Answers to 9-3-20 webinar questions:

What is the cause of hearing loss, sensory, snhl or both? I presume you are asking how CMV causes hearing loss? I do not think we know for sure. In mouse models, the stria vascularis, spiral ganglion cells and the region near the scala tympani seem to be involved.

Do kids on antivirals have less progression in their hearing loss? Kimberlin et al reported better hearing outcomes for cCMV infants with symptomatic disease when treated with VGCV for 6 mo compared to those treated for 6 weeks. We do not know whether asymptomatic or those with isolated SNHL benefit from VGCV.

What are the results of the Val Ear study? Is this trail still ongoing/when will the study be completed? Trail is still ongoing. With COVID-19, I am not entirely sure then the study will end.

How common is it in your experience to see children contracting CMV (not in utero) and have hearing loss? We have not seen hearing loss in children with postnatal CMV infection.

Is it possible to know what facilities are participating in the hearing targeted approach in my state? National CMV Foundation website has a listing of which hospitals are conducting early CMV screening. Look under Newborn screening.

<https://www.nationalcmv.org/overview/newborn-screening>

For follow-up testing of CMV exposed infants, do you rely mainly on DPOAE testing? No, we try to obtain behavioral testing with ancillary testing (e.g. t-grams, DPOAE) once they are older than 6 mo of age. For infants, we rely on ABR testing and for older children, behavioral.

Do you have incidence numbers on asymptomatic children that develop a later onset hearing loss? 20%. See article by Goderis et al. I attached the article.

I am from Christiana Care in Newark Delaware.  We have been doing High risk testing for cCMV but after three years have not had any positive tests. Do you have any information about other hospitals and how that is working for them? I am looking forward to hear the Ontario experience. I am attaching the proofs of our paper on expanded targeted screening.

Could you comment on what you feel is the biggest barrier to universal testing based on what you have heard from providers who do not want to move in that direction? Biggest barrier is that diagnosis of the cCMV infected infant does not result in any obvious benefit. The vast majority of the infants detected via universal screening will be asymptomatic.

Are there any efforts underway to get insurance companies to pick up more of the cost for cochlear implants? I do not know of any coordinated efforts. The American Cochlear Implant Alliance may have information on this issue. This will also be somewhat state specific.  Texas recently working on this issue.

What is the likelihood of a 6 year old with a profound loss in one ear  and normal hearing in the other losing hearing in the good ear. If the child has cCMV, the risk is greater than 50%.