



Located in the Texas Medical Center

Infectious Disease Service
Feigin Center, Suite 1150
Texas Children's Hospital
1102 Bates Street
Houston, Texas 77030-2399
Tel: 832 824 4330

Infectious Disease Section
Department of Pediatrics
One Baylor Plaza, MS: BCM 320
Texas Medical Center
Houston, Texas 77030

Carol J. Baker, M.D.
Judith R. Campbell, M.D.
Gail J. Demmler-Harrison, M.D.
Morven S. Edwards, M.D.
C. Mary Healy, M.D.
Kristina Hultén, Ph.D.
Sheldon L. Kaplan, M.D.
Edward O. Mason, Jr., Ph.D.
Flor M. Muñoz, M.D.
Debra L. Palazzi, M.D.
Jeffrey R. Starke, M.D.
Jesús G. Vallejo, M.D.

March 20, 2017

Representative Jeff Barker

Rep.JeffBarker@state.or.us

RE: **HB 2754** Concerning congenital CMV

Dear Hon. Representative Barker,

Thank you for your service to the State of Oregon.

As a physician in Texas who sees and treats children with congenital cytomegalovirus or CMV and helps families cope with the life long challenges this diagnosis carries, and as a research physician scientist for over 30 years, with extended research experience in this area, and as an advocate for CMV awareness and public policy to help accurately diagnose, treat, and prevent congenital CMV, I am writing to you to let me know you have my support for **HB 2754, "Relating to CMV"**.

Most people have never heard of CMV, yet they will contract cytomegalovirus (CMV) during their lives and experience no symptoms, never know they have been infected, and are unharmed by the virus. That is why "**CMV is the most common virus most people have never heard of**". And, for the child born with congenital (present at birth) CMV can be devastating. Congenital CMV can cause hearing loss, vision loss, developmental disabilities, seizures, cerebral palsy, liver disease and feeding problems.

Because congenital CMV is a common cause of congenital hearing loss, which can be managed and treated most effectively if diagnosed early in life, and because there is a tight diagnostic window of opportunity of the first 21 days of life to establish the diagnosis of congenital CMV, early testing of newborns who fail their newborn hearing screen, is critical! Also, because most infants born with congenital hearing loss experience a lengthy, agonizing, and often very expensive health care diagnostic odyssey, and often wait weeks or months before having a diagnosis of congenital CMV established (or refuted), the **HB 2754** legislation offers a "**Think CMV First**" approach, which is an opportunity for early diagnosis and treatment.

Knowledge is power. However, knowledge about the transmission of CMV, and the methods to diagnosis and the available treatments and therapies available is not well appreciated by health care workers or lay public. Therefore more CMV awareness education is needed, and is provided for in **HB 2754**. In addition, congenital CMV is potentially preventable. While there is not a traditional "injectable CMV vaccine", there is, what I call, the "**CMV Knowledge Vaccine**". This "vaccine" contains an ounce of CMV awareness, and three simple precautions pregnant women can take to reduce their risk of CMV transmission – do not share food or drink with toddlers (who often carry large quantities of CMV in their saliva and urine), to not kiss toddlers or young children or around the mouth where saliva may be, and wash hands carefully after changing ALL diapers (especially those wet with urine where CMV is present). In addition, not only mothers of young children in the home, but day care center workers who care for young children out of the home are at greater risk of catching CMV.

These behavioral hygiene precautions, during pregnancy, and for day care center workers, are supported by CMV experts, by the American Academy of Pediatrics and also by a recent International Consensus Statement of CMV Experts from around the world, published in *Lancet Infectious Diseases* by Rawlinson WD et al March 10, 2017. Awareness and education about how CMV is transmitted will empower pregnant women everywhere to take steps to prevent transmission during their vulnerable time of pregnancy.

I am confident HB 2754 will save lives, abilities, and healthcare dollars. A similar bill first became law in Utah in 2013, and became law in my home state of Texas in 2015, and is now law in many other states in our country. These laws are producing results. Oregon can join the other states who are making a difference for these babies.

It is time to end the silence surrounding this common, and potentially devastating congenital infection. It is time to face the congenital CMV challenge!

Thank you so much for your service and for your support for CMV awareness and education!

Sincerely,



Gail J Demmler-Harrison MD
Professor Department of Pediatrics, Section Infectious Diseases
Baylor College of Medicine
Attending Physician, Infectious Diseases Section
Texas Children's Hospital
Director, CMV Registry, CMV Research, CMV Laboratory, CMV Clinic
Texas Children's Hospital Feigin Center Suite 1150
1102 Bates Street
Houston, Texas 77030
832-824-4330 ph 832-656-2595 mobile 832-825-4347 fax
gdemmler@bcm.edu gdemmler@texaschildrens.org cmv@bcm.edu
www.bcm.edu/pediatrics/cmregistry/
www.texaschildrensblog.org/author/gdemmler/
@CongenitalCMV on FB and Twitter