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# COVID-19

# Impact on Newborn Screening

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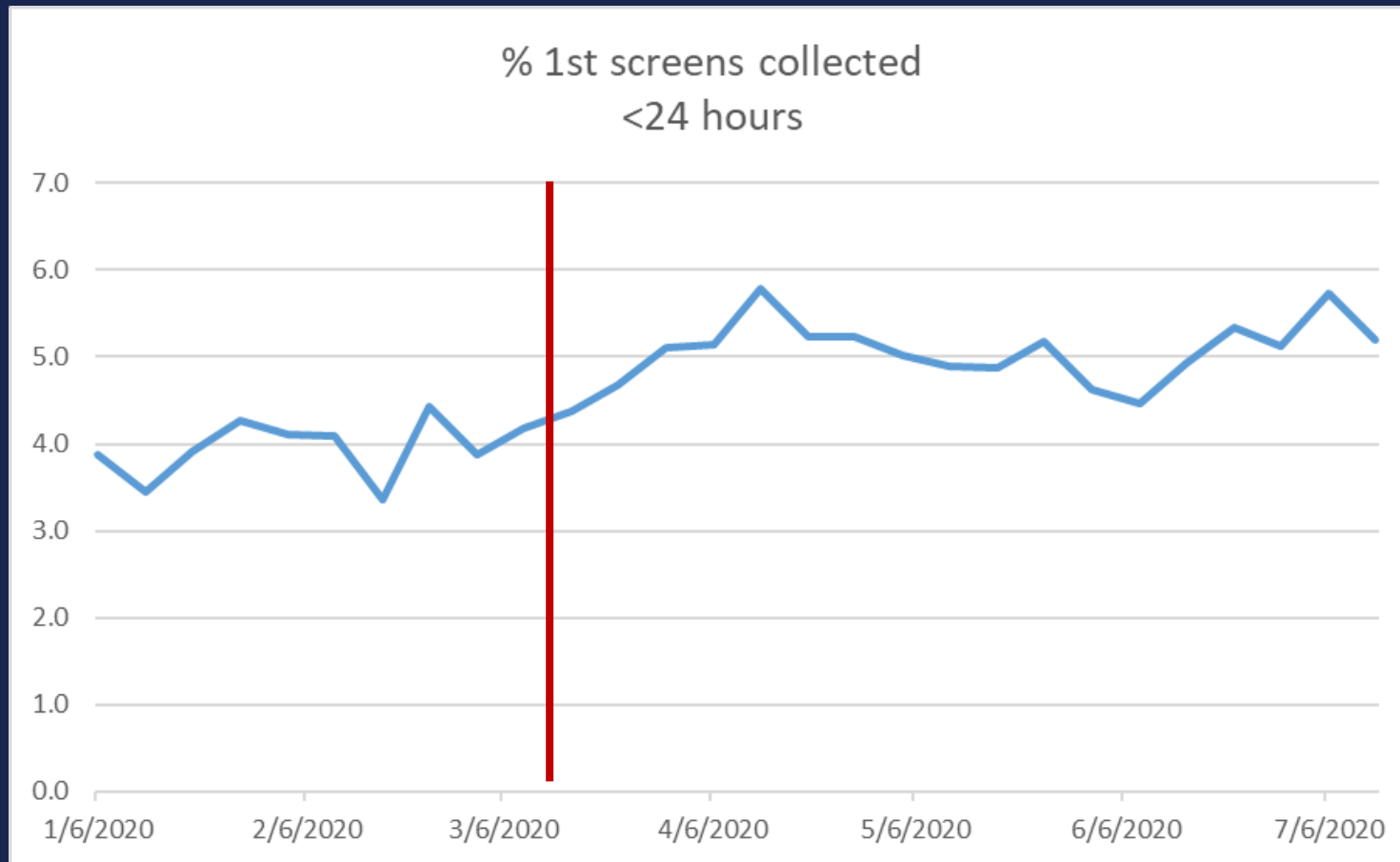


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# Covid-19 Impact on NBS

Increase of 1<sup>st</sup> screens collected at less than 24 hours



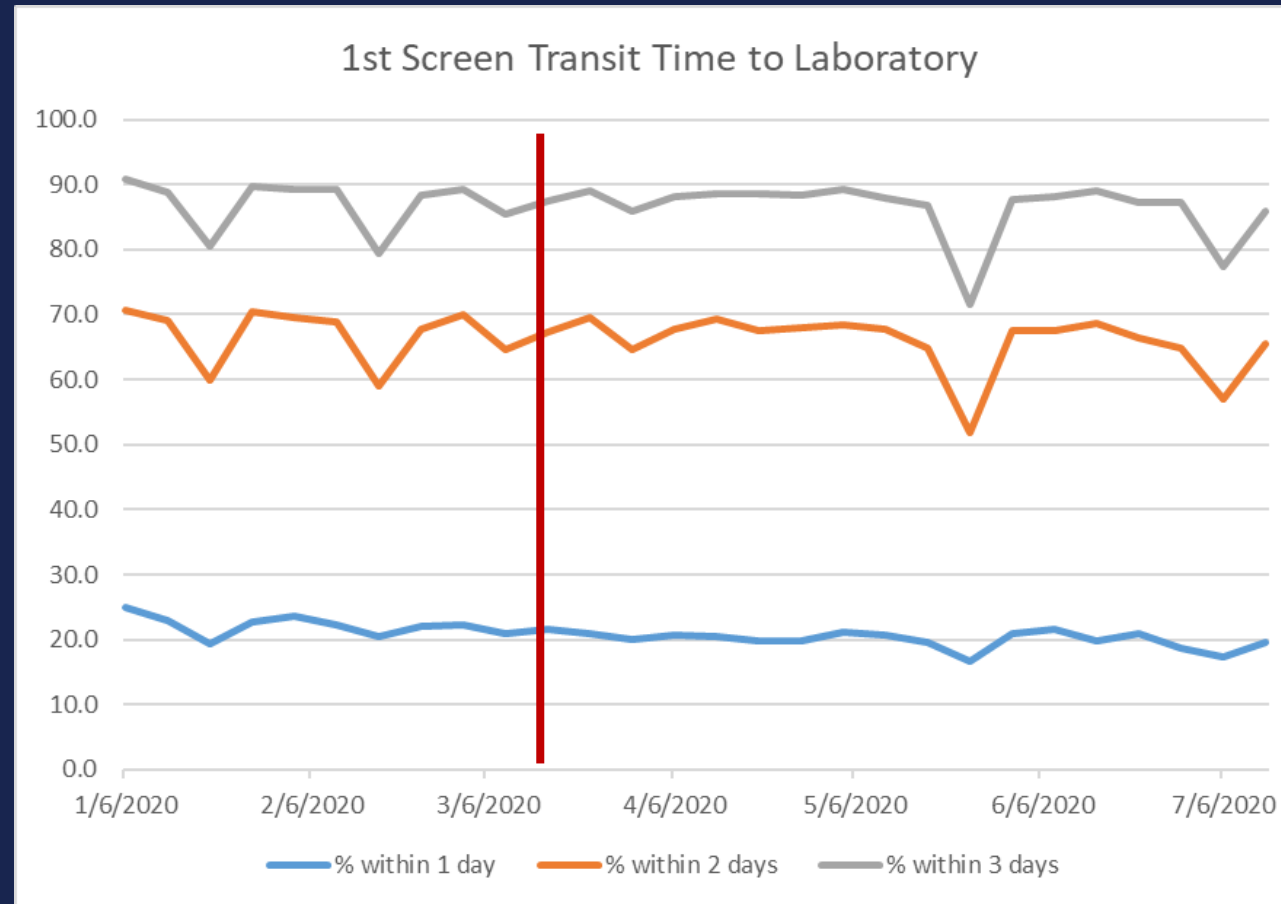


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# Covid-19 Impact on NBS

No significant change in 1<sup>st</sup> screen transit times



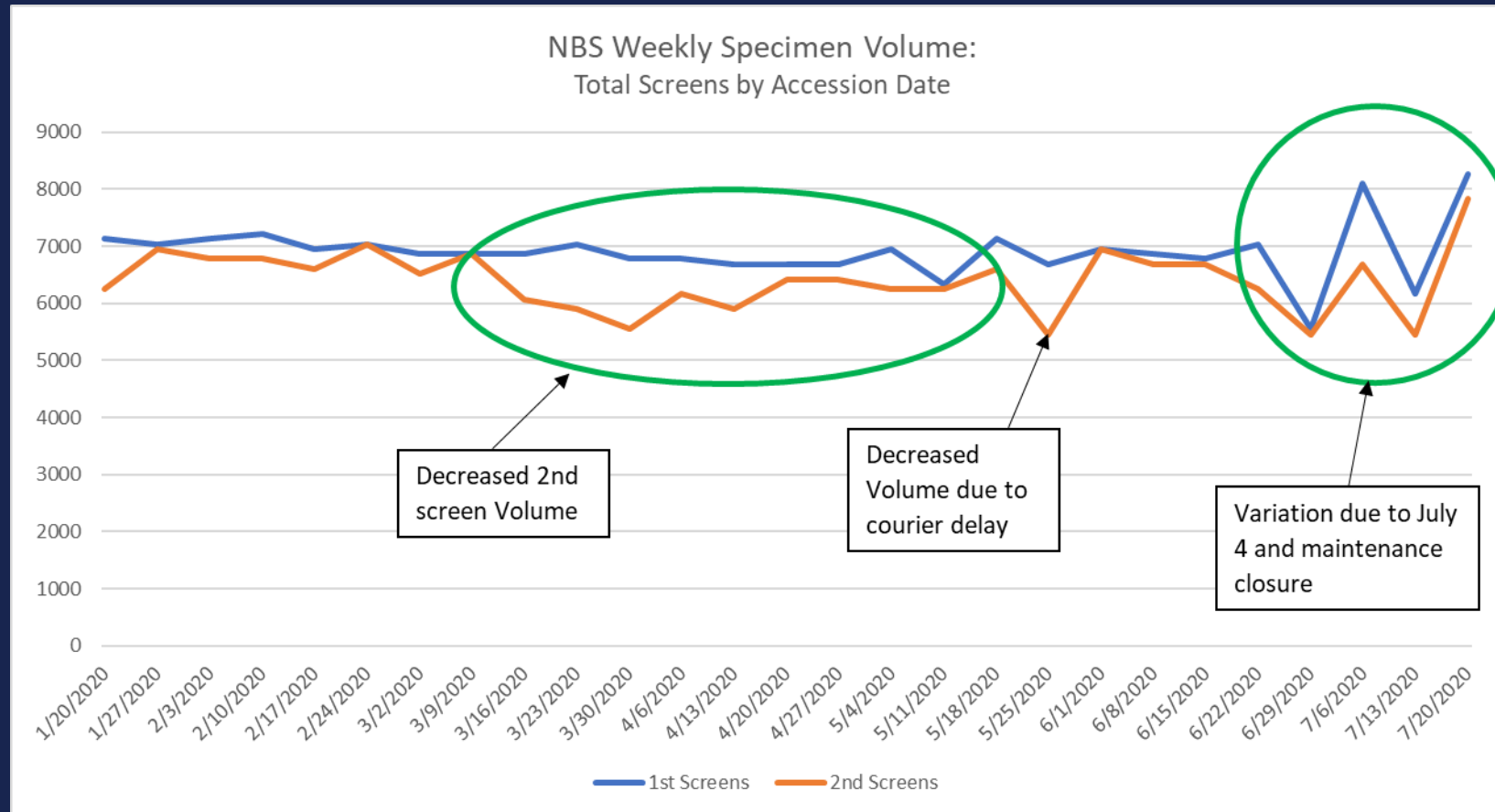


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# Covid-19 Impact on NBS

~ 15% Decrease in 2<sup>nd</sup> screen volume during lockdown





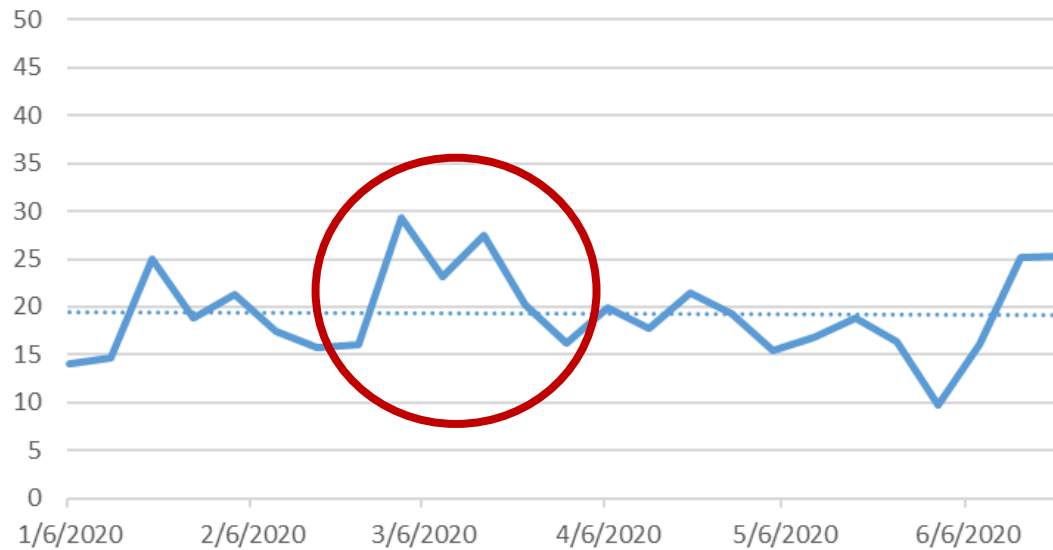
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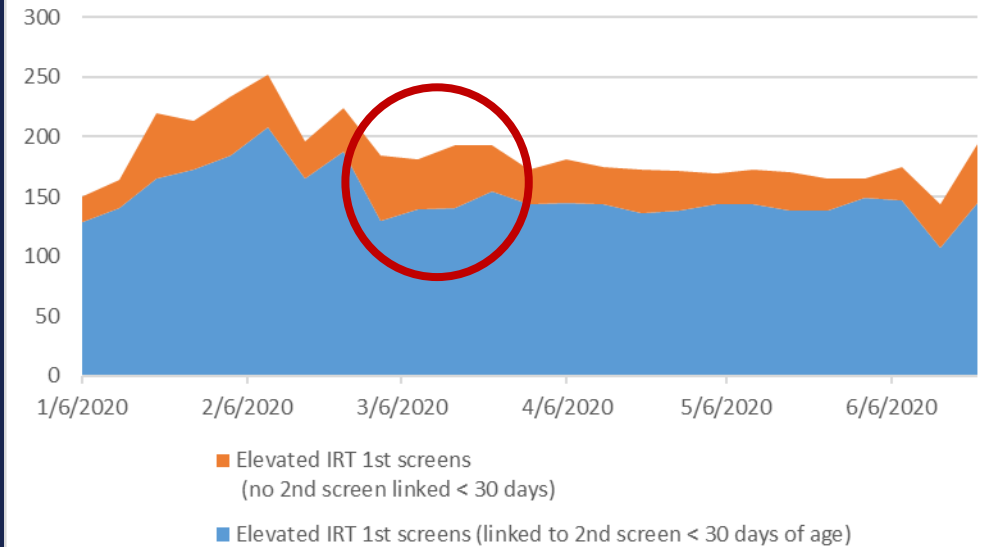
# Covid-19 Impact on NBS

Temporary increase in 1<sup>st</sup> screen elevated IRT with no second screen within 30 days of age

% IRT Elevated No 2nd screen by 30 days of age



Volume of IRT Elevated 1st Screens



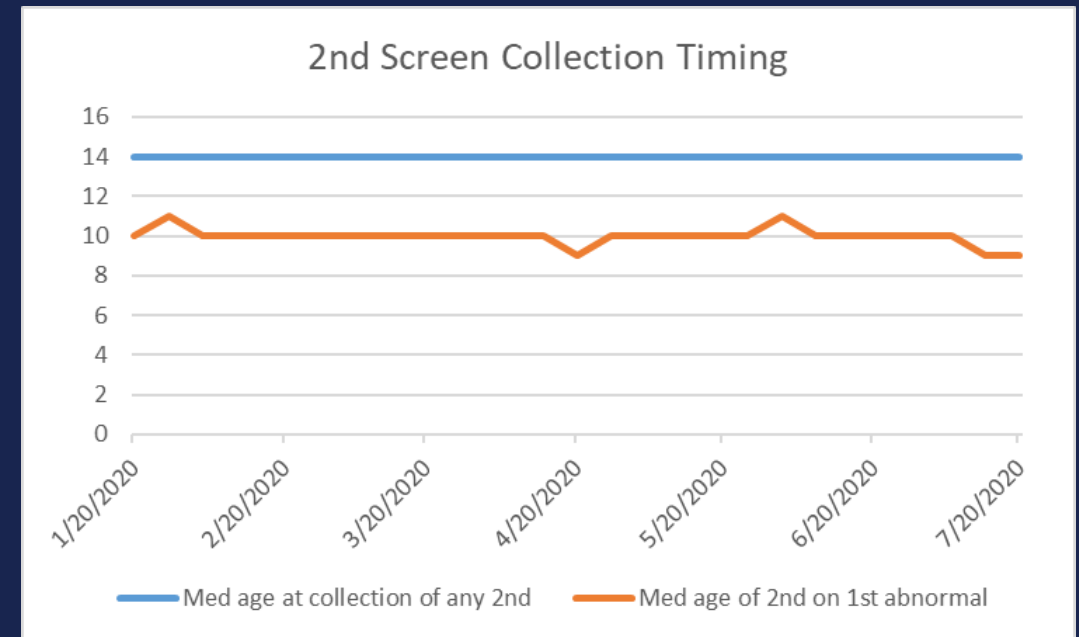
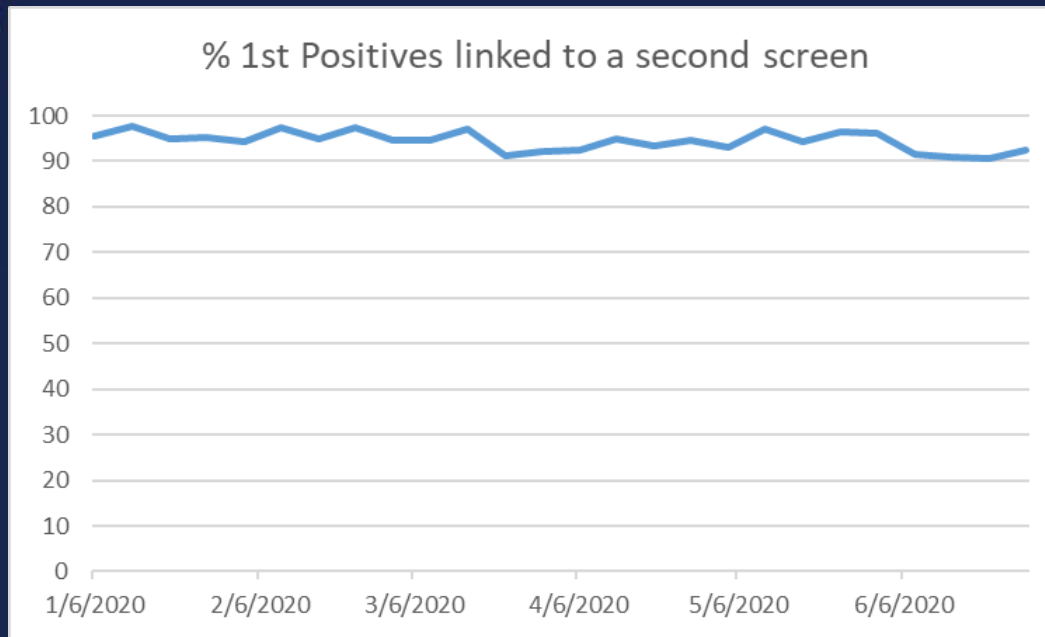


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# Covid-19 Impact on NBS

- No change in 1<sup>st</sup> screen positives linked to a 2<sup>nd</sup> screen
- No change in 2<sup>nd</sup> screen collection timing



# Frequently Asked Questions

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[Dried Blood Spot COVID-19 frequently asked questions page](#)

[Newborn Hearing Screening COVID-19 FAQ page](#)



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**DSHS Coronavirus Page:**

<https://www.dshs.state.tx.us/coronavirus/>



# Frequently Asked Questions

**Q: Has DSHS altered guidance for collection of newborn screens?**

**A:** No. The 1st newborn screen should be collected between 24 - 48 hours of age, or before hospital discharge. The 2nd newborn screen should be collected on every infant at 1-2 weeks of age.

DSHS recognizes that healthcare providers may require adjustments to newborn screening protocols.

Completely and accurately fill out all information requested on the collection kits.

Incomplete or inaccurate demographic information can result in specimen rejection, incorrect results, or delay in initiation of follow-up on out of range results.

Ensure parent contact information (phone number and address) is current.

Advise parent to select a pediatrician and attempt to make the first appointment prior to leaving the hospital. Enter pediatrician contact information on the collection kit.



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# Frequently Asked Questions

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**Q: What if a parent is requesting early discharge to socially isolate themselves and their newborn?**

**A: Collect the first screen immediately prior to discharge.**



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# Frequently Asked Questions

**Q: For 2<sup>nd</sup> screens, what if our facility is unable to provide a location to collect the specimen?**

**A:** If necessary, explore the availability of other collection locations such as an outpatient clinic or reference laboratory. If no alternative can be identified, ensure a screen is collected as soon as can be safely scheduled.

The American Academy of Pediatrics (AAP) recommends pediatricians continue to see newborns and infants for preventive care. AAP CoVID-19 guidance includes:

- Delaying care for newborns and other vulnerable children during this time could have devastating consequences for their health.
- Be flexible to determine the best way to schedule patient visits to minimize the risk, including spacing out visits, modifying clinical space, or rescheduling visits for older children until a later date.
- Pediatricians may choose to limit well visits to early morning while reserving the remainder of the day for sick visits.
- Pediatricians are encouraged to dedicate specific rooms for sick visits and well visits; or for those with multiple practice sites to consider using one office location to see all well visits (staffed by those in higher risk categories).



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# Frequently Asked Questions

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**Q: What if a 2<sup>nd</sup> screen cannot be collected in the recommended timeframe of 7-14 days of age?**

**A:** Collect the 2nd screen as soon as conditions allow. This ensures the earliest possible interventions for affected babies. DSHS does not reject specimens collected on older children, but NBS testing methodologies have been designed to minimize the number of false negative and false positive results in newborns and young infants.



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**Q: What if the 1<sup>st</sup> screen was out of range or unsatisfactory?**

It is imperative to ensure that another screen is collected for newborns with an out of range or unsatisfactory 1<sup>st</sup> screen. Having an unsatisfactory screen is like not being screened at all. In some situations, newborns with out of range first screens may not require diagnostic evaluation if a second screen is normal.

# Frequently Asked Questions

## **Q: What if the parent refuses the 2nd screen?**

**A:** Parents can only refuse to have their child screened if the screening conflicts with a parent's religious tenets or practices (see Texas Health & Safety Code Sec. 33.012). To refuse, a parent must sign a form stating he/she has a religious objection to newborn screening. Points to consider before refusing a second newborn screening:

- DSHS has implemented a two-screen system to maximize the effectiveness of testing for all disorders on the Texas Newborn Screening Panel.
- The second screen routinely detects babies at risk for severe medical complications. These babies sometimes have a normal first screen.

Some disorders (like cystic fibrosis) rely upon both newborn screens to reduce the number of babies who would otherwise require



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# Frequently Asked Questions

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**Q: Our facility has new staff assisting with specimen collection and out of range result follow-up coordination. What resources are available for quality assurance?**

**A:** Healthcare provider guidance on specimen collection, transport and result reporting can be found at: <https://www.dshs.texas.gov/lab/nbsHCRes.shtm>

Please completely and accurately fill out all information requested on the collection kits. Incomplete or inaccurate demographic information can result in specimen rejection, incorrect results, or delay in initiation of follow-up on out of range results.



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# FAQ Hearing Screening

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## Has DSHS altered guidance on the newborn hearing screening protocol?

No. Continue to follow national 1-3-6 guidelines and best practices. However, DSHS recognizes that healthcare providers may need to adjust newborn hearing screening protocols. Notify the TEHDI Program at [TEHDI@dshs.texas.gov](mailto:TEHDI@dshs.texas.gov) about protocol changes.



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# FAQ Hearing Screening

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## **Will my certification status be impacted by changes in hospital operations?**

Changes in protocol as a response to COVID-19 will not affect your facility's certification status.

## **My facility is suspending outpatient screening services. What should we do?**

For infants who do not pass the birth screen inform the PCP and the family following normal protocol. If there are no other community outpatient screening services available for a referral, wait until your facility resumes outpatient screening services and contact families to bring their infants back for the follow-up screen.



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# FAQ Hearing Screening

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**I have an infant who needs audiological assessment, but the audiology clinic is closed. What should I do?**

For infants who need an audiological assessment and there is no provider in the community available to perform the evaluation, maintain a list of those infants so that you can initiate a referral once the audiologist resumes normal protocol.

**How should I document in the TEHDI MIS?**

[Download detailed instructions](#) on how to properly document in the TEHDI MIS during the COVID-19 disaster.



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# Questions?