



July 15, 2016

Dear Provider,

You may recall that effective Jan. 1, 2016, Neonatal Abstinence Syndrome (NAS) was added to the [list of conditions](#) that are notifiable by law to the Georgia Department of Public Health. We appreciate not only your adherence to this new reporting requirement but also your questions and feedback regarding this addition.

NAS is a condition that results from the abrupt discontinuation of chronic fetal exposure to substances that were used or abused by the mother during pregnancy. Having NAS on the list of notifiable conditions provides the opportunity to:

1. Assess the incidence of NAS in Georgia and trends over time
2. Identify opportunities for timely intervention and education
3. Better characterize risk factors for NAS in Georgia
4. Assess capacity to address maternal addiction and provide multidisciplinary care for the child/family affected by substance abuse

Based on your feedback, we have clarified the reporting process and updated our reporting database to improve data quality. The criteria for reporting NAS has been simplified to include at least one of the following: **a newborn with withdrawal symptoms and/or a newborn with a positive drug screen**. Reports should be submitted within seven days of identification. Cases can be reported electronically through our secure web-based State Electronic Notifiable Disease Surveillance System (SENDSS) at sendss.state.ga.us/. As with all notifiable disease data reported to our Department, data regarding NAS will remain confidential in accordance with Georgia law, Code Sections 31-12-2 and 31-5-5. Frequently asked questions (FAQ) related to NAS can be found at: dph.georgia.gov/NAS.

Thank you for working with us to protect the lives of Georgia's mothers and children. Should you have any questions please contact the Maternal and Child Health Section of the Georgia Department of Public Health at 404-657-2850 or contact Patricia McAfee at patricia.mcafee@dph.ga.gov.

Sincerely,

A handwritten signature in blue ink that reads 'Brenda Fitzgerald MD'.

Brenda Fitzgerald, M.D.
Commissioner and State Health Officer



FAQs - Reporting NAS for Healthcare Providers

1. What is the reporting criteria for NAS?

A report should be made when:

- a. A newborn is identified to have symptoms consistent with NAS
AND/OR
- b. A newborn is identified to have a positive drug screen result

A positive maternal history only (drug screen result or reported drug use/abuse) does not meet criteria for reporting.

2. Who is responsible for reporting?

The baby's physician of record at the facility where NAS is diagnosed is responsible for reporting. This can be delegated to other staff within the facility. NAS is usually diagnosed in the hospital following birth but can be diagnosed on readmission.

3. How do I report a case of NAS?

NAS is reported in the same manner as other infectious notifiable diseases, through the State Electronic Notifiable Disease Surveillance System (SendSS). You can access SendSS at <https://sendss.state.ga.us/>.

4. When do I make a report?

Reports should be made to DPH within 7 days of identification.

5. What type of laboratory testing can be done to confirm the diagnosis?

A urine screen is the most common and cost effective method; a positive result can be helpful in understanding the causative agent. A meconium screen or cord testing are more sensitive methods and may detect minor, remote exposures, however may require reference laboratories. A negative screen in any test is considered an inconclusive result; it does not rule out drug exposure. Kocherlakota. P (2014). Neonatal Abstinence Syndrome, *Pediatrics*, (134) 2.

6. If the mother has a history of substance abuse but the baby is born with no withdrawal symptoms AND a negative laboratory test for substances, do I still report?

No. Reporting is based on the baby only.

7. Does a diagnosis of NAS mean a delay in discharge from the hospital?

Every baby with NAS is different depending on many factors, but in general, babies with a diagnosis of NAS have a longer length of stay due to the need for symptom management.

Symptoms can last from one week to six months. Most commonly, babies with NAS are hospitalized for two to four weeks.

8. Do I also need to make a report to the Division of Family and Children Services (DFCS)?

A NAS report to DPH does NOT satisfy “mandatory reporter” obligations of child abuse under Code Section 19-7-5. A DFCS report should be made by the facility if there is reasonable cause to believe that the mother is abusing substances.

9. Do I need to go back and report cases since January 1, 2016?

Ideally, the surveillance goal is to capture all cases of NAS. However, DPH understands there is a learning curve in the reporting process. At a minimum, please report all cases of NAS moving forward. Since reporting began January 1, 2016, the reporting form has been updated based on provider feedback to improve ease of reporting.

10. What is the law requiring mandated reporting of NAS and when was it passed?

Georgia law, Code Section 31-12-2 was passed in 1964. The addition of NAS to the reporting panel was effective January 1, 2016.

11. Will the information reported be passed along to law enforcement?

No. The reporting procedure is for public health surveillance purposes only. Like all personal health information collected by DPH, it is confidential and subject to HIPAA, which means it will be available to law enforcement only through court order or subpoena.

Updated as of July 12, 2016