

WITH UNIVERSAL NEWBORN SCREENING FOR cCMV

WITHOUT UNIVERSAL NEWBORN SCREENING FOR cCMV

BEFORE/DURING PREGNANCY



INCREASED EDUCATION AND TRAINING – Healthcare providers have more resources at their disposal and are more informed about CMV.



There is a need for **improved knowledge and training** for healthcare providers, clinical guidelines, increased awareness and public education.



We are missing the **opportunity** to promote prevention measures. Pre-natal testing also not happening as often.



GREATER PUBLIC AWARENESS leading to more knowledge about prevention measures, and, ultimately, reducing transmission of the virus and fewer primary infections.



AT BIRTH

cCMV testing is conducted within the first 21 days of life.



~90 PERCENT

of congenital CMV cases are asymptomatic at birth. **Almost all of these cases go undetected.**

ONLY ~20 PERCENT

of symptomatic cases are diagnosed **without universal screening.**

Screening is relatively quick, easy and non-invasive for the patient.



WITHOUT UNIVERSAL SCREENING, MOST CASES OF cCMV ARE CURRENTLY BEING MISSED.

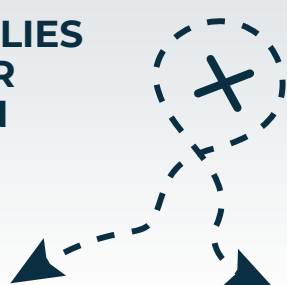
DIAGNOSIS



Infected infants **diagnosed in a timely manner** and appropriate interventions are put in place immediately.



MANY FAMILIES WILL NEVER RECEIVE AN ACCURATE DIAGNOSIS



For parents, knowing the cause of their child's condition is **very important and meaningful.**

EARLY DETECTION IS CRITICAL



Even if the infection is diagnosed at a later date, the patient has **often missed the window for antiviral medications and early initiation of hearing loss surveillance.**

TREATMENT/SYMPTOM MANAGEMENT

For symptomatic newborns, the child's candidacy for **antiviral treatment can be assessed promptly.**



Without treatment, many children with cCMV will lose their hearing and/or experience developmental delays, vision loss, motor delays, cerebral palsy, and **in some cases the infection will be fatal.**



For all cases, other interventions can also be put in place to help with the possible outcomes of cCMV:

10-15%

of **asymptomatic newborns** will go on to develop late-onset **hearing loss.**

POSSIBLE OUTCOMES



Vision Loss



Motor Delays



Hearing Loss



Neuro-cognitive Disabilities

LONG TERM

With universal screening, babies diagnosed with cCMV get the treatments and therapies they need, ensuring the best possible outcomes.



We are missing the opportunity to identify and treat these children and to give them the best outcomes possible.



For families, getting the diagnosis helps them find helpful resources and support from the CMV community.

It causes a lot of unnecessary pain for families who do not understand the cause of their child's condition.



WHEN ASKED 84%

of parents stated they would want to know if their child has cCMV, even if they never develop problems.



Universal newborn cCMV screening programs would result in **long-term cost savings** by reducing the burden of hearing loss and lifelong neurodevelopmental disabilities.

UNIVERSAL SCREENING FOR cCMV IN CANADA IS NEEDED NOW

Universal screening is the only way to ensure that babies with cCMV are diagnosed in a timely manner so that they can **receive the care they require.**

Without universal newborn screening, **most infected children will go undiagnosed**, resulting in failure to provide the necessary early interventions to support positive outcomes.

IT'S TIME TO SCREEN FOR CMV.

#SCREEN4CMV

For more information, please visit www.cmvcanada.com

