

Addressing the global burden of hearing loss: enhancing newborn hearing screening programmes through integrating testing for congenital CMV.

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We congratulate the GBD Hearing Loss Collaborators for highlighting the magnitude of hearing loss as an important public health problem (1). Early detection of hearing loss in children can significantly improve their academic performance (2). Congenital CMV (cCMV) is the most common non-genetic and only potentially treatable cause of sensorineural hearing loss (SNHL). Globally, it alone accounts for approximately 20% of moderate to profound hearing loss globally in children (3).

Diagnosis of cCMV in the first three weeks of life and starting treatment with oral valganciclovir within the first month will reduce the risk of hearing loss caused by this infection (4). In the absence of any screening programme, the great majority of newborns with CMV related SNHL are missed at birth (5). The diagnosis may be delayed into early childhood when the condition is likely to have progressed and antiviral treatment has not been shown to be effective.

We fully agree with the study authors' assertion that urgent attention is required to improve newborn hearing screening programmes. It is now time for policymakers to optimise this pathway and begin testing for cCMV in those who fail their newborn hearing screen. Addressing this condition will have immediate benefits for affected infants by improving developmental outcomes and to wider society by increasing productivity and minimising the healthcare burden.

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S.K and MIA had the idea for the manuscript. S.K conducted a literature review and produced the first draft of the manuscript. MIA contributed to each version of the manuscript and approved the final version.

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