



Date: April 9, 2025

To: Washington State Board of Health Members

From: Kelly Oshiro, Board Member

Subject: Recommendations of the Congenital Cytomegalovirus Newborn Screening Technical Advisory Committee

Background and Summary:

The Washington State Board of Health (Board) has the authority under RCW 70.83.050 to adopt rules for screening Washington-born infants for hereditary conditions. WAC 246-650-010 defines the conditions, and WAC 246-650-020 lists the conditions on the state's required newborn screening panel.

During the 2024 legislative session, the Legislature passed and the Governor signed Senate Bill 5829, which directed the Board to review congenital cytomegalovirus (cCMV) for Washington's mandatory newborn screening panel. Congenital cytomegalovirus (cCMV) occurs when a pregnant person is infected with cytomegalovirus (CMV) and subsequently passes the infection to their unborn child. cCMV can result in decreases in hearing and is the leading cause of nonhereditary, sensorineural hearing change. cCMV can lead to other significant impacts, including developmental delay, changes in vision, seizures, or death.

cCMV may be detected through screening via three different biological specimen types: dried blood spot, saliva swab, and dried urine filter paper. Each biological specimen type has unique testing, cost, and infrastructural considerations. Chapter 70.83 RCW specifies that the Department of Health must conduct newborn screening tests on blood specimens.

Infants suspected of having cCMV can have a diagnostic DNA test for CMV infection using a saliva or urine sample. Diagnostic testing must be completed within 21 days of life to confirm a congenital infection. Babies with cCMV who are symptomatic or experiencing isolated decreases in hearing may be treated with antivirals. Antivirals may increase hearing but may also have side effects.

On February 11 and March 26, 2025, a technical advisory committee (TAC) convened to consider this condition against the Board's newborn screening criteria. During the committee meeting, TAC Members heard presentations on the natural history of the condition, diagnostic testing and treatment, available screening technology, and cost-benefit analysis for adding this condition to the state's screening panel. The TAC then voted on individual criteria for cCMV as well as an overall recommendation to the Board.

I have invited John Thompson, Director of the Department of Health's Newborn Screening Program, and Kelly Kramer, Policy Advisor, to present information from the cCMV TAC for Board Member consideration.

(Continued on the next page)

Recommended Board Actions:

The Board may wish to consider and amend, if necessary, the following motions:

The Board directs staff to file a CR-101 to initiate rulemaking for chapter 246-650 WAC to consider adding cCMV to the Washington state newborn screening panel using dried blood spot, and further directs staff to draft a cCMV legislative report, consistent with Senate Bill 5829, based on the findings and recommendations provided, for review by the Board prior to the due date of December 31, 2025.

OR

The Board directs staff to work with the Department of Health to assess further the feasibility and implications of including dried urine filter screening testing as part of the current newborn screening infrastructure and present this information back to the Board in time to develop final recommendations and next steps for the cCMV legislative report required by Senate Bill 5829 and due December 31, 2025.

OR

The Board determines that cCMV should not be considered for addition to the newborn screening panel at this time for the reasons stated by the Board, and directs staff to draft a cCMV legislative report, consistent with Senate Bill 5829, based on the findings and recommendations provided, for review by the Board prior to the due date of December 31, 2025.

Staff

Kelly Kramer, Policy Advisor

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