STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Universal cCMV Screening Working Group
Treatment of Asymptomatic Positives Subgroup Minutes
Monday, December 11, 2023
11 AM - 12 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
    a. The meeting was held via Teams and Ms. Atuegbu called the meeting to order at 11:05 AM.
2. Approval of Minutes (11 – 11:05)
    a. The subgroup approved the minutes from the last meeting.
3. Public comment (11:05 – 11:10)
    a. No public comments
4. New business (11:10 – 11:50)
    a. Review preliminary asymptomatic algorithm
        i. Dr. Louis mentioned the need to include the importance of eliminating other potential causes. Dr. Murray agreed, noting that there are other signs besides cCMV that can give the outlined physical findings. Therefore, the subgroup agreed on including a note to consider other explanations for the observed clinical findings in algorithm.
        ii. Dr. Murray expressed uncertainty about the inclusion of pediatric ophthalmology evaluation in the algorithm, citing the lack of resources needed to implement that workup.
        iii. Dr. Howard noted that the pediatric ophthalmology evaluation could be included only for symptomatic newborns unless there were ultrasound abnormalities in the initial workup. Dr. Louis expressed concern about excluding pediatric ophthalmology evaluation from the initial workup, noting the importance of inclusion and subsequently identifying resource needs. Dr. Louis further noted that the eye exam should be excluded if deemed to be clinically unnecessary and not because of lack of resources.

iv. Dr. Oliveira stated that the subgroup could, alternatively, note that pediatricians can consider pediatric ophthalmology evaluation in the initial workup. Dr. Murray agreed with this suggestion. Dr. Louis expressed concern about using consider referral language in the algorithm.
v. Dr. Murray noted that the subgroup needs to solicit the opinion of a general pediatric ophthalmologist about the algorithm. Dr. Howard offered to follow-up with pediatric ophthalmologist on this issue.
vi. Dr. Oliveira stated the importance of adding a timeline to the algorithm, including need to initiate treatment within a month.
vii. Dr. Howard asked if the subgroup needs to recommend a turnaround time for DBS testing (e.g result reported to peds within a week). Dr. Murray noted that the subgroup will need to communicate with the state lab to determine the optimal turnaround time.
viii. Regarding audiology follow-up for cCMV infected newborns, Dr. Oliveira noted that newborns continue hearing screening every 6 months for two years. The subgroup subsequently agreed that EHDI and peds audiologists can guide the audiology follow-up.

b. Discussion of symptomatic algorithm
   i. Should interventions be included?
   ii. Should treatment recommendations for symptomatic be included?
      - Dr. Oliveira stated the subgroup need not be prescriptive on the antiviral medication, noting that ped ID specialist can determine how and how long to treat, and medication dosage.
      - Dr. Louis noted that including some information in the guideline, like Children's Minnesota guideline, can provide details for people who are not peds ID specialists.
      - Regarding PCP follow-up, Dr. Louis noted that the subgroup could include Valganciclovir and the dose and timing, which could be relevant information for peds ID specialists. Dr. Murray agreed but noted that "Child discussed with infectious disease, Was treatment recommended by infectious disease?" should not be included in the algorithm. Dr. Murray noted that the guideline should focus on symptomatic treatment and what to expect. Dr. Louis agreed and noted that both asymptomatic and symptomatic should have the recommended long term follow up.
      - Regarding premature infants (under 1500 grams), Dr. Louis noted that in Connecticut, it is not automatic for premature infants to receive a repeat NBS at 14 days. Newborns are screened, in response to abnormalities, as follow-ups and receive repeat screenings at 28-30 days. Dr. Louis also added that the subgroup should include a note on postnatally acquired cCMV, particularly with using fresh breastmilk. Dr. Howard noted it may be easier to obtain urine for confirmatory testing than rescreening just for cCMV. Dr. Murray noted that peds ID is consulted and involved in care management if newborns in NICU are cCMV positive, so the subgroup may not need to provide this information since it is

already standard practice. The subgroup agreed to determine the lab guideline on low-birth-weight screening before providing a recommendation.
    - Dr. Oliveira noted that the subgroup include a note on DBS sensitivity, so regardless of result, newborn should have confirmatory urine if there are any clinical signs of cCMV.
    - The subgroup agreed to include information on twin gestation and parents with known or suspected cCMV.
  c. Determine speaker for presentation to larger group
    i. Drs. Murray and Howard volunteered to represent the subgroup.
5. Next steps (11:50 - 12)
  a. Dr. Howard to follow up with subgroup on discussion with pediatric ophthalmology.
  b. Dr. Oliveira to follow up with subgroup on discussion with Yale Pediatric Ophthalmology clinic.
  c. Ms. Atuegbu to share updated preliminary algorithm and begin creating the presentation slides.
  d. Ms. Atuegbu to follow up on lab timing for report to peds and low birth weight screening.
6. Adjournment (12)
  a. Ms. Atuegbu adjourned the meeting at 12 PM.