means that a greater percentage of children are receiving recommended follow up.

What can Iowans do to help?

1. Go to www.idph.state.ia.us/genetics/ to learn about CCID programs, and www.idph.state.ia.us/iaehdi/default.asp to learn more about EHDI programs.
2. Support and promote newborn screenings by having your children screened, and encouraging others to do the same.
3. Conduct your own family health history and talk to your health care provider about the results.
4. Talk to your legislators about funding for newborn screening and genetic programs.
5. Contact the CCID advisory committee (www.idph.state.ia.us/genetics/common/pdf/committee_roster.pdf) with questions or issues.
6. Contact the EHDI advisory committee (www.idph.state.ia.us/iaehdi/advisory_committee.asp) with questions or issues.

Health care professionals can

1. Teach patients about the benefits of newborn screening.
2. Provide information to pregnant women about monitoring fetal activity.
3. Help patients gather their family health history and discuss the results with them.
4. Learn more about science-based genetic research.

Policymakers can

1. Learn about science-based genetic research and genetic programs.
2. Provide funding for public health-based genetic programs, including public health surveillance.

Expenditures

General fund, tobacco fund, federal funds, private grants*, & retained fees*: K07-0705/0709/0765; 0830-0830; 0153-0722/0724. **EHDI**: general fund & federal funds: K05-0611; 0153-0544/0558/0682

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	$1,050,985	$1,052,837	$1,162,083
Federal funds	$556,530	$477,911	$504,507
Other funds*	$56,702	$74,344	$134,777
Total funds	**$1,664,217**	**$1,605,092**	**$1,801,367**
FTEs	3.07	3.21	5.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

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