

**As of January 1, 2016, state law requires hospitals to screen babies who do not pass newborn hearing screening for Cytomegalovirus (CMV).**

**What is Cytomegalovirus?** Cytomegalovirus (pronounced: sy-toe-MEG-a-low-vy-rus), or CMV, is a common virus that infects people of all ages. Most people who are infected with CMV have no signs or symptoms of the virus, but some may develop mild flu-like symptoms.

**What is congenital Cytomegalovirus?** When CMV occurs during a woman's pregnancy, it is possible for the unborn baby to become infected, which is then called "congenital CMV." Congenital CMV can potentially damage the brain, eyes, and/or inner ears of the unborn baby. Health problems or disabilities due to congenital CMV infection may appear immediately, or any time after birth, or they may never appear.

**How is CMV transmitted?** CMV is transmitted through the transfer of bodily fluids. CMV is present in urine, saliva, breast milk, blood, semen, and vaginal fluids. For pregnant women, the two most common exposures to CMV are through sexual contact and through contact with the urine and saliva of young children with CMV infection, especially children in day care who are 1 to 2 1/2 years old.

**How is congenital CMV diagnosed?** Congenital CMV is diagnosed through a painless saliva or urine test taken before 21 days of age.

**What to do if your baby is diagnosed with congenital CMV:** Ask your doctor for referrals to see the appropriate specialists, including an infectious disease doctor, an audiologist, and an optometrist/ophthalmologist (eye doctor). Also, consider contacting the Department of Pediatric Infectious Diseases at Connecticut Children's Medical Center or Yale-New Haven Children's Hospital who can provide more information on treatment options, if available. Additionally, CMV can cause vision and hearing loss overtime, so your child should be monitored on a regular basis.

**Hearing Loss and Congenital CMV:** Congenital CMV is considered the leading cause of permanent hearing loss in children at birth. Children with congenital CMV should be closely monitored by a pediatric audiologist, because almost half of all hearing loss from congenital CMV infection, develops weeks, months, or years after birth. As a result, it is recommended that hearing evaluations, conducted by a pediatric audiologist, should occur at least once every three to six months to monitor hearing until three years old.

**CMV Prevention:** To reduce the spread of CMV:

- Wash hands often with soap and water, especially after feeding a child, changing diapers, wiping a child's nose, or handling children's toys.
- Avoid sharing food, drinks, or utensils (spoons and forks) with children.
- Do not put a child's pacifier or toothbrush in your mouth.
- Do not kiss young children on or close to the mouth.
- Clean toys, changing tables, and countertops properly and often.

**References:** <http://www.cdc.gov/cmvi/index.html>

## About Congenital Cytomegalovirus (CMV) Testing



### Early Hearing Detection & Intervention (EHDI) Program

Connecticut  
Department of Public Health  
860-509-8251  
<https://portal.ct.gov/ehdi>



# Your Baby Needs Another Hearing Test



### Early Hearing Detection & Intervention (EHDI) Program



Connecticut  
Department of Public Health  
860-509-8251  
<https://portal.ct.gov/ehdi>

## My baby did not pass his or her newborn hearing screening. What now?

The most **IMPORTANT** thing you can do is to schedule a diagnostic hearing evaluation with an audiologist as soon as possible.

### What is a diagnostic hearing evaluation?

It is a safe and painless series of hearing tests conducted by a licensed audiologist using special equipment to perform a comprehensive evaluation of your baby's hearing ability. A diagnostic hearing evaluation is the only way to know for sure if your baby has a hearing loss.

### Why is getting a diagnostic hearing evaluation so critical to my baby's future?

Hearing loss affects a baby's ability to develop communication, language, and social skills. The earlier a baby with hearing loss receives services, the more likely they are to reach their full potential.

Babies' brains actively try to make sense out of the sounds that reach their ears in the course of everyday events. This is the beginning of a baby's language development. Identifying a baby's hearing loss as early as possible is important so that steps can be taken to help that child learn to communicate in a way that is best for him or her.

Any delay in identifying hearing loss, or obtaining needed services, is time lost.

**"I'm pretty sure my baby hears me, I'm going to wait to have him/her tested..."**

**DON'T WAIT!** Testing should be done as soon as possible after birth, preferably before three months of age.

Hearing loss is easily missed in babies and young children. Most babies with hearing loss

can hear some sounds but not enough to develop language or speech properly. You cannot tell by simply watching and interacting with your baby if he or she can hear all the sounds needed to learn language. The only way to be sure is to take him or her to an audiologist for diagnostic testing.

### Can any audiologist conduct a diagnostic hearing evaluation?

No. Diagnostic testing should be performed by an audiologist who specializes in working with babies and has the training and equipment necessary to conduct complete diagnostic testing.

### How do I schedule a diagnostic hearing evaluation for my baby?

Ask your birth hospital or your baby's doctor to assist you, or contact an audiology center yourself by using the list below.

The following is a list of audiology centers that can test your baby's hearing.

**Connecticut Children's Medical Center,** Hartford, Farmington, or Glastonbury  
(860) 545-9642 or (860) 837-6300

**ENT Medical & Surgical Group,** New Haven  
(203) 752-1726

**Hearing, Balance & Speech Center,** Hamden  
(203) 287-9915

**Lawrence & Memorial Hospital, Waterford Outpatient Rehabilitation Services,** Waterford  
(860) 271-4900

**University of Connecticut, Speech & Hearing Clinic,** Storrs  
(860) 486-2629

**Yale New Haven Children's Hospital,** New Haven  
(203) 785-5430

An appointment has been scheduled for your baby at the center circled above on:

\_\_\_\_\_ AM / PM

If your baby is found to be deaf or hard of hearing, there are many ways to get help.

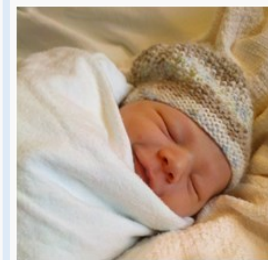
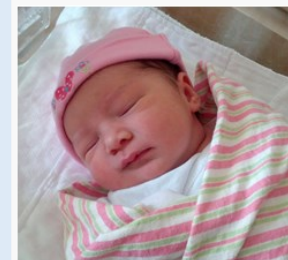
The **Connecticut Birth to Three System** supports families whose babies have hearing loss, including offering audiological services.

To request a free developmental evaluation and support services to meet your baby's needs:

Call **1-800-505-7000**  
or go to **www.birth23.org**

*If you do not have insurance or do not have enough insurance, call Access Health CT: 1-855-805-4325.*

*If you have limited income and your child has other health care needs, call Child Development Infoline: 1-800-505-7000.*



### Cytomegalovirus (CMV) Testing

Beginning January 1, 2016, state law requires all babies who do not pass newborn hearing screening also be screened for a virus called Cytomegalovirus (CMV). A sample of your baby's saliva or urine will be taken by the hospital and tested for CMV. The result will be sent to your baby's doctor. Ask your baby's doctor for the results at your first visit after leaving the hospital. **See the other side of this pamphlet for more information on CMV.**



Call the state Department of Public Health if you are having trouble making an appointment for your baby's hearing test or have any questions about the program.

Connecticut Department of Public Health  
Early Hearing Detection and  
Intervention Program  
410 Capitol Avenue, MS # 11 MAT  
P.O. Box 340308  
Hartford, CT 06134-0308  
Voice (860) 509-8251  
Fax (860) 509-8132  
<https://portal.ct.gov/ehdi>  
Telecommunications Relay Service 7-1-1



*Printing of this brochure is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant Number H61MC00088, entitled: Universal Newborn Hearing Screening, for the amount of \$250,000. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.*