STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Universal cCMV Screening Working Group
Treatment of Asymptomatic Positives Subgroup Minutes
Tuesday, November 28, 2023
12 - 1 PM

Subgroup Members
Present: Nancy A. Louis, MD, FAAP, Carlos R. Oliveira, MD, PhD, Ashley C. Howard, DO, FAAP, and Thomas Murray MD, PhD, FAAP

Absent: Scott Schoem, MD, MBA, FAAP

Other: Amaka Atuegbu

1. Call to Order
2. Welcome and Introductions (12 – 12:05)
3. Public comment (12:05 – 12:10)
4. New business (12:10 – 12:50)
    a. Subgroup questions
        i. What are other states/provinces doing? What are the subgroup's thoughts on their algorithms?
            - Amaka Atuegbu reviewed cCMV algorithm in Minnesota and Ontario
        ii. Do we want to do anything differently?
            - Dr. Howard stated the need for a similar asymptomatic algorithm as Minnesota, including physical exams and hearing assessments. Dr. Howard also noted existing literature on asymptomatic treatment, notably no benefit of antiviral medication.
            - Dr. Howard asked how the subgroup would define asymptomatic newborns. Dr. Louis noted that asymptomatic would be a baby with CMV positive urine and without low platelet level, findings in head ultrasound, abnormal liver functions. Dr. Louis indicated likely challenge in distinguishing between asymptomatic and false positives in such instance.
            - Dr. Murray emphasized the difference between signs and symptoms, noting that abnormal lab work may not be a symptom.
            - Dr. Murray indicated that an asymptomatic newborn would be one with no clinical evidence of cCMV at birth. Dr. Murray also noted

that if there is evidence of disease in blood work and head imaging, then newborn is symptomatic/evaluated for treatment but if there is no evidence of disease in blood work and head imaging, then newborn is truly asymptomatic.

- Dr. Oliveira reviewed the clinical practice guidelines from Children's Minnesota and noted that asymptomatic or mildly symptomatic treatment should be shared decision making with families to discuss the pros and cons of antiviral treatment since there is no clear guidance on asymptomatic treatment.
- The subgroup agreed to adopt similar guidelines as Minnesota, specifically every newborn who is urine cCMV positive requires further evaluation, including complete blood count with platelets, liver function tests, pediatric audiology etc. Dr. Murray expressed reservations about including eye exams in the evaluations due to lack of instances of isolated eye exams.
- Dr. Louis noted that it may be beneficial to define cCMV outcomes as symptomatic, mildly asymptomatic, and asymptomatic.
- Dr. Murray asked who would manage the initial work up if urine CMV is positive, noting education needs if general pediatricians are charged with its management. Dr. Howard noted that the general pediatricians will likely call the infectious disease doctor once a newborn is urine cCMV positive. Dr. Howard also indicated that in Minnesota positive results sent to pediatricians from the lab includes lab and head ultrasound guidance.
- The subgroup emphasized that that the resources to conduct initial work up after newborn is urine cCMV positive are limited, especially as there is a need to conduct evaluations in a timely manner. The subgroup agreed that needs assessment should be included in the recommendations.
- Dr. Murray proposed that Connecticut Children’s and Yale New Haven Children’s could establish clinics for cCMV newborns. Dr. Howard asked about the frequency of the clinics to obtain data on initial workup. Dr. Murray suggested that the providers could collaborate to ensure that clinics are available with a period.
- Dr. Murray also noted the need to build additional capacity at Connecticut Children’s and Yale New Haven Children’s to accommodate patients so that they can be seen in a timely manner. Dr. Howard indicated that patients may have transportation difficulty on days when clinic is not in their city.
- Dr. Oliveira noted that Connecticut can include consideration to refer to an infectious disease specialist early, that is once a newborn is urine cCMV positive.
- Dr. Murray noted the need to build additional capacity at Connecticut Children’s and Yale New Haven Children’s across institutions to accommodate patients so that they can be seen in a

timely manner. Dr. Howard the problem we may run into is transportation difficulty.

- Dr. Howard expressed uncertainty about the need for eye exam in the initial workup. Dr. Oliveira agreed that isolated eye exams are rare but noted the importance of including in the evaluation.
- Dr. Murray suggested that the subgroup ask pediatric ophthalmologists about their capacity and determine who needs to have an eye exam based on risk assessment. Dr. Murray also expressed the need to collect data on initial work up.
- Regarding physical exam, Dr. Howard noted that it may be beneficial to include some guidance on gestational age and head circumference.
- Drs. Louis and Murray also noted the need to evaluate for other causes regardless of findings.

5. Next steps (12:50 – 1)
    a. Next meeting date
        i. Amaka will send meeting poll for the 2nd/3rd week of December
        ii. Amaka will share draft algorithm for subgroup review before next meeting.
6. Adjournment (1)