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Awareness and Knowledge of Congenital Cytomegalovirus (cCMV) Among Audiologists and Speech-Language Pathologists in Saudi Arabia: A Cross-Sectional Survey [Letter]

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Dear editor

The research conducted by Aldawood et al into perceptions of congenital cytomegalovirus (cCMV) among audiologists and speech-language pathologists (SLPs) sheds light onto an often-overlooked public health concern, which we commend the authors for.[1] This is a step towards improving early diagnosis and intervention of cCMV. Being interested in public health, we aim to offer our thoughts.

Sampling via online methods has the benefit of easily capturing a large and diverse set, however primarily using snowball sampling and social media may result in self-selection bias, with those who are well informed about cCMV being more likely to respond. The paper's inclusion criteria mitigated this by setting baseline demographics, but lack of specific career information may result in unequal distribution for this metric, over-representing certain clinical experiences. This is potentially confounded by there being double the number of SLPs than audiologists.

The authors' statistical comparison between SLPs and audiologists is appreciated, but there was a missed opportunity for subgroup analysis of workplace data to explore whether specialised settings or seniority correlate to increased cCMV awareness. Cannon et al report increased familiarity with cCMV in specialised settings due to increased exposure.[2] Addressing these two metrics could also inform tailored educational opportunities. This was also noted by the authors as future work and would be insightful. One potential teaching method is incorporating simulation-based learning alongside SLP and audiologist clinical workload.

Self-reported familiarity scales, while intuitive, may lead to skewed estimations of knowledge introducing inconsistency in responses. Clarifying the definitions of "somewhat", "slightly" and "very" could attenuate inconsistencies and highlight tailored areas of improvement. This could be in specifying whether these terms relate to theoretical knowledge and/or clinical exposure. Collecting the number of cCMV cases participants encounter annually would add further context to self-reported answers.

For the knowledge assessment, SLPs were compared to audiologists, which is necessary. However, including a benchmark for both would have additional utility. For example, comparing questionnaire scores to that of ENT doctors, or other relevant healthcare professionals (HCPs), and the general public may facilitate contextualisation. This would also allow clarification of the paper's claim that HCPs have greater knowledge of cCMV than the public.

Such studies are relevant on a global scale. In the UK, audiologists can enter into the NHS practitioner training programme (PTP) after completing a BSc degree in healthcare science. The PTP focuses on clinical exposure and work-based learning.[3] As compared to the Saudi Arabia cohort, these practitioners may have greater exposure to cCMV.

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Studies comparing these two countries, as well as other global cohorts, would be instructive in understanding how differences in healthcare infrastructure, culture, education and clinical exposure affect awareness.

Lastly, there appears to be an error where the participant sample size, in one instance, is stated as "1007" instead of "107" as otherwise mentioned. Clarifying this error would be in keeping with the study's integrity.

To conclude, the authors' investigation of cCMV awareness is valuable, and we look forward to any further work. Tackling the points mentioned above would contribute greater clarity to this area.

Disclosure

The authors report no conflict of interest in this communication.

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