Letter to the Editor

In Reference to Should Infants Who Fail Their Newborn Hearing Screen Undergo Cytomegalovirus Testing?

Dear Editor:

We strongly agree with Drs. Park and Shoup that all newborns who fail the hearing screen should be tested for congenital cytomegalovirus (CMV) infection. However, unlike universal newborn CMV screening, which detects all infections at birth, hearing-targeted programs miss most infants with CMV-related hearing loss in the newborn period and nearly all cases of later-onset childhood hearing loss. Because CMV-related hearing loss usually develops during infancy, missing these diagnoses and the attendant ability to provide early hearing and language interventions have enormous negative social, educational, and economic consequences.

Universal screening is more cost-effective than targeted screening when the total lifetime costs of hearing loss are considered, assuming the saliva CMV polymerase chain reaction test costs between $10 and $50 (all costs are in US dollars). However, Drs. Park and Shoup contend that in Utah the cost is $300/test, which prohibits universal CMV screening. We maintain that a cost of $10 to $50/test is in fact a reasonable estimate, and anything more expensive is excessive. The total cost of this test at the British Columbia Children’s Hospital clinical laboratory is currently $24.56, and is estimated to be less than $10 at the Children’s Hospital of Ontario for a high throughput province-wide screening program. In Utah, the list price of this test performed by ARUP Laboratories, the reference laboratory for the Utah State CMV Public Health Initiative, is indeed $300. Of note, the Utah Medicaid reimbursement rate to ARUP is only $37.65 (code 87496), and ARUP routinely negotiates lower test costs (personal communication, Dr. Robert Schmidt, Director, Center for Effective Medical Testing, ARUP Laboratories); our requests regarding the average charge for ARUP clients for this test were declined.

We believe that when prices are not inflated, universal newborn CMV screening is more cost-effective as well as more medically beneficial than targeted screening. Although the average cost of newborn CMV testing in Utah appears to be less than $300, Drs. Park and Shoup highlight the potential of complex local US market forces to hinder the adoption of a valuable public health policy. Making the actual costs of regional CMV testing available to healthcare consumers and policy makers would facilitate accurate assessments of how they should be best utilized.

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