



# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Iowa Chapter

### Iowa Chapter Executive Committee

#### President

Marguerite Oetting, MD, FAAP  
200 Hawkins Drive  
2612 JCP  
Iowa City, IA 52242  
Phone: 319-384-6390  
E-mail: marguerite-oetting@uiowa.edu

#### Vice President

Amy Kimball, DO, FAAP  
300 W. Hutchings Street, Suite B  
Winterset, IA 50273  
Phone: (515) 462-2950  
E-mail:  
akimball@madisonhealth.com

#### Treasurer

Kathleen Foster-Wendel, MD, FAAP  
1215 Duff Avenue  
Ames, IA 50010  
Phone: (515) 239-4404  
Fax: (515) 239-4721  
E-mail: kfoster-wendel@mcfarlandclinic.com

#### Immediate Past President

Jennifer Groos, MD, FAAP  
1212 Pleasant Suite 300  
Des Moines, IA 50309  
Phone: (515) 241-6000  
E-mail: jennifer.groos@unitypoint.org

#### Chapter Web site

[www.iowapeds.org](http://www.iowapeds.org)

#### AAP Headquarters

141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1098  
Phone: 847/434-4000  
Fax: 847/434-8000  
E-mail: [kidsdocs@aap.org](mailto:kidsdocs@aap.org)  
[www.aap.org](http://www.aap.org)

### Iowa AAP Perspective on CMV Testing in Neonates

**1. Education:** The Iowa AAP supports education of pregnant women, new parents and the community at large about the health effects of CMV. We support IDPH developing educational materials and making them available on their website, through toolkits and printed materials. **Concerns- We have concerns about the legislature mandating that specific materials be given to patients as this is a rapidly evolving issue and providers need to have the flexibility to offer the most up to date information, even if IDPH has not had a chance to update their publications.**

**2. Testing for CMV:** There are two methods of testing, saliva and urine. Saliva testing seems to have similar sensitivity and specificity when compared to urine testing which was the prior gold standard. The saliva test is easier to do than urine testing since it can be hard to get enough urine volume from newborns the first day or two of life.

**Concerns- There is no lab in the state of Iowa with the capacity to test newborn saliva for CMV. The blood spot specimen does not carry enough virus to test accurately. Newborn screening for CMV in saliva or urine would require that a process be developed so that it could be done in hospitals throughout the state or through the saliva screen. This would require funding and time.**

**3. Testing Protocol:** Universal testing is the goal, but targeted testing could be a bridge while many questions are answered about universal testing. 20% of infants who have hearing loss at birth (and fail the hearing screen) have CMV. Half of these CMV positive infants have no other symptom of CMV disease and would not otherwise be identified. So targeted screening has some benefit. Universal testing is more desirable because the majority of infants with congenital CMV have no discernible symptoms, not even hearing loss. A fair percentage of these completely asymptomatic infants who test positive but have a normal newborn hearing screen, will go on to develop hearing loss in the first few years of life. This is the time when language is developing so identifying neonates at risk would allow for close follow-up and early intervention.

**1) Legislators should not mandate a certain type of testing because the legislative system cannot respond quickly if best practices of testing change.**

**2) What is the cost of saliva testing and are there ways to make it cost effective?**

**3) What is the best hearing screen to detect hearing loss from CMV and will our current practices be adequate to identify hearing loss from CMV?**

**4) Targeted screening misses the boat. The hearing loss has already been identified and these infants will be followed closely. It may be informative to know they have CMV, but we are not convinced that we need a law for that at this point. A “symptomatic” infant would benefit from antiviral therapy, but suspicion for that should come with an abnormal exam (ie. microcephaly, IUGR) in the setting of hearing loss. So we would not be missing those patients by not screening the infants that failed the hearing screen. Isolated hearing loss is not considered “symptomatic.”**

Our mission is to support the optimal health of children by addressing the needs of children, their families, their communities, and their health care providers.

5) The diagnosis of congenital CMV and associated hearing loss in a child with asymptomatic CMV does not exclude genetic hearing loss. In fact, in a child with asymptomatic CMV and hearing loss, a genetic cause for their hearing loss in a developed country like the USA is more likely than CMV as a cause for the hearing loss. This means that while CMV screening is a good idea, it has to be linked to genetic testing too.

### **Iowa AAP Position on SF 51**

- We support education of parents, providers and the community regarding CMV disease and its prevention done by providers and public health personnel so long as the content of the education is not mandated.
- We support newborn hearing screening. The most common cause of confirmed congenital hearing loss is genetic, not infectious.
- We support targeted testing as a bridge to universal newborn testing for CMV. Targeted testing should be done in such a manner that the medical community can gather safety, incidence, efficacy and cost effectiveness data to improve diagnosis and treatment.
- Since no system for statewide standardized testing exists in Iowa, we support offering testing to parents of infants who fail the newborn hearing screen instead of mandating. The type of testing should be determined by the medical provider based on available resources.
- We support close and comprehensive evaluation of infants who fail hearing screens. CMV is not the most common cause of congenital hearing loss.
- We support appropriate, evidence based interventions to improve language development and mitigate progressive hearing loss. Such interventions may include speech and language therapy, hearing assistance devices and in some cases antiviral medications.