

Washington State Board of Health

Petition for Rulemaking – chapter 246-650 WAC, Newborn Screening

March 10, 2021

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Board Policy for Newborn Screening Criteria

Three guiding principles govern all aspects of the evaluation of a candidate condition for possible inclusion in the Newborn Screening panel:

- Decision to add a screening test should be driven by evidence. For example, test reliability and available treatment have been scientifically evaluated, and those treatments can improve health outcomes for affected children.
- All children who screen positive should have reasonable access to diagnostic and treatment services.
- Benefits of screening for the disease/condition should outweigh harm to families, children, and society.

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Newborn Screening Criteria

- Available screening technology
- Diagnostic testing and treatment available
- Prevention potential and medical rationale
- Public health rationale
- Cost-benefit/cost-effectiveness.

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Congenital Cytomegalovirus

- A congenital viral infection that can result in damage to hearing and developmental delays
- Prevalence of 1:200 births
 - 1:5 of those born with CMV will experience health problems
- Most common screening is through urine or saliva
 - Dried blood spot can be used
- Diagnosis must occur within two to three weeks following birth to confirm congenital CMV (as opposed to acquired infection)
- Antiviral medications exist and may improve hearing and developmental outcomes in newborns with symptoms at birth

cCMV Screening - Current State

- Currently, three facilities in Washington are providing screening for cCMV
 - Two utilize a urine or saliva sample, one a residual bloodspot
- Six states currently conduct cCMV screening
 - Utilize a "fail-first" approach, those who fail a newborn hearing screening are then screened for cCMV
 - Several of these states rely on saliva sample, with at least one requiring confirmatory urine screens

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THANK YOU

