



NEWS RELEASE

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Office of the Premier
Provincial Health Services Authority
BC Women's Hospital & Health Centre

EXPANDED SCREENING TO IMPROVE HEALTH OF B.C. BABIES

VANCOUVER – Newborn babies in British Columbia will now be screened for more than three times as many disorders at birth that can be treated to avoid lifelong health issues, Premier Gordon Campbell announced today.

“Newborn babies in British Columbia deserve the very best chance to a healthy life – that is why we are increasing the number of tests at birth to screen for 19 disorders, up from six,” said Premier Campbell. “Screening newborns means earlier detection of treatable disorders. With specialized treatment, lifelong health problems such as development disorders, liver problems, brain damage, and even sudden death can be prevented, meaning a healthier life for newborns, and reduced future pressures on our health care system.”

The decision to expand the province's newborn screening is based on the recommendation from the Newborn Screening Advisory Committee, established by the Provincial Health Services Authority (PHSA). Members of the committee include medical experts from BC Women's Hospital & Health Centre and BC Children's Hospital, agencies of the PHSA.

Technological advances and improvements in diagnosis and treatment have provided an opportunity to add new conditions to the screening panel, using the same conventional filter paper blood spot card. The expanded program will include screening for cystic fibrosis and sickle cell disease. The expansion will be phased in over the next 12 months with full implementation expected by 2010.

“The decision to broaden the screening program was made after a careful review of the medical literature on newborn screening,” explained Dr. Hilary Vallance, director of the Biochemical Genetics laboratory at BC Children's Hospital and BC Women's Hospital & Health Centre and chair of the Newborn Screening Advisory Committee. “We were looking for the answers to two fundamental questions for each disorder reviewed: what is the expected health benefit to the newborn, and what is the best screening strategy to detect the most cases while minimizing the false positive rate?”

One of the positive outcomes that resulted from the review process was a strategy to minimize the recall rate or false positive rate. This will be achieved by a two-tier screening approach. B.C. will be one of the first jurisdictions in Canada to implement a suite of second tier screening tests aimed at minimizing false positive rates.

With a few drops of blood collected on a filter paper card, about 42,000 babies are screened each year. Approximately 20 children a year are identified with one of six treatable conditions. The additional screening is expected to benefit another 20 children a year.

“Expanding the new screening program is a strategic priority for the Provincial Health Services Authority,” said Wynne Powell, chair of the PHSA Board of Directors. “While the conditions are rare, the pain and suffering for the children and families can be immense.”

The implementation and operation costs for the newborn screening program will be covered by the Provincial Health Services Authority from their existing funding allocation. Implementation will cost approximately \$2.3 million in capital investment and annual operating costs of approximately \$2 million once the program is fully implemented. The implementation phase will start this year to build additional capacity, integrate a new software system, and ensure testing facilities are in place. This will include the co-ordination of regional services, including sample collection, transportation, parent education and follow up.

The program announced today builds on government’s early childhood screening program commitment. The Province has already implemented three early childhood screening programs: early hearing screening in all neonatal intensive care units and most well-baby units in hospitals across the province, with full implementation expected by year end; early childhood dental screening that includes screening surveys for kindergarten children; and vision screening for kindergarten children with an expected roll out to three-year-olds.

1 backgrounder(s) attached.

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