



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

May 11, 2022

DHDTTC DAL 22-03

Dear Chief Executive Officer:

The purpose of this letter is to remind providers and hospitals that they are required to order diagnostic testing for glucose-6-phosphate dehydrogenase (G6PD) deficiency for infants at increased risk for this condition.

Newborn screening is mandated in NYS Public Health Law §2500-a and 2500-f. In 2022 the statute was amended to add G6PD deficiency to the list of newborn screening conditions in New York. G6PD deficiency was not added to the panel of conditions screened by the Newborn Screening Program through testing of dried blood spots, instead the law requires newborns be given a diagnostic test for G6PD deficiency if they:

- Present with hemolytic anemia
- Present with hemolytic jaundice
- Present with early onset increasing neonatal jaundice persisting beyond the first week of life (bilirubin level greater than the 40th percentile for age in hours)
- Are admitted to the hospital for jaundice following discharge
- Have a familial, racial, or ethnic risk of G6PD deficiency (African, Asian, Mediterranean, or Middle Eastern ancestry)

Newborns and infants who meet any one of the above criteria must be tested for G6PD deficiency using a quantitative test.

Hospital Requirements

Hospitals should put systems in place to ensure that infants meeting any of the above criteria be administered a quantitative test for G6PD deficiency.

Thank you for continuing to ensure New York's newborns get the healthiest start possible. If you have any questions, please call our main phone line at 518-473-7552 or email the Program at: nbsinfo@health.ny.gov.

Sincerely,

Michele Caggana, ScD, FACMG
Director, NYS Newborn Screening Program
Division of Genetics
Wadsworth Center

Stephanie Shulman, DrPH, MS
Director, Division of Hospitals and
Diagnostic & Treatment Centers