

Participant Assessment for Congenital CMV Update: Diagnosis & Management

1. If a pregnant woman with a toddler visits your practice, you recommend the following preventive measures to reduce the risk of congenital CMV:
 - a. Avoid contact with the toddler's saliva & do not share food, drink, or eating utensils with your toddler.
 - b. Congenital infection can be prevented with an FDA approved vaccine.
 - c. Thoroughly wash hands with soap and water for 20 seconds, especially after changing diapers, feeding, or wiping your child's nose or mouth.
 - d. a & b
 - e. a & c

1. When assessing a newborn, you suspect congenital CMV because of the following clinical manifestations:
 - a. Petechial rash
 - b. Central cyanosis
 - c. Hepatosplenomegaly
 - d. Answers a & c
 - e. Answers b & c

2. You are seeing a 4-week old infant. At birth, she was diagnosed with hepatomegaly, elevated direct bilirubin and transaminases as well as microcephaly. She tested positive for CMV. What should be her treatment?
 - a. Valganciclovir for 6 months
 - b. Ribavirin for 4 months
 - c. Famciclovir for 6 months
 - d. No antiviral treatment necessary at this time. Reassess in 4 weeks.

3. You have a 2-month-old patient with cerebral palsy and seizures as the result of congenital CMV but she has passed her newborn hearing screening. How often do you have her hearing evaluated?
 - a. Once annually until the age of 6 years
 - b. every 6 months for the first 3 years of life, and annually thereafter through age 19
 - c. Only if her caregiver has noticed a change
 - d. Every 2 years until the age of 12

Correct answers:

1. e
2. d
3. a
4. b