

Congenital Cytomegalovirus (CMV) Evaluation and Treatment and the COVID-19 Pandemic

In efforts to help limit the spread of SARS-CoV2 and minimize the risk of COVID-19 to patients, providers and staff, many governing bodies are categorizing essential and non-essential clinical guidelines to help with prioritization and planning. While maintaining and adjusting safety procedures that work best for each institution, state agency, and community is paramount, **neonatal cytomegalovirus (CMV) screening, evaluation and treatment should continue to be performed per routine institutional protocols and considered essential patient care.**

Undiagnosed or untreated congenital CMV can adversely affect survival, motor coordination, hearing and/or vision, future speech and language development and consequently early childhood development and academic achievement. For these reasons, many states and institutions have implemented early CMV screening (necessarily within the first 21 days of life for confirmation of congenital infection) as standard of care.

Given the highly variable incidence and prevalence of COVID-19, the uneven local and geographical response to the pandemic, as well as widely reported shortages of proper personal protective equipment, there may be a period of months before complete routine care is being delivered in some areas.

As we endure the various stages of this global pandemic, we encourage hospitals and healthcare providers to consider these competing issues and seek innovative ways to support infants and families' access to timely newborn CMV screening in addition to audiologic and other recommended evaluations, treatments, and follow-up measures as soon as possible.

These are unfamiliar, challenging times and we recognize the need for adjusting practices. We defer to guidance from institutions and state departments of health for keeping patient and provider safety top of mind. We embolden providers to designate congenital CMV as a serious diagnosis in real-time and to address any gaps in service and follow-up as they arise.

Thank you for all you do in identifying, caring for, and championing our children. You have our trust and appreciation.

Sincerely,
Scientific Advisory Committee

Kathleen Muldoon, PhD
Chair, Scientific Advisory Committee
Associate Professor, Department of Anatomy
Midwestern University

Suresh Boppana, MD
Hugh Dillon, MD Endowed Professor of Pediatrics
Department of Pediatrics
University of Alabama Birmingham

Karen Fowler, PhD
Professor, Department of Pediatrics
University of Alabama Birmingham

Soren Gantt, MD, PhD, MPH
Associate Professor, Department of Pediatrics
University of British Columbia

Albert Park, MD
Chief, Pediatric Otolaryngology
University of Utah

Sallie Permar, MD, PhD
Associate Dean, Physician-Scientist Development
Professor, Department of Pediatrics
Duke University

Megan Pesch, MD
Assistant Professor, Department of Pediatrics
University of Michigan

Cedric Von Pritchett, MD
Physician, Division of Otolaryngology
Nemours Children's Hospital

Mark Schleiss, MD
Professor, Department of Pediatrics
University of Minnesota

Angela Shoup, PhD, FNAP
Chief, Division of Communicative and Vestibular Disorders
Professor, Department of Otolaryngology
UT Southwestern Medical Center