

THE EARLIER, THE BETTER

As is the case with any baby not passing their outpatient, or 2nd hearing screening, a full hearing test should be completed as soon as possible by a pediatric audiologist.

If you are in need of an audiologist with expertise in diagnosing hearing loss and fitting hearing aids on young children, you can go to <http://www.ehdi-pals.org/> to find one in your area.

You can also talk to your hospital newborn hearing screening program or your child's primary care provider for resources.

The sooner your baby's hearing ability is determined, the sooner they will be able to get the help they need.



Even babies with hearing loss may react to loud sounds or appear to hear



Congenital CMV causes 20% of all childhood hearing losses in Utah



UTAH DEPARTMENT OF
HEALTH
Early Hearing Detection & Intervention

**QUESTIONS?
CALL (801)584-8215**

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STATE OF UTAH
DEPARTMENT OF HEALTH

Cytomegalovirus

Congenital CMV and Hearing Loss



What Parents Need to Know

CONGENITAL CYTOMEGALOVIRUS AND HEARING LOSS

Cytomegalovirus (sy toe MEG a low vy rus), or CMV, is a common virus that infects people of all ages.

Most CMV infections are “silent”, meaning most people who are infected with CMV have no signs or symptoms, and there are no harmful effects.

However, when CMV occurs during a woman’s pregnancy, the baby can become infected before birth.

CMV infection before birth is known as “**congenital CMV**”. When this happens, the virus can be transmitted to the unborn infant and potentially damage the brain, eyes and/or inner ears.

If the inner ear gets damaged, the baby may be born with hearing loss, or develop hearing loss after birth or during early childhood.



Newborn Hearing Screening

If your baby does not pass his/her newborn hearing screening in the hospital, it is very important that he have another (outpatient) screening before 14 days of age.

This repeat hearing screening is necessary to complete the newborn hearing screening process, and should be scheduled before your baby is discharged.

Outpatient Re-Screening

If your baby does not pass this second hearing screening, your pediatrician or primary care provider should talk to you about testing your baby for congenital CMV.

Congenital CMV testing is simple and painless, and can be accomplished using a urine sample or a saliva sample (the inside of your baby’s cheek is swabbed).

In order to accurately detect congenital CMV, **this laboratory testing needs to be performed on samples taken before your baby is 21 days of age.**

What if my baby has congenital CMV?

Your primary care provider will direct your baby’s care and refer to any needed specialists.

CMV FACTS

- Most healthy children and adults infected with CMV don’t feel ill and don’t know that they have been infected; others may have mild flu-like symptoms
- Infants and children who are infected with CMV **after** birth rarely have problems
- Congenital CMV-related hearing loss can affect one or both ears; can affect some or all of the pitches a baby hears; can be mild or severe; can be present at birth or appear later; and can be progressive (worsening over time)
- 50% of infants with congenital CMV will pass their newborn hearing screening then go on to develop hearing loss

Congenital CMV is the most common cause of non-hereditary hearing loss in children