

Region XI Newborn Screening Continuity Clinic census from 2014 to May 2025

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Following the Department of Health (DOH) Administrative Order 2014-0035, newborn screening continuity clinics (NBSCC) were established in 2014 to facilitate continuity of care for patients with confirmed heritable disorders within the specific geographic areas assigned to each clinic.¹ These clinics serve as referral centers for the long-term management—encompassing counseling, treatment, monitoring, and follow-up—of confirmed cases screened by the Newborn Screening Centers.^{1 2} One such clinic is the Region XI NBSCC, located in Southern Philippines Medical Center (SPMC).²

At its inception, the Region XI NBSCC in SPMC was tasked with serving confirmed cases from the NSC-Mindanao, covering the Davao Region (Region XI) and the Caraga Region (Region XIII). Currently, the Region XI NBSCC at SPMC has two satellite clinics, one in Davao del Sur Provincial Hospital (Digos) and another in Davao Occidental General Hospital (Malita).²

The infographic below illustrates the census of the SPMC-based NBSCC as of May 2025. Of the 336 patients with confirmed heritable disorders endorsed by NSC-Mindanao to the SPMC NBSCC, 214 were successfully contacted. Among those reached, 199 have ongoing follow ups (122 of whom are seen in person at the clinic, while the remaining 77 are either seen during home visits by the NBSCC team or are still due for follow-up, 9 have died, 4 have been discharged from the continuity clinic, and 2 have migrated abroad. The remaining 122 patients could not be contacted and were classified as unrecalled. Of these, 77 had been unrecalled for less than 6 months, while 45 had been unrecalled for more than 6 months and were classified as lost-to-follow up.

Among the 336 endorsed patients, 138 are classified as indigent. In terms of diagnosis, 276 (82.14%) were diagnosed with congenital hypothyroidism, 18 (5.36%) with congenital adrenal hyperplasia, 7 (2.08%) with galactosemia, 6 (1.78%) with phenylketonuria, 2 (0.60%) with maple syrup urine disease, 2 (0.60%) with tyrosinemia type I, 1 (0.30%) with tyrosinemia type III, 1 (0.30%) with medium-chain acyl-Coenzyme A dehydrogenase deficiency, 1 (0.30%) with very long-chain acyl-Coenzyme A dehydrogenase deficiency, 7 (2.08%) with 3-methylcrotonyl-CoA carboxylase deficiency, 12 (3.57%) with HbH A thalassemia, and 2 (0.60%) with β -thalassemia/hemoglobin E.

Before the Davao NBSCC was established, patients had to follow up at NSC-Mindanao or the SPMC outpatient clinic, often resulting in poor tracking and loss to follow-up. The NBSCC has since improved recall rates, but gaps remain, with many patients still not returning for care. Sustained improvements will require targeted strategies, better resource allocation, and transition protocols from pediatric to adult services.

Contributors

GJB, MS, RCR, and CXDL contributed to the conceptualization of this article. GJC, MS, and RCR wrote the original draft while CXDL rendered the original draft of the infographic. All authors performed the subsequent revisions, approved the final version, and agreed to be accountable for all aspects of this article and its corresponding infographic.

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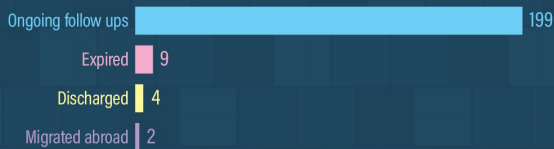
Continuity Clinic

CENSUS FROM 2014 TO MAY 2025

Total number of endorsed patients by the Newborn Screening Center Mindanao (NSC-M)

336

214 Recalled



122 Unrecalled



122

Total number of patients seen at the Region XI Newborn Screening Continuity Clinic (RXI-NBSCC) as of May 2025

138

Number of patients classified as indigent

276 (82.14%)

Congenital hypothyroidism

Diagnoses of patients endorsed to RXI-NBSCC

$n = 336$

2 (0.60%)

Maple syrup urine disease

7 (2.08%)

Galactosemia

14 (4.17%)

Hemoglobinopathies*

18 (5.36%)

Congenital adrenal hyperplasia

13 (3.87%)

Expanded newborn screening conditions**

6 (1.78%)

Phenylketonuria

*Hemoglobinopathies include 12 patients with HbH A thalassemia, and 2 patients with B Thalassemia/Hemoglobin E

**Expanded Newborn Screening conditions include 2 patients with Tyrosinemia type-1, 1 patient with Tyrosinemia type-3, 1 patient with Carnitine uptake defect, 1 patient with Medium-chain acyl-coenzyme A dehydrogenase deficiency, 1 patient with Very long-chain acyl-CoA dehydrogenase deficiency, and 7 patients with 3-methylcrotonyl-CoA carboxylase deficiency



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