

UNIVERSITY OF MINNESOTA

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Amy Nelson-Horton
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February 21, 2017

RE: Oregon HB 2754
Cytomegalovirus Screening Bill

Dear Ms. Nelson-Horton,

This letter is in strong support of your proposed legislation, Oregon House Bill 2754, to move congenital cytomegalovirus screening forward in Oregon.

At the University of Minnesota (UMN), I am the Co-Director of the Center for Infectious Diseases and Microbiology Translational Research Center and Director, Division of Pediatric Infectious Diseases and Immunology at the UMN Medical School. My research at the University of Minnesota focuses on congenital cytomegalovirus. I am also a clinician, a pediatrician specializing in the treatment and management of congenital viral infections such as cytomegalovirus (CMV). My interest in congenital CMV infection dates back to my medical school and pediatric residency training, which I undertook at the Oregon Health and Sciences Medical School and Doernbecher Children's Hospital back in the mid-1980s.

The bill that you are developing with your colleagues in the Oregon House of Representatives accomplishes two key functions. The proposed legislation requires newborn child with hearing loss to be referred to health care provider for purpose of diagnosing whether newborn child has congenital cytomegalovirus infection. It also directs the Oregon Health Authority to compile and disseminate information on congenital CMV. Both of these are important accomplishments and are similar to bills we are seeing signed into law in a number of states around the USA, including, Utah, Connecticut, Illinois, Texas, Tennessee, and Hawaii. I want to point out one key issue related to early diagnosis of congenital CMV. This has to do with the issue of **treatment of infection in newborns**. The 2015 Red Book® (which is the official Report of the Committee on Infectious Diseases of the American Academy of Pediatrics; <https://redbook.solutions.aap.org/chapter.aspx?sectionid=88187134&bookid=1484>) makes the following important statement about the current standard-of-care of congenital CMV infection:

Neonates with symptomatic congenital CMV disease with or without central nervous system (CNS) involvement have improved audiologic and neurodevelopmental outcomes at 2 years of age when treated with oral valganciclovir (16 mg/kg/dose, administered orally twice daily) for 6 months.

Therefore, the bill that you are developing will have a tangible impact on how physicians in Oregon care for these infants. We have an antiviral drug to offer that can improve the outcome, but it must be started in the first few weeks of life. Moreover, congenital CMV can only be diagnosed with certainty in the first few weeks of life (prior to day-of-life 21) because finding CMV in a diagnostic test after that age may be related to post-natal acquisition of the infection. Thus, early diagnosis is essential. Your bill accomplishes that, and offers hope for a practical, "real-world" impact of CMV screening in newborns.

I am committed to a future where all newborns will be tested at birth for congenital CMV, and thus am fully supportive of your legislation. I congratulate you for your efforts in developing this legislation, and would be glad to be available as a resource for you or any of your colleagues in the Oregon Legislature as this important bill moves forward for consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark R. Schleiss". The signature is fluid and cursive, with the first name "Mark" being more prominent and the last name "Schleiss" following in a similar style.

Mark R. Schleiss, MD
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