

NEWBORN HEARING SCREENING MONTHLY

AN OFFICIAL
PUBLICATION OF
COLORADO EHDI



What is cCMV?

Cytomegalovirus (CMV) (pronounced sy-toe-MEG-a-low-vy-rus) is a common virus that can infect people of all ages. A pregnant woman with CMV can pass the infection to their baby through blood in the placenta—this is referred to as congenital CMV (cCMV). One in 200 babies will have cCMV. 10% of babies with cCMV will show signs at birth (symptomatic) and the remaining 90% will be “silently” affected (asymptomatic). Both symptomatic and asymptomatic babies with cCMV have an increased risk for developing hearing loss.

CMV is the leading preventable cause of disability among babies in the United States. In fact, CMV is more common than Down syndrome, cystic fibrosis, fetal alcohol syndrome, and spina bifida. The virus spreads through body fluids. Despite its high prevalence, half of cases of CMV are missed. This issue of *Newborn Hearing Screening Monthly* focuses on the link between cCMV and hearing loss.

IN THIS ISSUE

What is cCMV?

**Hearing Loss and
cCMV**

**Newborn Hearing
Screening and cCMV**

**CLICK HERE TO ACCESS THE
OCTOBER HIDS BULLETIN**

UPDATED NCHAM NEWBORN HEARING SCREENING TRAINING CURRICULUM - CLICK HERE TO GET STARTED!

Hearing Loss and cCMV

Below are some important facts about cCMV, hearing loss, and the role of newborn hearing screening.

cCMV IS ONE OF THE LEADING CAUSES OF HEARING LOSS

cCMV is the leading cause of sensorineural hearing loss (SNHL) in the United States.

cCMV accounts for 20% of all cases of SNHL. 1 in 4 babies with cCMV will develop hearing loss.

Babies who do not pass their 1st screen should also receive a cCMV screen.

cCMV IS LINKED TO CONGENITAL OR DELAYED ONSET HEARING LOSS

Babies with cCMV may show signs of hearing loss at birth or may develop hearing loss later.

It is important for professionals to educate caregivers about “red flags” for hearing loss and to remind caregivers that hearing loss may occur at any time during infancy or childhood.

cCMV IS LINKED TO UNILATERAL OR BILATERAL HEARING LOSS

Babies with cCMV may have hearing loss in one or both ears. Babies who refer on their newborn hearing screening in at least one ear should have their hearing re-screened in both ears and referred for a diagnostic hearing evaluation so hearing loss is not missed.

Newborn Hearing Screening and cCMV

Many cases of cCMV go undetected due to lack of awareness and lack of opportunity for timely testing. At this time, it is not standard of care for all newborns to be tested for cCMV after birth. Targeted screening for cCMV is recommended in babies with risk factors for the infection, including hearing loss. Babies who do not pass their newborn hearing screening in one or both ears should be screened for cCMV within the first 3 weeks of life. Early treatment of symptomatic cCMV may help reduce risk of severe consequences from the virus.

CLICK HERE TO ACCESS MORE cCMV RESOURCES FROM THE COLORADO CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS (AAP)

Here To Help

For technical questions about hearing screening, please contact:

Hannah Glick, AuD, PhD, CCC-A
EHDI Consultant
hannah.glick@colorado.edu
303-518-2053

For HIDS system access questions, please contact:

Leanne Glenn
Newborn Hearing Screening Coordinator
Leanne.Glenn@state.co.us
303-692-2603

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Human Services (HHS) as part of Grant/Award H61MC33905/1 H61MC339050100. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.