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Health and Welfare Committee

Idaho State Legislature

Boise Idaho 83702

RE: Senate Bill No. 1060

Dear Committee Members:

I am writing in support of Senate Bill No. 1060 with the goal to not only increase awareness of Cytomegalovirus (CMV) but provide education for prevention.

I am a Maternal Fetal Medicine (MFM) physician, specializing in the care of high risk pregnant women. But long before I became an MFM, I was an intern in Obstetrics and Gynecology and delivered my first baby affected by congenital CMV. That was 28 years ago, and unfortunately it would not be my last. I have seen firsthand the devastating effects of in utero infection, which include hearing and/or vision loss, microcephaly/brain abnormalities, profound mental delay, failure to thrive, seizures and death.

Intrauterine CMV infection is the most common of all recognized intrauterine infections, with the Centers for Disease control estimating that it occurs in up to 2.3% of all live births. Outcomes range from asymptomatic to profoundly symptomatic requiring life long, intensive medical care. Current evidence indicates that most but not all symptomatic congenital CMV infections result from primary infection of the mother.

A CMV vaccine is not currently available, nor anticipated in the near future. There is no cure for CMV. Treatment during pregnancy and/or in the newborn does not guarantee a child will not suffer the sequelae of CMV. It is frequently a life altering disease, affecting not only a child but the entire network of family and friends. We are therefore, at the present time, left with trying to prevent transmission.

The economic and emotional costs of caring for a single child with congenital CMV are enormous. The most recent estimate of nationwide cost of caring for children with congenital CMV was \$1-2 billion in the 1990s. Thus the cost of funding this and similar programs in all 50 states is far less than treatment and care for one child affected by



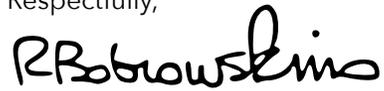
congenital CMV, making it a most worthy investment. Sadly the greatest loss for an affected child is the unrealized potential to lead a happy and productive life.

It has been suggested that up to 85% of women, i.e. future mothers, are NOT aware of CMV infection, transmission or its effects. And one cannot prevent something one is not aware of. Manicklal et al stated in Clinical Microbiology Reviews (2013 Jan;26(1):86-102) that 'successful implementation of strategies to prevent or reduce the burden of congenital CMV infection will require heightened global awareness among clinicians and the general population.' There are currently only 5 states with legislation enacted to provide for public education about CMV infection. Idaho has the opportunity to lead the country in developing their public health initiative against CMV.

It is difficult to argue against funding for education in order to prevent even one child being affected by CMV. It is, after all, education that makes prevention a reality.

I kindly ask your support for Senate Bill No. 1060 so that we can build a strong CMV education program for the families of Idaho.

Respectfully,



Renee A. Bobrowski, MD, FACOG

