

Congenital Cytomegalovirus (cCMV)

Project Aim

Babies need to be diagnosed and assessed within the first few weeks of life to prevent progressive hearing loss and developmental disabilities.



Project team

Heather Crowley - New-born Hearing Screen
Dr Sanath Reddy – Paediatric consultant (Neonatal Lead)
Deborah Lees - Audiology Paediatric Lead
John Waters - Head of Audiology

Timeline for delivery

From: July 2018

To: July 2020

Measures

The 2017 European Consensus Statement for the management of cCMV states that cCMV is the most common congenital infection in the developed world (approx. 7 per 1000 live births). 25% of all children with sensorineural hearing loss is thought to be caused by cCMV infection.

Outcome measures

From July 2018-July 2019

- 43 'Well babies' have not passed the hearing screen
- 31 babies eligible for cCMV testing
- 7 'NICU babies not tested as not local protocol
- 0 babies found to be positive

Actions taken

All 'well babies' who do not pass the New-born Hearing Screen are now offered the cCMV test. A saliva swab taken from the baby is sent to the Lab to test for the virus.
If baby is positive the Paediatrician will contact parents to arrange further investigations and plan management.

Learning and next steps

Plan to test all babies under 3 weeks of age that do not pass the New-born Hearing Screen

