



January 31, 2019

TO: Healthcare Providers, Hospitals, Diagnostic and Treatment Centers, Laboratories, and Local Health Departments

FROM: New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control

INFORMATIONAL MESSAGE:

New Legislation on Congenital Cytomegalovirus (CMV) Testing in Newborns

For healthcare facilities, please distribute to the Medical Director, Director of Nursing, Laboratory Service, and healthcare providers in Pediatrics, Neonatology, Audiology, Infectious Disease, Family Medicine, Newborn Screening, and Obstetrics.

Summary

- **This informational message provides an update on new legislation which went into effect on January 30, 2019 requiring newborns to be tested for congenital CMV who are suspected of hearing impairment based on newborn hearing screening.**
- **Hospitals should conduct congenital CMV testing on newborns suspected of having a hearing impairment as a result of newborn hearing screening.**

Background

Congenital CMV is the most common intrauterine infection and the leading non-genetic cause of sensorineural hearing loss in children in the U.S. One in every 200 infants is born with congenital CMV infection, approximately 20% of whom will develop long-term health problems such as hearing or vision loss, intellectual disability, seizures, or developmental delay. Screening and early diagnosis of congenital CMV can improve opportunities for early intervention, monitoring, and medical care to optimize hearing and developmental outcomes.

Congenital CMV Testing Law

- A requirement to test newborns for congenital CMV who are suspected of having hearing impairment based on the newborn hearing screen went into effect on January 30, 2019.
- The law requires the institution caring for infants 28 days of age or less to administer a urine polymerase chain reaction (PCR) test for CMV, or a diagnostically equivalent test, to any such infant who is identified as, or suspected of, having a hearing impairment, unless the parent of the infant objects.
- Due to the significant impact of congenital CMV on the health of children, the New York State Department of Health is actively working to develop guidance on the best way to implement this important legislation. The Department will keep you informed as soon as guidance is available and anticipates providing this to hospitals and healthcare providers in the near future. See attached letter from the Commissioner regarding this new legislation.

- In the interim until the Department provides further guidance, hospitals should conduct congenital CMV testing on newborns suspected of having a hearing impairment as a result of newborn hearing screening.
- Additionally, it is critical that healthcare facilities and providers ensure effective communication and follow-up of newborn hearing screen and CMV test results to ensure timely medical evaluation, as clinically appropriate, and optimal health outcomes

Questions should be directed to your LHD or the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 and bcdc@health.ny.gov.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 30, 2019

To: Birthing Hospitals, Healthcare Facilities, Diagnostic and Treatment Centers, Laboratories, Administrators, and Healthcare Providers, including but not limited to Pediatric, Neonatology, Audiology, Infectious Disease, Family Medicine, Newborn Screening, and Obstetric Providers

On October 2, 2018 Governor Andrew M. Cuomo signed legislation (Chapter 307 of the Laws of 2018) that requires the administrative officer or other person in charge of each institution caring for infants 28 days of age or less and the person required to register the birth of the child, to administer a urine polymerase chain reaction (PCR) test for cytomegalovirus (CMV), or a diagnostically equivalent test, to any such infant who is identified as, or suspected of, having a hearing impairment, unless the parent of the infant objects. The requirement to test for CMV will go into effect on January 30, 2019.

Due to the significant impact of congenital CMV on the health of children, the New York State Department of Health (Department) is actively working to develop guidance on the best way to implement this important legislation. The Department is consulting with national experts on congenital CMV prevention and screening. Additionally, the Department is creating a panel of experts from the federal government, academia, other states that have implemented CMV screening programs, and hospital representatives to inform how to best implement a comprehensive congenital CMV screening and prevention program in New York State. The Department will keep you informed as soon as guidance is available and anticipates providing this to hospitals in the near future.

Congenital CMV is the most common intrauterine infection and the leading non-genetic cause of sensorineural hearing loss in children in the U.S. One in every 200 infants is born with congenital CMV infection, approximately 20% of whom will develop long-term health problems such as hearing or vision loss, intellectual disability, seizures, or developmental delay. Screening and early diagnosis of congenital CMV can improve opportunities for early intervention, monitoring, and medical care to optimize hearing and developmental outcomes. In the interim until the Department provides further guidance, hospitals should conduct congenital CMV testing on newborns suspected of having a hearing impairment as a result of newborn hearing screening. Additionally, it is critical that healthcare facilities and providers ensure effective communication and follow-up of newborn hearing screen and CMV test results to ensure timely medical evaluation, as clinically appropriate, and optimal health outcomes.

Sincerely,

Howard A. Zucker, M.D., J.D.
Commissioner of Health