

Wisconsin first state to screen all newborns for ‘bubble boy disease’

The Wisconsin Department of Health and Family Services (DHFS), acting on the recommendation of the Newborn Screening Umbrella Advisory Committee, has approved adding Severe Combined Immune Deficiency (SCID) to the Wisconsin newborn screening panel. With the addition of SCID, Wisconsin now screens approximately 70,000 newborns annually for 48 genetic disorders, including hearing loss (which is not mandated). These tests include all 29 of the core panel of tests recommended by the American College of Medical Genetics Newborn Screening Expert Group in 2006.¹

The pilot program to develop an effective and efficient newborn screening test for SCID began 1 year ago as a funding and scientific collaborative effort between the Wisconsin State Laboratory of Hygiene (WSLH) at the University of Wisconsin-Madison, the Children’s Hospital of Wisconsin in Milwaukee, and the Jeffrey Modell Foundation. WSLH performs all newborn screening testing in the state and the Jeffrey Modell Foundation focuses on prevention of primary immunodeficiency diseases.

WSLH began reporting SCID results on the newborn screening report form February 18, 2008. The amount of blood collected for newborn screening is sufficient to perform the SCID testing. Physician consultants are available to Wisconsin physicians whose patients receive a “Possible Abnormal SCID (Immunodeficiencies) Report” form. William J. Grossman, MD, PhD, and Jack Routes, MD, are available for consults at the Children’s Hospital of Wisconsin in Milwaukee. Contact numbers for Dr Routes and Dr Grossman are 414.907.8511 (pager 1), 414.907.7944 (pager 2), 888.241.3494 (pager 3), or 262.266.6293. The consulting physician at American Family Children’s Hospital in Madison is

Christine Seroogy, MD, and she can be reached at 608.217.2454.

As with all disorders screened on the Wisconsin newborn screening panel, the benefits of testing for SCID will be evaluated over time. For more information on the Wisconsin newborn screening program, please visit our Web site at www.slh.wisc.edu/newborn, including the “Health Care Professional’s Guide to Newborn Screening.”

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References

1. Newborn Screening: Toward a Uniform Screening Panel and System. Available at: www.acmg.net/resources/policies/NBS/NBS-sections.htm. Accessed April 23, 2008.

Merging public health

In Wisconsin, there are 92 local health departments of various size and function. Single county departments with limited services cover vast areas in mostly rural Northern Wisconsin. Thirteen separate public health departments serve Milwaukee County, the state’s largest urban area. Moderately urban, Outagamie County is served by 5 departments. Some departments have few staff—Florence County has 2.7 employees. Some have many—Milwaukee City Health Department has over 300.

Over the years, several adjacent jurisdictions have combined. Eau Claire City/County Health Department merged more than 40 years ago. More recently, Brown County subsumed Green Bay, Kenosha County subsumed the City of Kenosha, and Rock County took over the care of Beloit. On January 1, 2008, Public Health Madison Dane County (PHMDC) became a unified, city-county health department.

Merged agencies can and do save money, which is often the primary political motivation behind consolidation. One director costs less than 2, unitary phone and IT systems achieve economies of scale, and administrative redundancies are ripe for elimination. But in our experience in Madison Dane County, even greater good comes from integrating operations, realigning resources, and forging common strategies. Here are some recent examples.

- Apparently random cases of hepatitis A reported from Middleton, Oregon, and Madison were linked and the cluster analyzed by a unified infectious disease control team. Previously, confidential case information may or may not have been efficiently passed back and forth between agencies. Responding to the hepatitis outbreak, a gamma globulin/vaccination clinic was promptly organized for an exposed childcare center in one of the municipalities. Interjurisdictional squabbling was avoided regarding which should supply the biologicals, which should provide staff, and if the clinic was even needed.
- Four extremely complex, multi-drug resistant tuberculosis patients, falling ill in rapid succession, received the multi-disciplinary attention they needed individually, while transmission of the often-fatal disease to others was prevented. This was accomplished by an expanded TB team of both city and county nurses who worked effectively together while coordinating with University of Wisconsin physicians, city attorneys and police, Dane County Courts and Department of Human Services and the Wisconsin Department of Health and Family Services. For very complex and serious problems, size, as can be conferred by merger, matters.

In Remembrance

PHMDC has equipped its sanitarians with linked, electronic field devices and trained them in the uniform application of food safety standards for all of Dane County's 3000 food establishments. Local ordinances agreed to by the mayor, county executive, city council members, and county board of supervisors allow us to now assure citizens that soft-serve and ice cream operations, salad bars, and delis are regularly inspected and sampled countywide. The fact that they weren't in the past comes as a surprise to many people.

On a neighborhood level, health assessments and interventions are now carried out relatively unhindered by the patchwork of municipal boundaries. The South Madison Health and Family Center—Harambee on South Park Street, an important PHMDC site of operation, serves the city of Madison, the town of Madison, the city of Fitchburg, and the village of Oregon. Previously, young parents with multiple children in tow who would walk, ride the bus or drive to the center for public health services would be turned away if by mistake they arrived at a day or time that didn't correspond with their city or county residence. Now all are welcome, every day.

In addition, the growing collection of public and private health providers on the South Park Street site, most prominently Access Community Health Center and UW Wingra Clinic, spurred on by the recently completed PHMDC South Madison Community Health Assessment, appear to be blossoming into a dynamic "health commons." It is hoped that the health commons will serve as the geographic portal to Madison's "health care Main Street," home to Group Health Cooperative, St. Mary's Hospital, Meriter Hospital, and UW Hospitals and Clinics. HMDC is only 1 of many actors in this grand collaborative process, but its unified and focused presence has been key.

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Editor's note: The following physicians passed away between November 2007 and April 2008.

William W. Chandler, MD, 84, of Appleton, Wis; Medical College of Wisconsin, Milwaukee; passed away November 20, 2007.

Ram Das, MD, 70, of Middleton, Wis; Calicut Medical College, Calicut, Kerala; passed away March 8, 2008.

Clair M. Flanagan, MD, 92, of Boynton Beach, Fla; University of Wisconsin Medical School, Madison; passed away December 31, 2007.

Yoshio Handa, MD, 89, of Madison, Wis; Creighton University School of Medicine, Omaha; passed away January 6, 2008.

Henrik A. L. Hartmann, MD, 87, of Madison, Wis; Medisinske Fakultet Universitetet i Oslo, Oslo, Norway; passed away December 28, 2007.

Theodore L. Hartridge, MD, 98, of Madison, Wis; University of Pennsylvania School of Medicine, Philadelphia; passed away February 20, 2008.

John P. Hartwick, MD, 73, of Jefferson, Wis; Medical College of Wisconsin, Milwaukee; passed away December 10, 2007.

Frank C. Larson, MD, of Madison, Wis; passed away December 25, 2007.

Robert N. Leasum, Jr., MD, 79, of Osseo, Wis; Jefferson Medical College of Thomas Jefferson University, Philadelphia; passed away January 12, 2008.

Donald B. Lindorfer, MD, 80, of Waukesha, Wis; Medical College of Wisconsin, Milwaukee; passed away March 17, 2008.

Philipp H. Marty, MD, 83, of Lebanon; University of Wisconsin Medical School, Madison; passed away March 9, 2008.

Sidney S. Meyers, MD, 91, of Mequon, Wis; University of Illinois at Chicago College of Medicine, Chicago; passed away November 20, 2007.

Wolfram E. Nolten, MD, 73, of Madison, Wis; Med Fak der Ludwig Maximilians Universität; passed away January 11, 2008.

Carl J. Saggio, MD, 65, of Fond Du Lac, Wis; Medical College of Wisconsin, Milwaukee; passed away November 24, 2007.

Gerhard D. Straus, MD, 94, Palm Beach, Fla; Medical College of Wisconsin, Milwaukee; passed away January 22, 2008.

John R. Talbot, MD, 94, of Lake Placid, NY; University of Wisconsin Medical School, Madison; passed away March 22, 2008.

Henry M. Waldren, Jr., MD, 80, of Elkhart Lake, Wis; Medical College of Wisconsin, Milwaukee; passed away March 17, 2008.

Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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