**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.