**Table 3: Clinical features that should lead to testing for congenital CMV**

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| **Neonates** |
| **Physical examination**  - **Hepatosplenomegaly**  **- Petechiae, purpura, or blueberry muffin rash in a newborn**  **- Jaundice (prolonged or conjugated hyperbilirubinemia)**  **- Microcephaly (head circumference < -2 SD for gestational age)**  - *Consider if symmetrically small for gestational age (< -2SD for gestational age)* |
| **Neurology**  **- Seizures with no other explanation** |
| **Laboratory parameters**  - **Prolonged jaundice with transaminitis**  **- Conjugated hyperbilirubinemia**  **- Unexplained thrombocytopenia,** *consider if leucopenia or anemia* |
| **Neuroimaging**   * **Intracranial Calcification (often periventricular)** * **Intracranial ventriculomegaly without other explanation** * *Consider in the case of periventricular cysts, subependymal pseudocysts, germinolytic cysts, white matter abnormalities, cortical atrophy, migration disorders, cerebellar hypoplasia, lenticulostriate vasculopathy* |
| **Visual examination**   * **Abnormal findings on ophthalmological examination consistent with congenital CMV (e.g. chorioretinitis)** * *Consider if congenital cataracts* |
| **Failed neonatal hearing screen** |
| **Maternal serology**   * **Evidence of maternal seroconversion1** * *Consider in women with known CMV infection (known IgG seropositive at start of pregnancy) particularly if symptoms or virological examination consistent with suspected CMV reactivation/reinfection1* |
| *Prematurity*2 |
| **Older children** |
| **Sensorineural hearing loss** – new diagnosis |

**Features in bold are those where there is consensus for testing**

*Features in italics, are those that might lead to testing in individual circumstances and depending on local practice.*

1 Seek expert clinical virology advice for interpretation of virological investigations in pregnancy

2 Baseline screening, to differentiate between congenital and postnatal CMV infection is helpful for extremely premature infants (<28 weeks gestational age), who are at increased risk of symptomatic postnatal infection.