Zika in the Limelight, but Other Congenital Infections Can Affect Brain

by Carla Kemp, Senior Editor

Editor's note: The 2017 AAP National Conference & Exhibition will take place from Sept. 16-19 in Chicago.

While much attention has been focused on children at risk for Zika infection, it's important for pediatricians to be familiar with the diagnosis and treatment of other congenital infections that can affect the brain.

Octavio Ramilo, MD, FAAP, chief of the Division of Infectious Diseases at Nationwide Children's Hospital, will review such conditions during a session titled "Congenital Infections Affecting the Brain: Zika and More (F1098)" from 2:00-2:45 pm Saturday in McCormick Place West, Room W190 A.

The first congenital infection that can affect the brain that comes to many people's mind is rubella, Dr. Ramilo said. Fortunately, the disease has almost been eradicated thanks to the measles-mumps-rubella vaccine.

The same is not true, however, for two of the other diseases Dr. Ramilo will discuss: cytomegalovirus (CMV) and toxoplasmosis.

Dr. Ramilo will provide pediatricians with practical information on which babies should be tested for these infections, in what situations, how to test, and strengths and limitations of available tests.

"The challenge with these congenital infections that have the potential to affect the brain is that they can be very subtle," he said.

Dr. Ramilo also will emphasize the importance of a medical home for affected babies, who will need coordinated care from numerous specialists. "Working together is very important," he said.

CMV is more common in the United States than toxoplasmosis and Zika, occurring in 0.5% to 1% of all newborns.

"The challenge is that most of those newborns (with CMV) are going to look healthy, completely normal at birth, but they can develop hearing loss," said Dr. Ramilo, professor of pediatrics at the Ohio State University.

Therefore, if an infant's newborn hearing screen comes back abnormal, pediatricians should test for CMV. Antivirals are available to treat CMV and can decrease the potential for hearing loss.

The medical community is debating whether CMV should be added to the recommended uniform screening panel, and Dr. Ramilo believes it should.

"I would argue that we test at birth for many diseases that occur in 1 in 50,000 or 1 in 200,000, but we do not test for a condition that occurs in 1 in 100 or 1 in 200 babies."

In addition, it's easy to test babies for CMV with polymerase chain reaction, he said. Saliva swabs now can be used instead of urine samples.

Universal screening also would elucidate the magnitude of the problem, Dr. Ramilo said, which hopefully would lead to interest in developing more effective therapies and vaccines.

In addition to CMV and toxoplasmosis, Dr. Ramilo will talk briefly about congenital syphilis, which has seen a resurgence in some parts of the country.
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He also will encourage pediatricians on the front lines to report patterns or clusters of disease or unusual events.

"The primary care pediatricians play a big role in making us aware of what is going on in the community," Dr. Ramilo said.

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