

FLORIDA EARLY HEARING DETECTION AND INTERVENTION (EHDI) PROGRAM IMPLEMENTATION AND INSIGHTS FROM STATEWIDE TARGETED CONGENITAL CYTOMEGALOVIRUS (cCMV) SCREENING

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INTRODUCTION

LEGISLATION

Section 383.145, Florida Statutes, was amended to require cCMV screening beginning January 1, 2023, for infants who do not pass the newborn hearing screen.

Legislation requires:

- Point-of-care cCMV screening for hospital births prior to discharge.
- Expedited hearing screening referrals for birthing center and home births.
- Primary health care provider (PCP) referrals for outpatient cCMV testing.
- cCMV screening reported to the Department of Health within seven days.

IMPLEMENTATION APPROACH


Phase I (July to December 2022): Build staffing capacity for screening, electronic reporting, and specialized follow-up.


Phase II (January to June 2023): Implement screening and specialized follow-up, develop resources, and build capacity for data analysis.


Phase III (July 2023 to present): Analyze data, provide technical assistance to hospitals, implement system refinements.

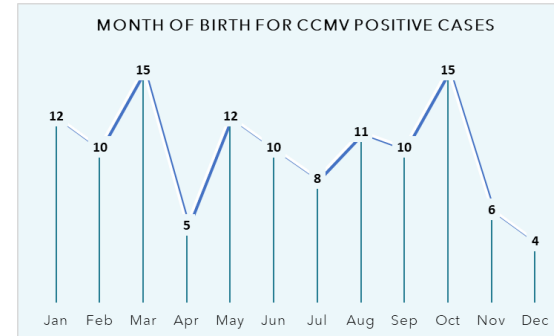
2023 IMPLEMENTATION DATA*

BIRTH AND SCREENING DATA

 Births: 221,672
Hospitals: 110

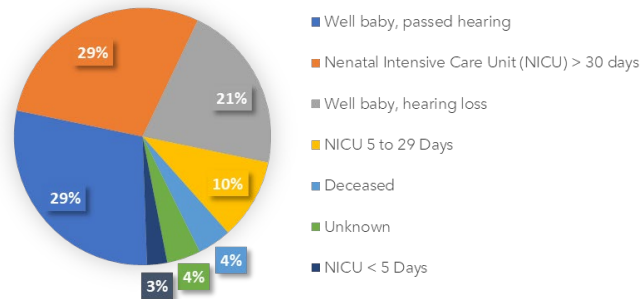
 Hearing Screens: 210,059
Failed Hearing Screens: 8,537

 cCMV Screens: 8,829
cCMV Positive Screens: 118



HEALTH STATUS AND OUTCOMES

Health Status of Positive cCMV Cases

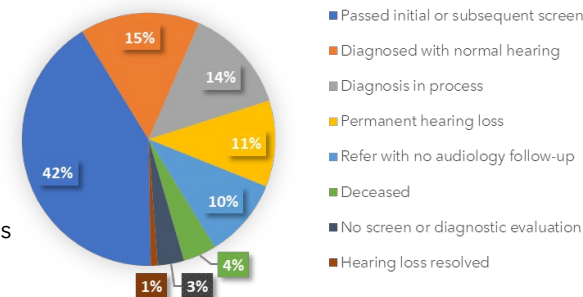


HEARING STATUS AND OUTCOMES

- Average of 44 days from birth to hearing loss diagnosis for positive cCMV cases compared to 156 days for all 2022 hearing loss cases.
- Average of 74 days from birth to early intervention enrollment for positive cCMV cases with hearing loss compared to 181 days for 2022 hearing loss cases.

- 1.3% of cCMV screens were positive, lower than the 4% expected.
- 43% of infants with cCMV required medical intervention, higher than the 10% projected.
- 11% of infants born in 2023 with cCMV have confirmed hearing loss. Cases of hearing loss are likely to increase.

Hearing Status of Positive cCMV Cases



*Provisional

INSIGHTS

HURDLES

- Ineffective and inefficient internal workflows implemented at some hospitals.
- Florida's EHDI manual verification of cCMV reporting completeness.
- The role of the PCPs and audiologists in referral, evaluation, and treatment may not have been fully understood by some providers.

LESSONS LEARNED

- Ensure adequate EHDI staffing to customize support for screening, reporting, and follow-up.
- Anticipate necessary refinements to data collection and reporting processes and systems.
- Educate providers on cCMV follow-up needs based on role and resources.

NEXT STEPS

- Refine targeted training and technical assistance to hospitals, PCPs, and audiologists.
- Update available materials and resources based on experience and stakeholder feedback.
- Improve and expand cCMV data searches.
- Pilot a cCMV screening grading process.