Letter to the Editor

In Response to Should Infants Who Fail Their Newborn Hearing Screen Undergo Cytomegalovirus Testing?

We would like to thank Dr. Gantt and others for their comments in response to our recent publication.1 We appreciate their strong agreement that all newborns who fail their newborn hearing screening should undergo cytomegalovirus (CMV) testing. We disagree, however, with the contention that universal CMV screening is the most cost-effective approach for these children. Before universal CMV screening becomes the standard of care, there must be an effective treatment for infants uniquely identified by this approach, specifically those who initially have normal hearing then develop progressive sensorineural hearing loss (SNHL).

Currently, the only effective treatment for the child with acquired hearing loss is a hearing aid or cochlear implant if indicated. Geers evaluated the speech and language skills of a group of children with acquired deafness.2 She reported that almost 80% of those children receiving an implant within a year after the onset of deafness achieved speech and language scores within the range of their peers with normal hearing. It is unclear whether universal CMV screening would have provided a greater benefit for these children, because most would be expected to be identified within that 1-year window.

Maybe someday the antiviral drug valganciclovir (VGCV), or others, will be shown to be effective and safe for those with severe CMV infection. One scenario may be to use VGCV for the older CMV-infected child recently diagnosed with SNHL. There is an ongoing National Institutes of Health (NIH)-funded clinical trial that is looking into this option. Because that study would not address whether congenital CMV (cCMV)—infected children with isolated SNHL would benefit from VGCV, we are embarking on an NIH-funded clinical trial (Randomized Controlled Trial of Valganciclovir for Asymptomatic Cytomegalovirus Infected Hearing Impaired Infants [CMV ValEAR]) to answer this question. There will be another trial to evaluate whether VGCV will prevent future SNHL in infants with cCMV and initial normal hearing. The results of these studies will provide important insight into the role of antiviral therapy for these children.

The issue of cCMV screening is controversial and emotionally charged, especially to the many families who have suffered the devastating effects of this condition. Many of us in the field would love to see universal cCMV screening as the standard of care. We must be careful, however, in advocating a position that is not sufficiently evidence based. Our current situation is similar to what occurred with newborn hearing screening. We eventually moved to universal hearing screening, but only after studies demonstrated that early intervention improves speech and language outcomes.3

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