



Congenital cytomegalovirus

Congenital cytomegalovirus (cCMV) is the most common viral infection that infants are born with in the U.S. and can result in brain damage, hearing and/or vision loss, developmental delays, and on rare occasion, death.

According to [Utah's CMV legislation](#), if a newborn fails their initial and follow-up hearing screen, or just their initial hearing screen after 14 days of age, they need to be tested for cCMV.

In addition to testing based on hearing screening results, most Utah hospitals also test for cCMV if the infant has certain risk factors, such as petechiae, microcephaly or low birthweight. For more information, contact cmv@utah.gov or 801-273-6600.



What to do with a positive case

Infected infants should receive follow-up care as soon as possible. Infected infants could have immediate, delayed, or progressive concerns and may benefit from anti-viral treatment.

Follow-up includes:

- Diagnostic audiological evaluation;
- Referral to an infectious disease specialist;
- Referral to an otolaryngologist (ENT);
- Referral to a pediatric ophthalmologist;
- Referral to a neurologist;
- Referral to early intervention (familyhealth.utah.gov/oec/baby-watch-early-intervention/).

cCMV clinic

The cCMV clinic at Primary Children's Hospital offers an integrated follow-up process. This clinic provides consultation, evaluation, treatment as needed, specialist coordination for babies and families affected by cCMV, and support to their providers. **When you receive notice of a positive case, please reach out to the cCMV clinic at 801-662-1705.**

Resources

- Utah CMV public health initiative: cmv@utah.gov, 801-273-6600, familyhealth.utah.gov/cmV