## Appendix 1: Fifteen Minute Consultation: Diagnosis and management of Congenital CMV multiple-choice questions.

1. Which one of the following statements is true:
A. Babies with congenital CMV usually have symptoms at birth
B. Babies with no clinical evidence of disease at birth have no risk of having hearing or neurological impairment
C. Two thirds of babies with clinical evidence of cCMV at birth will likely have some degree of neurological impairment
D. There is a national screening programme in the United Kingdom that identifies babies with congenital CMV
2. To confirm the diagnosis of cCMV one should request (select one):
A. Paired serology between the mother and newborn in the first week
B. IgM to CMV in the newborn in the first 3 weeks
C. Blood for CMV DNA in the first 3 months of life
D. Urine or saliva for CMV DNA in the first 3 weeks of life
3. Once a diagnosis of cCMV has been confirmed recommended action includes (select all that apply):
A. Looking for evidence of disease including a clinical examination, full blood count and liver function tests
B. Referral to an audiologist
C. Starting antiviral treatment regardless of symptoms
D. Always inserting a percutaneous long-line for intravenous ganciclovir
4. The treatment for cCMV (select one):
A. Is for 2 weeks with intravenous ganciclovir, during the first month of life
B. Is recommended for 6 months, ideally starting in the first month of life
C. Cannot be given orally for the entire treatment course
D. Has known short-term side effects but certainly has no long-term side effects
5. Follow up of infants with symptomatic cCMV involves (select all that apply):
A. Regular audiology follow-up at least until the child is school age
B. Ensuring the family have knowledge regarding a support group
C. Regular full blood counts during treatment, particularly after the first month of treatment as risk of neutropenia increases over time
D. Referral to a child development service

## Answers:

1. C
2. D
3. A, B
4. B
5. A, B, D
