



**Connecticut Department of Public Health**

**Testimony Presented Before the Public Health Committee**

**February 20, 2015**

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**House Bill No. 5525 - An Act Concerning Cytomegalovirus**

The Department of Public Health (DPH) would like to provide the following information regarding House Bill No. 5525.

HB 5525 proposes a screening test for cytomegalovirus (CMV) for any infant who fails a newborn hearing screening on or after January 1, 2015. It also charges DPH with providing information to parents of such newborns concerning birth defects associated with CMV and treatment options, as well as establishing a public education program concerning CMV. The proposed bill directs CT birth facilities and/or medical practitioners to test infants who fail a newborn hearing screening for CMV as soon after birth as is medically appropriate. Testing must occur by 2-3 weeks of age.

CMV is a common virus that infects people of all ages. Most CMV infections are “silent,” meaning most people who are infected with CMV have no signs or symptoms and suffer no harmful effects. When CMV infection occurs during a woman’s pregnancy, the baby can become infected before birth. CMV infection present at birth is known as “congenital CMV.” In this form, the virus can be transmitted to the unborn infant and potentially damage the brain, eyes, and inner ear. CMV is the most common viral infection that infants are born with in the United States. About 1 in 150 children is born with congenital CMV infection. This means that in the United States, about 30,000 children are born with congenital CMV infection each year. About 80% of babies born with congenital CMV infection never have symptoms or problems. Pregnant women can take steps to reduce their risk of CMV by minimizing their exposure to young children’s saliva and urine through effective hygiene practices (Source: Centers for Disease Control and Prevention).

There is no drug licensed to treat congenital CMV infection. There are limited data on the use of antiviral medications in infants with symptomatic congenital CMV infection. Studies are ongoing to determine what types of therapy are of greatest benefit to CMV-infected infants.

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Infants with suspected congenital CMV infections should be evaluated by physicians who specialize in these infections (Source: Centers for Disease Control and Prevention).

The Universal Newborn Hearing Screening Program, administered by DPH, began in Connecticut on July 1, 2000, when all birthing facilities became statutorily mandated to screen all newborns for hearing loss at birth. It is recommended that the hearing screen be done in the hospital before the baby goes home. The CT guidelines state if an infant does not pass the first hearing screen at birth, the screening will be repeated prior to discharge. If an infant does not pass the second hearing screen performed at the hospital, the family will be referred to an audiologist that specializes in working with infants, for diagnostic testing. An audiologist must conduct a battery of diagnostic tests using specialized equipment to determine the infant's hearing status. In calendar year 2013, there were 36,880 Connecticut births, 99% of newborns were screened for hearing loss; of that group, 515 newborns failed both initial hearing screening tests. It is this group that would be required to be screened for CMV according to proposed HB 5525.

If CMV screening were to be implemented, it would require staff time and resources to develop an education program and materials for parents. There would also be costs related to labor, printing, and distribution of education materials. These costs are not included in the Governor's proposed budget, and the Department does not have the capability to fulfill all the mandates of this bill within available appropriations. The Department is willing to work with the proponents of the bill to identify if there are any provisions that can be implemented within available means.

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