

From: [Lisa Rickard Mancl](#)
To: [DOH WSBOH](#)
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting
Date: Thursday, February 18, 2021 3:43:46 PM

External Email

Hello,

For the upcoming March meeting of the WA State Board of Health, I am writing in support of including targeted screening of CMV in newborn screening in WA state.

I am an audiologist who routinely identifies hearing loss in newborn infants. I have witnessed improved hearing outcome in infants with congenital CMV who have received antiviral treatment. I have also witnessed many children whose diagnosis of hearing loss associated with CMV occurring much later in infancy or childhood, beyond the important window for early treatment.

Congenital CMV (cytomegalovirus) is one of the leading causes of childhood hearing loss. Many children are born in WA state every year with hearing loss caused by CMV.

I support targeted screening of CMV in newborn infants so that appropriate antiviral treatment can be offered to families to improve their developmental outcome.

I appreciate your thoughtful consideration of this important screening.

Lisa

Lisa Mancl, M.S, CCC-A
Pediatric Audiologist
WA Early Hearing Detection and Intervention Learning Community (WSELC) Coordinator
Center on Human Development and Disability
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Senior Lecturer
Department of Speech and Hearing Sciences
University of Washington

DOH WSBOH

From: Tonya Enger <engert23@gmail.com>
Sent: Saturday, February 20, 2021 11:51 PM
To: DOH WSBOH
Subject: PFAS Drinking Water Standards

External Email

Dear WA Board of Health WA State Board of Health,

Please move forward with adopting strong drinking water standards for PFAS. It's crucial we act now to reduce these immune-compromising toxics and follow the lead of other states that have started turning the tap off PFAS pollution. The draft rule is a positive step to begin to address PFAS in drinking water supplies, but I urge you to keep the process moving and incorporate the following recommendations into the final rule:

1. Ensure the state action levels address all PFAS. The rule should recognize that other harmful PFAS may be present in water and should establish monitoring, limits, and action requirements designed to capture as many of the large PFAS class as possible.
2. All Group A water systems should be required to test on an ongoing basis to make sure contaminated water sources are identified; the rule should not exclude important water systems such as churches, motels, or allow for waivers.
3. Since detection of any of these compounds is an indicator of the presence of other PFAS, the final rule should require that water systems take action to address all PFAS when drinking water exceeds the state action levels.
4. Finally, resources should be sought from the state legislature to support testing of other water systems and private wells and to address contamination.

Sincerely,
Tonya Enger
3305 Q St
Vancouver, WA 98663

DOH WSBOH

From: Susan Coffin <susaniviecoffin@gmail.com>
Sent: Tuesday, February 16, 2021 2:55 PM
To: DOH WSBOH
Subject: Thank you

External Email

Hi,

I had the pleasure of meeting Dr Lutz last night at a vaccination clinic in Spokane, and told him this but wanted to tell your whole board: I credit Governor Inslee's pandemic policies with saving my life. I'm a Hospitalist, caring for COVID patients, and I'm old, married to an old guy. Though Washington started as THE hotspot, we quickly got our numbers down, which kept me alive.

I know it hasn't been easy, medicine is more politicized than ever before, behavior is variable and fatigued. But thank you, all of you, for helping keep me alive long enough to get vaccinated.

Our family will continue to volunteer over the next months to help our community get their shots. But none of this would have been possible without you all making good decisions.

Susan Coffin MD

Sent from my iPhone

DOH WSBOH

From: Testify Online Survey <SurveySupport@doh.wa.gov>
Sent: Wednesday, February 24, 2021 9:41 PM
To: DOH WSBOH
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1. State Board of Health Meeting Date:

March 10, 2021

2. Agenda Item or Issue:

Petition for targeted cCMV screen

3. Your Name:

Dr. Mallory Baker

4. Do you have a professional title?

1. Yes

Dr. Mallory Baker (pediatric audiologist)

5. Are you representing an organization?

1. Yes

Washington CMV Project

6. Address:

Na

7. Email:

Mallory.baker@wacmvproject.org

8. Phone Number (Include Area Code):

2066361155

9. Do you have any special expertise relevant to this topic?

1. Yes

Pediatric audiologist; Founder of the Washington CMV Project

10. Are you testifying on a specific proposal under consideration by the board?

1. Yes

Petition for a targeted screen for congenital cytomegalovirus of infants who do not pass their newborn hearing screening.

11. Are you Pro or Con on the proposal?

1. Pro

Congenital cytomegalovirus is a common, serious, and preventable disease. 1 in 200 infants will be born cCMV positive. It is the goal of the Washington CMV Project to help Washington State move toward a mandated screen of infants and increase education about CMV to the general public and high risk groups.



February 22, 2021

SUBJECT: Support of Targeted Testing and Increased Education/Awareness for Congenital Cytomegalovirus

Dear Members of the Washington State Board of Health,

The National CMV Foundation supports the petition to add targeted testing for Cytomegalovirus (CMV) for infants who fail the newborn hearing screening in the state of Washington. We also support increased CMV education and awareness efforts making evidence-based data and information about congenital CMV available to families, childcare workers, and healthcare providers.

Each year, 30,000 children are born with congenital CMV – the most common viral cause of birth defects and the leading non-genetic cause of hearing loss in the United States¹ – more common than Down Syndrome, Pediatric HIV/AIDS, Spina Bifida, Toxoplasmosis, and Zika. Infants with CMV may experience hearing loss, vision loss, seizures, cerebral palsy, developmental and motor delay, and other long-term health problems¹⁻⁶.

Congenital CMV is common, serious, and preventable, and yet national awareness is alarmingly low⁵. Contact with young children's urine or saliva is a major cause of CMV infection among pregnant women, especially mothers, daycare workers, preschool teachers, pediatric therapists, and health care providers. We believe that being aware of and practicing tried prevention measures can help mitigate the risk of acquiring CMV infection before or during pregnancy⁶.

By establishing an education and newborn screening protocol and helping to facilitate dialogue between women and health care providers, Washington will join ranks with other states that have embraced congenital CMV education and newborn screening

We enthusiastically support this petition and its goals of increasing CMV awareness and identifying babies at birth through the newborn screening program. We remain committed to spreading awareness about congenital CMV and are happy to provide additional information or answer any questions.

Thank you for your attention and consideration.

With gratitude,

A handwritten signature in black ink, appearing to read "Kristen Hutchinson Spytak".

Kristen Hutchinson Spytak
President, National CMV Foundation

References

1. Fowler KB. Congenital cytomegalovirus infection: audiologic outcome. *Clin Infect Dis* 2013;57 Suppl 4:S182-4. PubMed PMID: 24257423; PMCID: PMC3836573.
2. Boppana SB, Ross SA, Fowler KB. Congenital cytomegalovirus infection: clinical outcome. *Clin Infect Dis* 2013;57 Suppl 4:S178-81. PubMed PMID: 24257422; PMCID: PMC4471438.
3. Dollard SC, Grosse SD, Ross DS. New estimates of the prevalence of neurological and sensory sequelae and mortality associated with congenital cytomegalovirus infection. *Revi Med Virol* 2007;17(5):355-63. PubMed PMID: 17542052.
4. Rawlinson WD, Boppana SB, Fowler KB, Kimberlin DW, Lazzarotto T, Alain S, Daly K, Doutre S, Gibson L, Giles ML, Greenlee J, Hamilton ST, Harrison GJ, Hui L, Jones CA, Palasanthiran P, Schleiss MR, Shand AW, van Zuylen WJ. Congenital cytomegalovirus infection in pregnancy and the neonate: consensus recommendations for prevention, diagnosis, and therapy. *Lancet Infect Dis* 2017;17(6):e177-e88. PubMed PMID: 28291720.
5. Doutre SM, Barrett TS, Greenlee J, White KR. Losing ground: awareness of congenital cytomegalovirus in the United States. *JEHDI* 2016;1(2):39-48.
6. Fowler K, Boppana S. Congenital cytomegalovirus infection. *Semin Perinatol* 2018;42:149-54. PubMed PMID: 29503048

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Sunday, February 28, 2021 4:40:05 PM

The following survey response is submitted:

1. State Board of Health Meeting Date:

March 10, 2021

2. Agenda Item or Issue:

CMV Project

3. Your Name:

Carol Otto

4. Do you have a professional title?

1. Yes

Advanced Registered Nurse Practitioner

5. Are you representing an organization?

1. Yes

Valley Medical Center

6. Address:

400 South 43rd Street Box 50010 Renton, WA 98058

7. Email:

carol.otto@seattlechildrens.org

8. Phone Number (Include Area Code):

(206) 987-4961

9. Do you have any special expertise relevant to this topic?

2. No

10. Are you testifying on a specific proposal under consideration by the board?

1. Yes

CMV Project

11. Are you Pro or Con on the proposal?

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Sunday, February 28, 2021 4:13:42 PM

The following survey response is submitted:

1. State Board of Health Meeting Date:

3/10/21

2. Agenda Item or Issue:

Targeted CMV newborn screening

3. Your Name:

Jenna Ryan

4. Do you have a professional title?

1. Yes

Neonatal NP-BC

5. Are you representing an organization?

2. No

6. Address:

7. Email:

jenna.ryan@seattlechildrens.org

8. Phone Number (Include Area Code):

2533488709

9. Do you have any special expertise relevant to this topic?

2. No

10. Are you testifying on a specific proposal under consideration by the board?

2. No

11. Are you Pro or Con on the proposal?

1. Pro

Will help capture many CMV positive infants and allow for early treatment prior to the detrimental effects set in.

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Sunday, February 28, 2021 3:07:44 PM

The following survey response is submitted:

1. State Board of Health Meeting Date:

2. Agenda Item or Issue:

CMV screening

3. Your Name:

Aimee Madding, ARNP

4. Do you have a professional title?

1. Yes

ARNP

5. Are you representing an organization?

1. Yes

Seattle Childrens

6. Address:

7. Email:

8. Phone Number (Include Area Code):

9. Do you have any special expertise relevant to this topic?

1. Yes

Care of neonates

10. Are you testifying on a specific proposal under consideration by the board?

1. Yes

CMV screening after failed hearing screens

11. Are you Pro or Con on the proposal?

1. Pro

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Sunday, February 28, 2021 2:45:43 PM

The following survey response is submitted:

1. State Board of Health Meeting Date:

3/10/21

2. Agenda Item or Issue:

CMV targeted screening for newborns

3. Your Name:

Margaret English PA-C

4. Do you have a professional title?

1. Yes

Physician Assistant

5. Are you representing an organization?

2. No

6. Address:

7. Email:

maggie.english@seattlechildrens.org

8. Phone Number (Include Area Code):

2064592229

9. Do you have any special expertise relevant to this topic?

1. Yes

Neonatal Provider

10. Are you testifying on a specific proposal under consideration by the board?

1. Yes

adoption of a targeted CMV screening program

11. Are you Pro or Con on the proposal?

1. Pro

Congenital CMV infection is more common than any of the current disorders tested for on the Newborn Screening Panel in Washington State, yet do not test for CMV. Early testing and identification is crucial. Infants with a diagnosis of congenital CMV can develop lifelong medical disabilities such as hearing loss, vision loss, cerebral palsy, microcephaly, developmental delays, liver problems, kidney problems, seizures, and more. Although routine screening would be expensive, targeted screening can identify many cases of congenital CMV and can decrease morbidity associated with this disease.

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Sunday, February 28, 2021 12:53:42 PM

The following survey response is submitted:

1. State Board of Health Meeting Date:

march 10, 2021

2. Agenda Item or Issue:

Statewide Targeted Newborn CMV Screening

3. Your Name:

Patricia Bai

4. Do you have a professional title?

1. Yes

ARNP

5. Are you representing an organization?

2. No

6. Address:

5665 95th Place SW Mukilteo, WA 98275

7. Email:

patricia.bai@seattlechildrens.org

8. Phone Number (Include Area Code):

9. Do you have any special expertise relevant to this topic?

1. Yes

I round on healthy newborns at a couple local hospitals. I see babies that fail their hearing screenings and we order CMV testing for those infants.

10. Are you testifying on a specific proposal under consideration by the board?

1. Yes

Targeted CMV screening for newborns

11. Are you Pro or Con on the proposal?

1. Pro

Early detection and treatment of CMV in newborns can help to preserve long term hearing loss

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Monday, March 1, 2021 12:28:15 AM

The following survey response is submitted:

1. State Board of Health Meeting Date:

March 10, 2021

2. Agenda Item or Issue:

Rule Petition - Newborn screening - Congenital CMV

3. Your Name:

Dr. Mallory Baker

4. Do you have a professional title?

1. Yes

Pediatric Audiologist

5. Are you representing an organization?

1. Yes

Washington CMV Project

6. Address:

17116 SE 48th Ct. Bellevue, WA 98006

7. Email:

mallory.baker@wacmvproject.org

8. Phone Number (Include Area Code):

2066361155

9. Do you have any special expertise relevant to this topic?

1. Yes

Pediatric audiologist, founder of the Washington CMV Project

10. Are you testifying on a specific proposal under consideration by the board?

1. Yes

Rule petition to adopt targeted congenital CMV newborn screening

11. Are you Pro or Con on the proposal?

1. Pro

1 in 200 infants will be born positive of congenital CMV. Early detection and intervention can provide life-saving and life-improving opportunities for these infants. Additionally, there is a low awareness of CMV. Increased education about CMV and prevention could lead to fewer cCMV cases in newborns.

From: [Michelle Anderson](#)
To: [DOH WSBOH](#)
Subject: My Public Comments
Date: Wednesday, March 3, 2021 3:51:51 PM

External Email

We Need to DUE AWAY with the stupid 6 ft spacing mandate so that our kids can get back to SCHOOL and LIFE!!!

It is well past the time to open things up!

Our children are the LEAST LIKELY to spread this newest virus among MANY!
ENOUGH ALREADY!!

ONE VERY ANGRY PARENT and GRANDPARENT!

From: [Melvin, Ann](#)
To: [DOH WSBOH](#)
Subject: Public Comment for March 10th meeting
Date: Wednesday, March 3, 2021 10:16:11 PM
Attachments: [image001.png](#)

External Email

Washington State Board of Health members

RE: Petition for Rulemaking, WAC 246- 650, Newborn Screening – Congenital Cytomegalovirus – Possible Action

We would like to express our strong support for the proposal to adopt targeted cytomegalovirus (CMV) screening for newborns who fail their newborn hearing screens and to increase education for women about CMV. As described in the proposal, congenital CMV is the most common congenital infection. Some infants, most commonly those whose mothers acquire CMV during pregnancy, have severe symptoms at birth which can lead to devastating developmental outcomes. There are preventive measures women can take to decrease their risk of CMV infection during pregnancy, however, few women have even heard about CMV, much less have been counseled on steps to avoid infection.

Most infected infants are not symptomatic at birth, however, they are still at risk for life-long sequelae, particularly sensorineural hearing loss. Congenital CMV is the leading infectious cause of hearing loss in children. As specialists in Pediatric Infectious Disease, we regularly see infants with hearing loss which was not identified as being related to CMV until the infants are too old for potential treatment. Data would indicate that early treatment may be effective, but if children are identified after the first month of life there is not good evidence for treatment efficacy. The lament that we hear regularly from parents is “why was my child not tested sooner”? Although targeted CMV screening will not identify all CMV infected infants at risk for hearing loss, it would identify those infants with early hearing loss who are the most likely to develop progressive hearing loss. Frequently these infants also have other CMV-related abnormalities which would otherwise be missed until after the first months of life.

Targeted CMV screening has been effectively implemented in several states, with positive downstream effects beyond the identification of CMV (Deiner et al. PEDIATRICS 2017;139: e2 0160789). We have successfully worked with several area hospitals to implement CMV testing using saliva PCR for infants who fail their newborn hearing screens, but this piecemeal activity is not likely to have much impact: we simply are not reaching enough babies. A statewide initiative would significantly increase the number of infants with CMV-related hearing loss who would gain access to early treatment and appropriate monitoring.

Thank you for your consideration of this proposal.

Ann J. Melvin MD, MPH

Janet A. Englund, MD
Lisa M. Frenkel, MD
Thor Wagner, MD

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From: [Horn, David](#)
To: [DOH WSBOH](#)
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting
Date: Thursday, March 4, 2021 8:23:52 AM

External Email

To who it may concern,

I am writing this email to voice my strong support for the petition for rulemaking to be discussed at the March 10 WSBOH meeting regarding targeted newborn screening for congenital cytomegalovirus (CMV). I am a pediatric otologist and frequently see children with congenital and/or progressive sensorineural hearing loss secondary to congenital CMV where the diagnosis is not made for several years. We are learning more and more that identification of etiology of hearing loss can have a significant impact on medical/audiological management and counselling for patients. Given the high prevalence of congenital CMV in pediatric sensorineural hearing loss patients (likely as prevalent as the most common genetic cause), targeted CMV screening would be expected to have a significant impact on care for these patients.

David L. Horn, M.D., M.S.

Associate Professor | University of Washington | Department of Otolaryngology – Head and Neck Surgery Adjunct
Co-director Seattle Children's Hospital Cochlear Implant Program | Seattle Children's Hospital | Division of Pediatric Otolaryngology
Principal Investigator | Prosthetic Auditory Development Laboratory (PADL) | Virginia Merrill Bloedel Hearing Research Center
Adjunct Faculty | University of Washington | Department of Speech and Hearing Sciences

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From: [Michelle Anderson](#)
To: [DOH WSBOH](#)
Subject: Public comments. 3/10/2021 meeting
Date: Wednesday, March 3, 2021 3:14:42 PM

External Email

I would like my comments included in the meeting.

Coronavirus is NOT GOING AWAY! We cannot eradicate it. We shut down the entire world to SLOW IT DOWN! We have done that!

IT IS TIME TO OPEN EVERYTHING BACK UP!

Our hospitals are NOT overwhelmed!

We are a strong and resilient people!

It is time to stop living with all the fear mongering from the MEDIA!!

THE FACTS

Over 99% recovery rate!!

Enough! Time to get back to our lives!!

Thank you.

From: [Testify Online Survey](#)
To: [DOH.WSBOH](#)
Subject: Survey Response: Testify Online *
Date: Wednesday, March 3, 2021 8:23:27 AM

The following survey response is submitted:

1. State Board of Health Meeting Date:

March 10th

2. Agenda Item or Issue:

Targeted CMV screening for newborns

3. Your Name:

Christina Long

4. Do you have a professional title?

1. Yes

DO

5. Are you representing an organization?

2. No

6. Address:

7. Email:

longc22@uw.edu

8. Phone Number (Include Area Code):

917-239-1588

9. Do you have any special expertise relevant to this topic?

1. Yes

Neonatology

10. Are you testifying on a specific proposal under consideration by the board?

2. No

11. Are you Pro or Con on the proposal?

1. Pro

Please mandate targeted CMV screening for all newborns in WA state. This testing is necessary in

order to help with faster diagnosis and treatment of congenital CMV to prevent hearing loss.