



PUBLIC HEALTH INFRASTRUCTURE READINESS FOR CONGENITAL CYTOMEGALOVIRUS (cCMV)

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Washington State NBS Criteria

6. Public Health Infrastructure Readiness: The Newborn Screening Program's capacity to implement screening within a reasonable timeframe has been considered.

- The systems and staffing necessary to perform the test and report screening results have been identified.
- Resources needed to implement short/long term follow up protocols by the newborn screening program have been identified.
- Accessibility to treatment for anyone diagnosed with the condition is considered acceptable based on the frequency of treatment needed.

Public Health Infrastructure Readiness

Systems and staffing needed to test and report test results:

Systems:

Additional laboratory equipment needed:

- 2 punch indexers to punch urine filter paper
- 3 new DNA testing machines
- Sample prep equipment such as liquid handlers/thermomixers

Staffing:

Ongoing:

- 1.7 full time equivalent in laboratory staff

Start-up:

- Approximately 1360 staff hours to validate lab methodology, develop follow up procedures and develop infrastructure for new specimen type

All of these needs were included in the cost-benefit analysis

Public Health Infrastructure Readiness

Resources needed to implement short/long term follow up protocols by the newborn screening program have been identified:

Ongoing:

- 1 full time equivalent for short term follow up
- 1 full time equivalent for long term follow up

Start-up:

- At least 80 hours of staff time to develop long term follow up program and follow up procedures and infrastructure

All of these needs were included in the cost-benefit analysis

Questions?

