

Cytomegalovirus (CMV) and Congenital CMV

FACT SHEET FOR HEALTH PROFESSIONALS

CMV is a common and widespread virus.

Nearly 1 in 3 children have been infected with CMV by age 5, and over half of adults have been infected with CMV by age 40. CMV is passed from person to person by direct contact with body fluids such as saliva, urine, semen, blood, tears, and breastmilk. People who are frequently around young children are at greater risk of CMV infection. Most healthy children and adults with a CMV infection don't have any symptoms and aren't aware that they have been infected.

People who get CMV shortly before getting pregnant or while pregnant can unknowingly pass the virus to their growing fetus. When a baby is born with a CMV infection, it is called congenital CMV.

About 1 out of every 200 babies is born with congenital CMV.

Most babies with congenital CMV never show signs or have health problems. However, about 1 in 5 babies with congenital CMV will have health concerns at birth or that develop later such as hearing loss, vision impairment, seizures, microcephaly, developmental differences, or cerebral palsy.

Health professionals play an important role in helping parents understand the services children with congenital CMV might need.

Primary Care Providers often coordinate the initial clinical evaluation of infants identified with congenital CMV by newborn screening. The clinical evaluation helps to find hidden signs of congenital CMV. Audiologists, physical and occupational therapists, and other specialists might be involved in the long-term care of kids with congenital CMV.

Some babies with signs of infection at birth may be treated with antiviral medication. All children with congenital CMV benefit from interventions and monitoring that help to detect and treat any concerns early - before language and social development are affected.

- **Hearing testing:** Hearing loss may be present at birth or develop later. It may affect one or both ears. Any baby identified with congenital CMV should have regular hearing testing throughout childhood.
- **Early intervention:** Early intervention (EI) provides services and supports to babies and young children with current or potential developmental challenges. In Minnesota, all children with congenital CMV are eligible for connection to EI at their local school district through the Help Me Grow referral system.
- **Family and parent support:** The uncertainty of a congenital CMV diagnosis may cause stress for some parents. Resources such as the National CMV Foundation (<https://www.nationalcmv.org>) can be an important source of information and support.





All babies born in Minnesota are tested for congenital CMV as part of the newborn screening program.

Screening for congenital CMV helps identify infants at risk for developing hearing loss and those who may benefit from follow-up monitoring and early access to treatment and interventions. The screening test identifies CMV DNA in dried blood spots. If CMV is detected on the newborn screen, the baby should have a bagged urine sample collected for PCR analysis and detection of CMV. Confirmatory testing is most accurate when performed before 21 days of age. If the urine PCR analysis detects CMV, the baby's health care provider should coordinate additional evaluations.

Health professionals should provide information about CMV.

CMV is the most common infectious cause of birth defects, yet only 9% of women are aware of CMV. You can help educate people about CMV and the ways that they can reduce their risk of getting CMV. It is especially important to provide this information to parents of young children, childcare providers, pregnant people, and people who can become pregnant.

Where can I find more information about CMV or congenital CMV?

Call MDH at 651-201-3650, email health.cyshn@state.mn.us, or visit MDH online:



www.health.mn.gov/CMV

Tips to reduce your risk of getting CMV

- Wash your hands often, especially after wiping a child's nose or mouth and changing diapers.
- Try to avoid contact with saliva when kissing a young child. For example, kiss on the forehead rather than the lips.
- Avoid putting things in your mouth that have just been in a child's mouth such as cups, eating utensils, toothbrushes, or pacifiers. Also avoid sharing food or drink with a young child.
- Properly disinfect toys, changing tables, and other surfaces that may have a child's urine or saliva on them.