

# AUDIOLOGY SURVEILLANCE IN INFANTS AND CHILDREN WITH CONGENITAL CMV



## DIAGNOSTIC AUDIOLOGY EVALUATION BY 3 MONTHS

Initial diagnostic audiology evaluation should take by 3 months of life, even if the infant passes the newborn hearing screening

## SURVEILLANCE THROUGH AGE 6 YEARS

Diagnostic evaluations every 3-6 months for the first year, then every 6 months until age 3, then annually until 6 years old



## AMPLIFICATION

Amplification should be discussed with families of infants with documented sensorineural hearing loss, and accordingly devices should be fitted expediently

## SURVEILLANCE THROUGH AGE 6 YEARS

Unilateral SNHL can progress to bilateral; rapid progression is likely. The poorer-hearing ear may worsen earlier and more precipitously than the better hearing ear



## DISCUSS VARIETY OF COMMUNICATION OPTIONS

Visual acuity and fine motor coordination may be impacted by cCMV. Consider communication approaches that will best meet the needs of the individual

## MONITOR FOR VESTIBULAR INVOLVEMENT

Balance should be monitored and referrals for vestibular evaluation made as needed.



## MULTIDISCIPLINARY TEAM

A multidisciplinary team may be needed to support the unique needs of each child with cCMV due to heightened risk of neurodevelopmental disabilities.

Based on:

Kettler, M., Shoup, A., Moats, S., Steuerwald, W., Jones, S., Stiell, S.C. and Chappetto, J., 2023. American Academy of Audiology Position Statement on Early Identification of Cytomegalovirus in Newborns. Journal of the American Academy of Audiology.