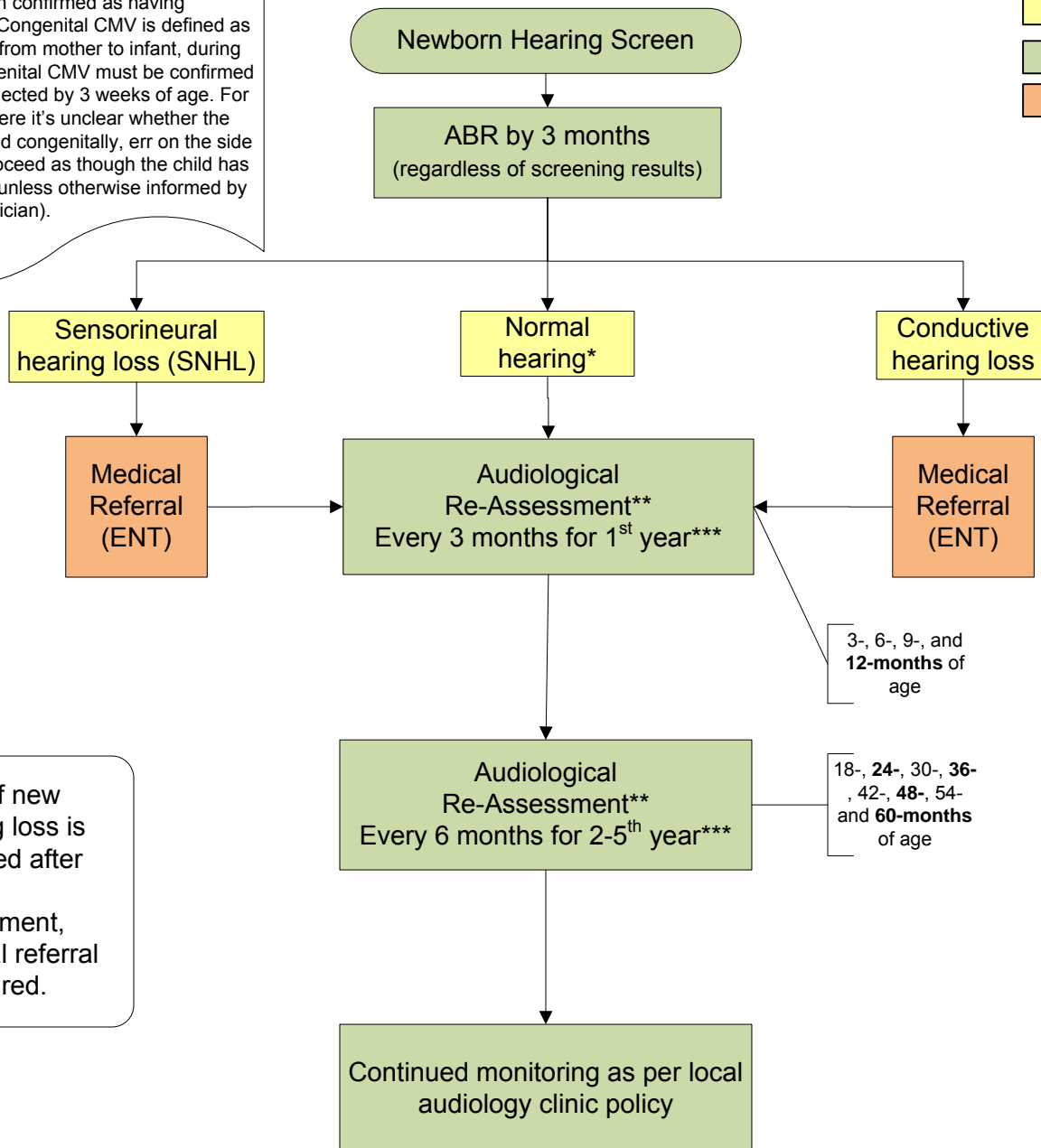


1B. CARE PATH Congenital CMV

Ambiguous referrals: This carepath is intended for infants/children confirmed as having congenital CMV. Congenital CMV is defined as CMV transmitted from mother to infant, during pregnancy. Congenital CMV must be confirmed with a sample collected by 3 weeks of age. For CMV referrals where it's unclear whether the CMV was acquired congenitally, err on the side of caution and proceed as though the child has congenital CMV (unless otherwise informed by the referring physician).

Outcomes
Tests
Referrals



Note: If new hearing loss is identified after any re-assessment, medical referral is required.

BEST entry: If congenital CMV is confirmed after screening, the risk factor is updated. All audiological test results must be entered in BEST for children under 5 years of age, irrespective of hearing status.

This is a minimal practice guideline. More frequent assessment may be indicated on a case-by-case basis.

* Minimum data required for Normal ABR is ≤ 25 dB_eHL bilaterally at .5, 2 & 4kHz or ≤ 25 dB_eHL at .5, and 2 kHz with present OAEs 2-6kHz bilaterally.

** Age-appropriate testing: either ABR, behavioural audiometry (VRA, Play, Standard) or OAEs. Ear-specific information required; **Annual ABR or behavioural audiometry is required (12-, 24, 36-, 48-, & 60-months)**. For all other appointments, the presence of OAEs between 2-6kHz bilaterally is the minimal data required. If OAEs are absent at any time, then ear specific ABR or ear specific behavioural audiometry is required.

*** Maximum of 2 assessment attempts for which minimal data cannot be obtained, should prompt consultation with BCEHP Program Support Audiologist(s) & consideration of sedated ABR testing.