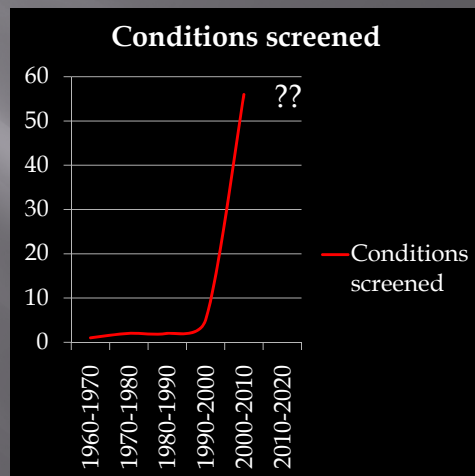


HEARTLAND GENETICS AND NEWBORN SCREENING COLLABORATIVE

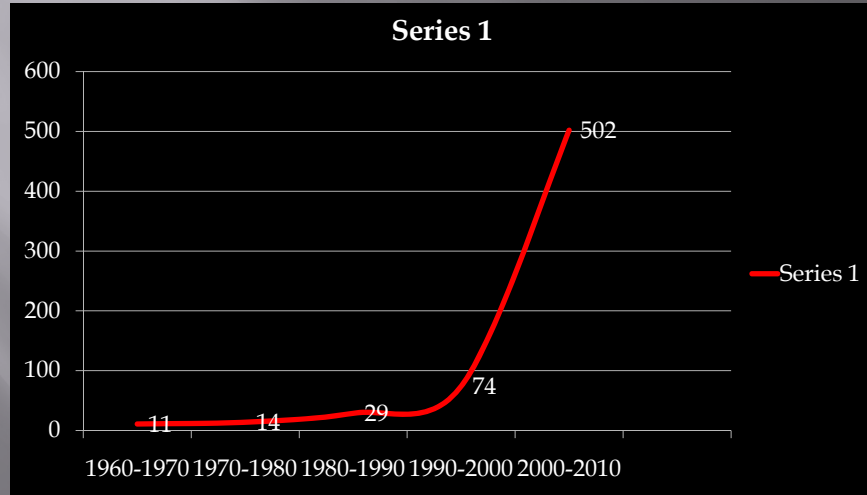
Terry L Dwelle MD MPHTM FAAP CPH
State Health Officer
North Dakota Department of Health

History of ND Newborn Screening

1964-PKU
1977-Hypothyroidism
1991-Galactosemia
1992-CAH and MSUD,
Agreement with Iowa
Metabolic Screening
Program
2002-Pilot study for TMS
expanded panel - TMS
2003-MCAD, Biotinidase,
Hemoglobinopathies
2004-TMS officially
incorporated
2006-CF
2008-Private courier service



ND Newborn Screening Numbers



Newborn Screening 1991-2011

Condition	Number
Biotinidase	10
CAH	19
Galactosemia	54
MCAD	6
LCHAD	3
SCAD	4
3MCC	1
VLCAD	2
MSUD	1
CPT-1	2
CUD	1
CPT 2	1
TYR 2	1
Isovaleric acidemia	1
PKU	54
TSH (CH)	88
Cystic Fibrosis	13
GA	1

Hemoglobinopathies 2002-2011

Condition	Number
FF	2
FAE	23
FAD	8
FAC	57
S Beta Thal	1
FAV	95
FAS	123
FA + Barts	43
Sickle Cell	1

SB 2067

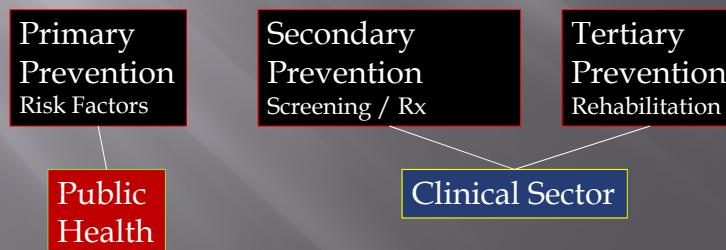
- ❑ Change wording in the ND century code – to add “genetic diseases”
- ❑ Passed but was not easy

Future – Who Knows????

- ❑ Domestic discretionary spending will be drastically cut
- ❑ Public health is considered “socialistic and liberal” to many ultra-conservatives

Refocus of Public Health

- ❑ Public health will need to focus on primary prevention – the private sector on secondary and tertiary prevention



Change of Culture

- Need to transform from
 - Disease to wellness
 - Fee for service to outcome

Need for Coordinaton

Enhanced Coordination

