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