

WASHINGTON STATE BOARD OF HEALTH

Date: October 12, 2022

To: Washington State Board of Health Members

From: Kelly Oshiro, Board Vice Chair

Subject: Briefing – Recommendations of the Newborn Screening Technical Advisory Committee: Congenital Cytomegalovirus (cCMV)

Background and Summary:

The Washington State Board of Health (Board) has the authority under RCW 70.83.050 to define and adopt rules for screening of Washington-born infants for hereditary conditions using sample blood specimens. WAC 246-650-010 defines the conditions and WAC 246-650-020 lists conditions for which all Washington-born newborns are to be screened. The Board convenes a technical advisory committee (TAC) to inform its decision on which conditions to include in the newborn screening (NBS) panel. The TAC uses available information to evaluate candidate conditions using an established set of criteria.

Congenital cytomegalovirus (cCMV) occurs when a pregnant individual is infected with cytomegalovirus and subsequently passes the infection to their unborn child. cCMV is the most common congenital infection with a birth prevalence of approximately 0.5 percent. cCMV can result in hearing loss and is the leading cause of nonhereditary, sensorineural hearing loss. Additionally, cCMV can lead to developmental delay, vision loss, seizures, and death.

Currently, ten states require targeted newborn screening for cCMV (i.e., a baby who does not pass their hearing screening is subsequently screened for cCMV). Ontario, Canada and Minnesota require universal screening for cCMV using dried blood specimens. Thirteen states require education for the public and health professionals regarding cCMV. In Washington State, some healthcare facilities provide targeted cCMV screening for infants who do not pass the newborn hearing screening, including Seattle Children's Hospital and Valley Medical Center in Renton.

The TAC met on September 21, 2022 to consider cCMV against the Board's criteria. TAC members heard presentations on the natural history of cCMV, targeted and universal screening approaches, and a cost-benefit analysis. The TAC voted on individual criteria as well as an overall recommendation to the Board.

I have invited Dr. John Thompson and Caitlin Maloney from the Department of Health's bloodspot Newborn Screening Program, Marcie Rider and Karin Neidt from the

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Department of Health's Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program, and Kaitlyn Donahoe, Policy Advisor to the Board, to present information from the cCMV TAC meeting.

Recommended Board Actions:

The Board may wish to consider one of the following motions:

The Board directs staff to file a CR-101 to initiate rulemaking for chapter 246-650 WAC to consider adding universal congenital cytomegalovirus (cCMV) screening to the Washington State newborn screening panel.

Or

The Board directs staff to explore the possibility of including conditions in the Washington State newborn screening panel that are most appropriately screened in a manner other than through the use of blood samples, including congenital cytomegalovirus (cCMV).

Or

The Board determines that congenital cytomegalovirus (cCMV) should not be considered for addition to the newborn screening panel at this time and moves to reevaluate the condition in three years as a candidate for mandatory newborn screening in Washington State.

Staff

Kaitlyn Donahoe

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