July 24, 2026

New Oregon Cytomegalovirus (CMV) Law + What Audiologists Need to Know

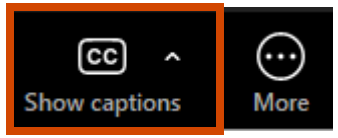
Shelby Atwill, AuD and Gianna Bortoli

Approved for 1.0 hours of Professional Development by Oregon Board of Speech-Language Pathology and Audiology, 26-27-006

Captioning Available and Asking Questions

Captions

To view captions, click the “Show Captions” icon in the toolbar at the bottom:



Asking Questions

1. Click on the “Q&A” button at the bottom toolbar.
2. Type your question in the “Q&A” box.
3. Submit your question.

If time permits, we will answer questions at the end.

About Us

Shelby Atwill, AuD

- Pediatric Audiologist at soundSTART
- Audiologist consultant to Oregon EHDI program since 2013
- NWAA Legislation & Policy Chair and NWAA Member-At-Large

Gianna Bortoli

- Oregon EHDI Program Coordinator
- Policy Analyst

Poll Time - About You

- Population served
- Geographic region
- Clinical setting
- Familiarity with EHDI
- Familiarity with cCMV

Learning Objectives

- Overview of EHDI Program and CMV
- Understand the new CMV screening law and application to families and hearing care
- Classify CMV+ infants who need to be monitored
- Develop an outreach communication plan to local birth facilities and primary care providers

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EHDI Overview

What is EHDI?

- **E**arly **H**earing **D**etection and **I**ntervention
- National and state-based program
- Housed in the state health department, Oregon Health Authority
- Small team of dedicated staff

What does EHDI do?

- **Goal:** To identify children who are deaf and hard of hearing (D/HH) and refer to supportive services for their ongoing growth and development
- Monitor all
  - hearing screening results,
  - diagnostic audiology evaluations, and
  - enrollment in Early Intervention (EI) services
- Collaborate with partners including community-based organizations, state programs, other state EHDI programs

EHDI 1-3-6 Goals

1 Month

- Newborn hearing screening completed

~40,000 babies

3 Months

- Diagnostic hearing test for children who do not pass their screening

~1,500 babies

6 Months

- Identified D/HH children enrolled in Early Intervention (EI) services

~100 babies

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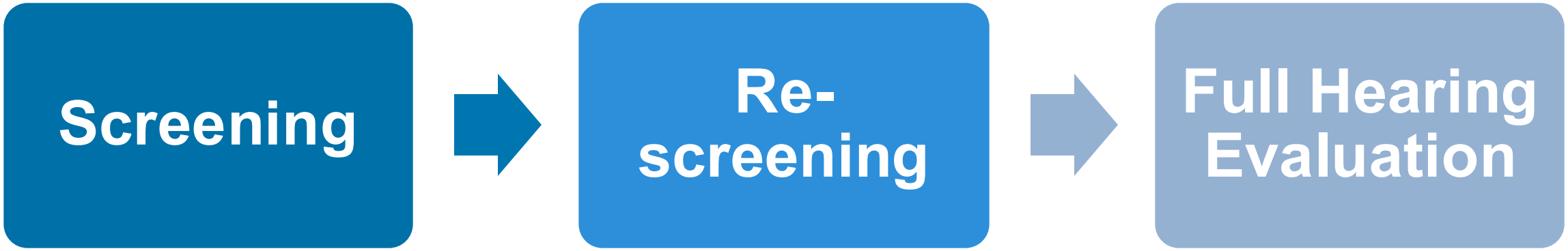
Hearing Testing Process

Hearing Testing Process Overview



Follow-up Hearing Care

- When a baby **does not pass** their newborn hearing screening, they can:
  - Go to a **hospital/birth center** for a **re-screening**
  - Go to an **audiology clinic** for a **re-screening** (“preliminary diagnostic evaluation”)
  - Go to an **audiology clinic** for a **full hearing evaluation**

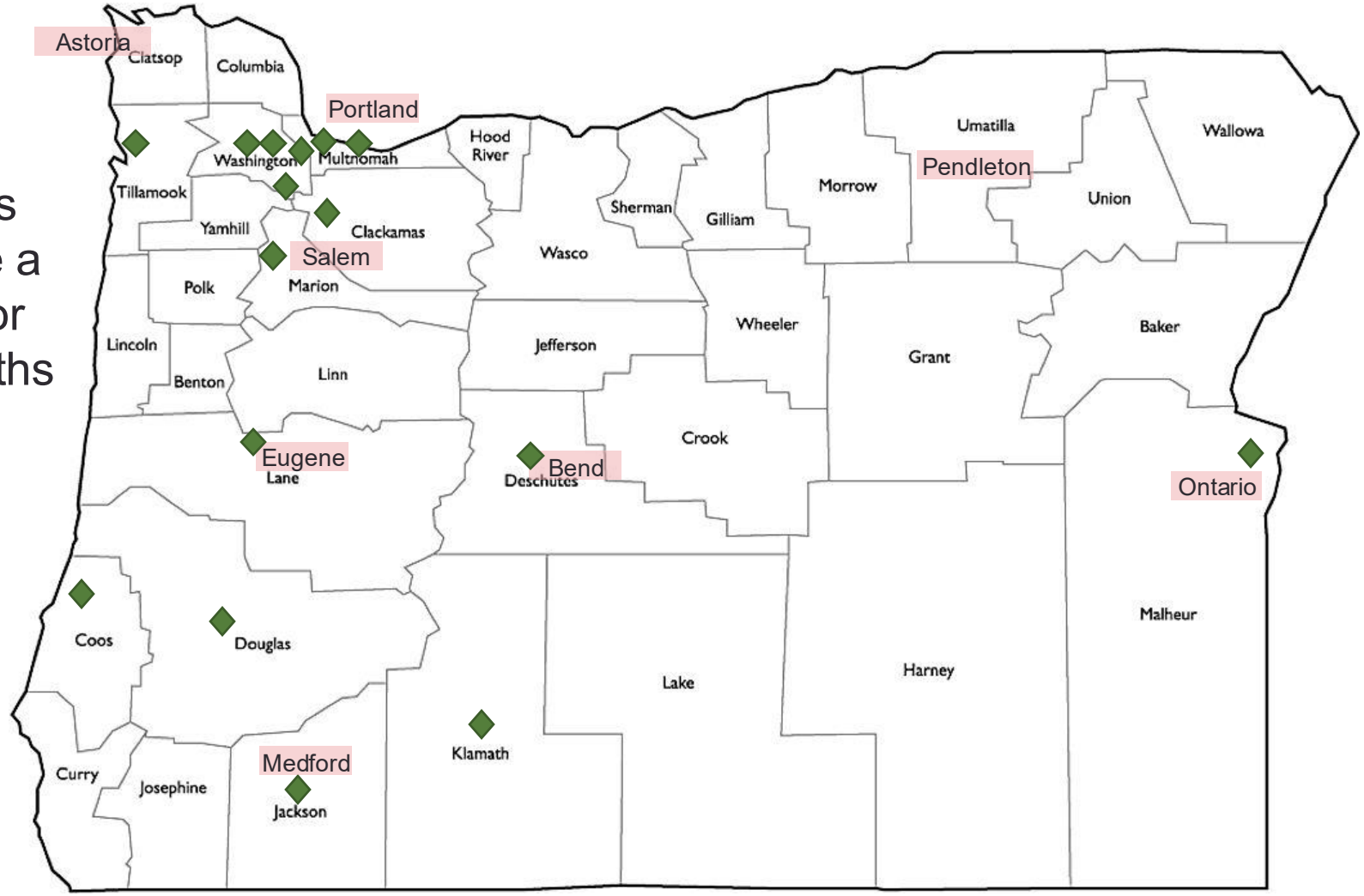
Types of Testing

(Re)Screening	Preliminary Hearing Evaluation	Full Hearing Evaluation

• Done by anyone trained:
  • Hearing screener, nurse, medical assistant, midwife, volunteer, etc.
• Automated test:
  • Otoacoustic emissions (OAE) or automated auditory brainstem response (AABR)
• No interpretation by screener
• ~ 15 min appointment
	• Done by an audiologist only
	• Multiple tests:
	  • Otoacoustic emissions (OAE)
	  • Automated auditory brainstem response (AABR) or limited ABR
	  • Tympanometry (esp. if do not pass OAE or AABR)
	• Audiologist interprets results to determine urgency of next appointment
	• ~30 min appointment
		• Done by an audiologist only
		• Multiple, manual tests:
		  • Tympanometry
		  • Acoustic reflexes
		  • Otoacoustic emissions (OAE)
		  • Auditory brainstem response (ABR)
		• Audiologist interprets results to determine hearing status/levels
		• ~2 hour appointment

Diagnostic Audiology Clinics in Oregon

- Audiology clinics that can provide a full evaluation for infants 0-6 months



Reporting Requirements – Special Populations

- **Expected:** audiology results for babies who didn't pass their initial hearing screening or did not have an initial hearing screening
- **Special:**
  - Anyone newly identified as deaf/hard of hearing 0-3, regardless of newborn hearing screening status *(late-onset/progressive)*
  - Results for anyone who didn't pass/didn't have their initial screening *(lost/late to follow-up)*
  - Children born or living in another state, results may need to be sent to Oregon EHDI and their home state, depending on the circumstance
  - Cancelations, no-shows and refusals for those who didn't pass/didn't have an initial screening

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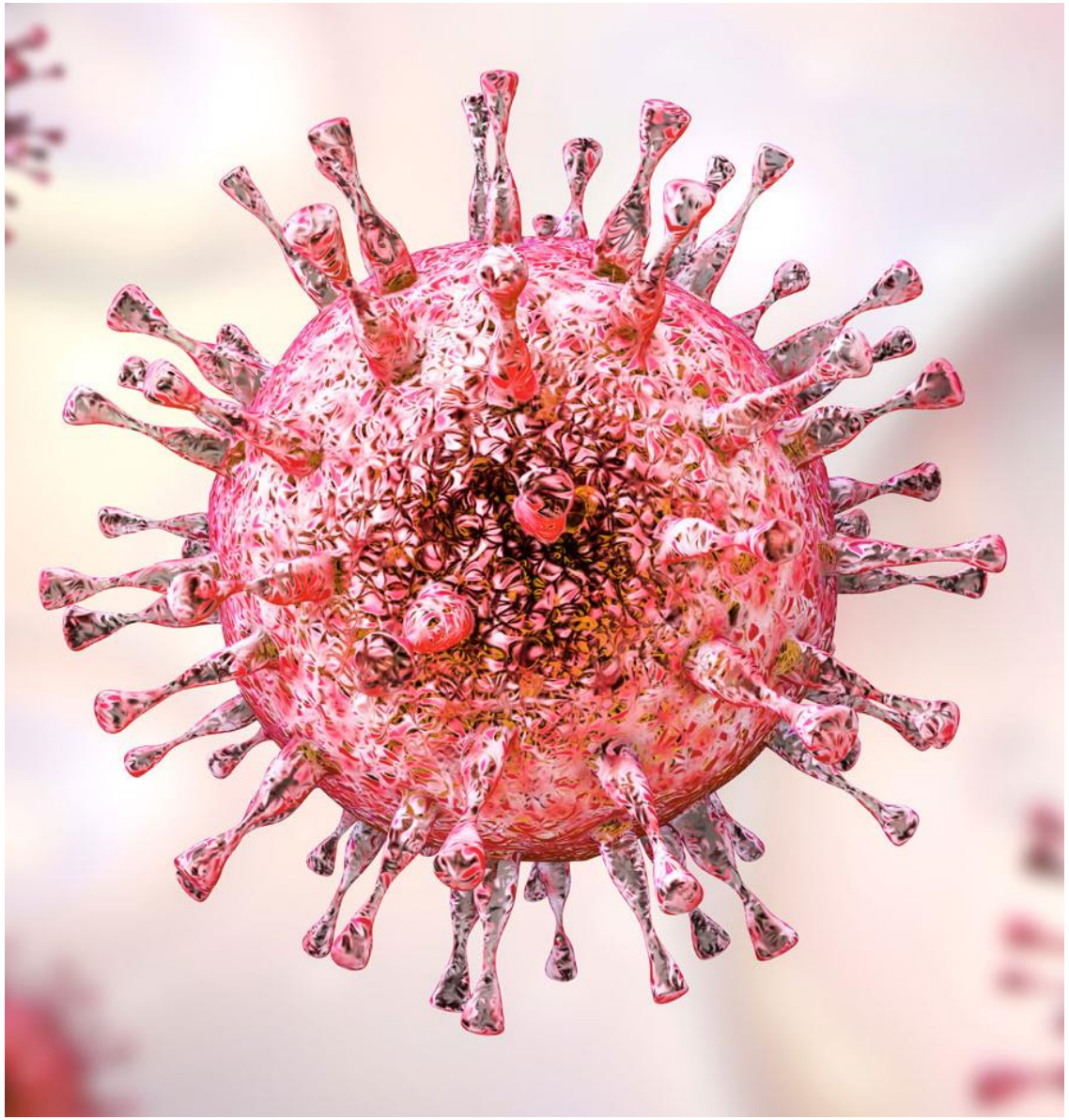
Cytomegalovirus (CMV) Overview

What is cytomegalovirus (CMV)?

- Common virus the infects children and adults
- Spreads easily through bodily fluids, including saliva, urine, blood, breast milk
- Symptoms include:
  - Sore throat
  - Fever
  - Fatigue
- Some people may not know they have it



How is CMV transmitted?

Horizontal

- Person to person: saliva, urine, breast milk, etc.

Vertical

- Pregnant person to unborn fetus

Other

- Transfusion, transplant

What is congenital CMV (cCMV)?

- Occurs when virus is passed from pregnant parent to fetus
- Leading cause of congenital infections
  - 1 in 200 babies is born with cCMV
- Around 10% of infants with cCMV are symptomatic
- Around 90% of infants with cCMV are asymptomatic at birth
  - 15% go on to develop symptoms, most common is sensorineural hearing loss (SNHL)

Long-term health problems from cCMV

Symptoms may be progressive and can include:

- Hearing loss
  - cCMV is the leading cause of non-genetic sensorineural hearing loss (SNHL)
- Vision loss
- Developmental delays
- Lack of coordination or weakness
- Seizures

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Oregon Congenital Cytomegalovirus (cCMV) Screening Landscape

HB 2685 (2025) - Oregon Revised Statute

Signed into law, Oregon Administrative Rules were effective 1/1/26

New expanded targeted cCMV screening requirements – screening must begin no later than 4/1/2026:

- Requires all Oregon licensed hospitals and birthing centers to screen newborns for cCMV, those who meet criteria must be tested for CMV
- Required development of two new protocols:

  OHA Congenital Cytomegalovirus Screening Protocol – Requirements for hospitals and birthing centers

  OHA Congenital Cytomegalovirus Diagnostic Testing and Care Protocol – Recommendations for care providers

HB 2685 (2025) - Oregon Revised Statute Cont'd

Signed into law, Oregon Administrative Rules were effective 1/1/26

Billing requirements for CMV testing

- Health benefit plans are required to pay for testing

HB 2685 (2025) - Oregon Revised Statute Cont'd

Signed into law, Oregon Administrative Rules were effective 1/1/26

Updated cCMV educational dissemination requirements

- CMV information to hospitals, birthing facilities, screening facilities, prenatal healthcare providers, Department of Early Learning and Care, the public, and childcare facilities

cCMV Screening – Clinical Signs and Risk Factors

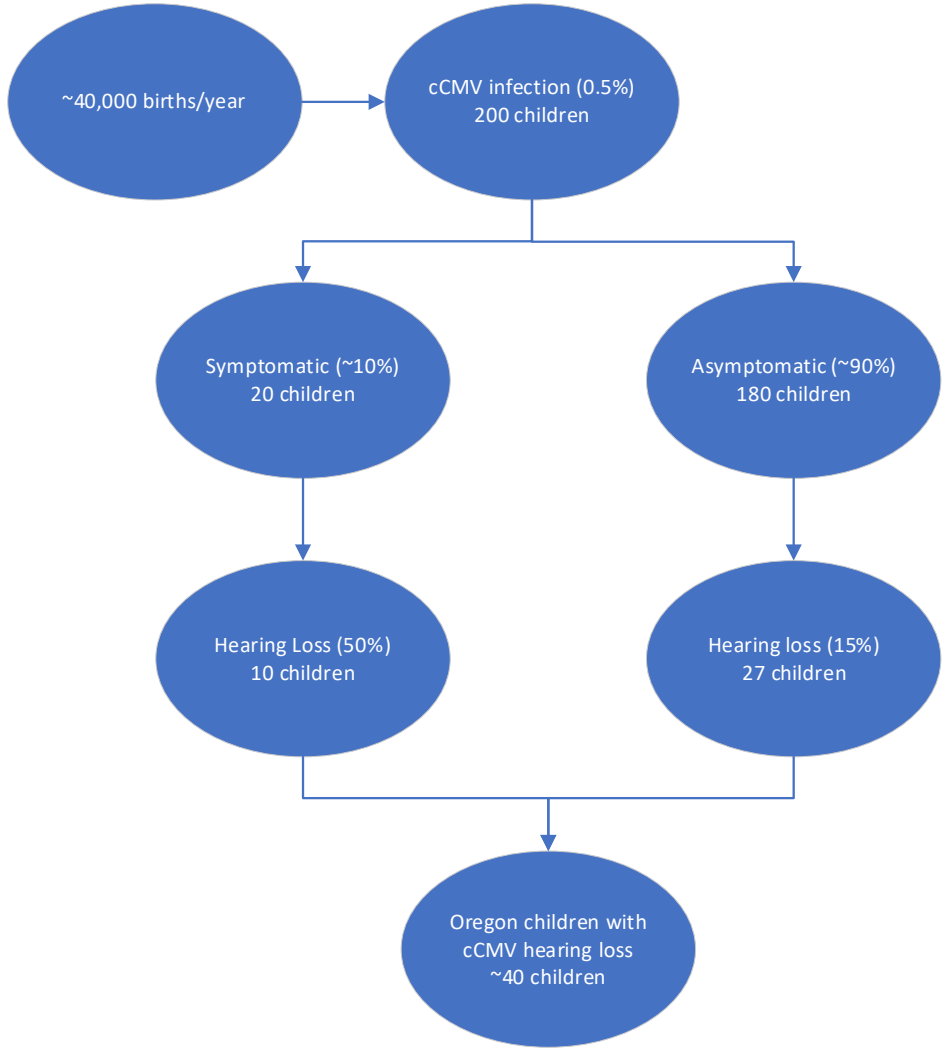
If any of the risk factors or clinical signs below are present, the hospital or birthing center must conduct CMV testing:

- Birth parent diagnosed with primary CMV infection during pregnancy
- Did not pass the newborn hearing screening (one or both ears)
- Symmetric small for gestational age: birth weight <10th percentile
- Microcephaly: head circumference <3rd percentile based on gestational age, recommend remeasuring 24 hours after delivery
- Unexplained petechial rash or blueberry muffin rash
- Unexplained abnormal red reflex, retinitis, or cataracts
- Unexplained fetal hydrops or ascites, abdominal calcifications, or thickened bowel on prenatal ultrasound
- Unexplained or persistent hepatomegaly, splenomegaly, or elevated liver function tests (AST or ALT >100 U/L or direct bilirubin >1.0 mg/dL)
- Unexplained abnormal brain imaging including ventriculomegaly, intracerebral calcifications, white matter changes, periventricular echogenicity, cortical or cerebellar malformations, or migration abnormalities
- Unexplained thrombocytopenia (platelets <100,000/mm^3)

Oregon – Projected cCMV Rates

Based on 2024 birth data

- ~200 children with cCMV per year
- New screening criteria will require CMV testing of over 1,500 newborns per year



Following a cCMV Diagnosis – Next Steps

- Primary care provider encouraged to complete as soon as possible:
  - Additional bloodwork, physical exam, head ultrasound
  - Referral to audiology for diagnostic audiology evaluation
  - Referral to Early Intervention (EI) services
- Depending on evidence and extent of cCMV disease:
  - Additional referrals to pediatric specialists including infectious disease, otolaryngology, neurology, ophthalmology or optometry as needed

Management of cCMV Considerations

- Wide spectrum of outcomes for children with cCMV
- Long-term health problems can be progressive
- Ongoing monitoring is important
- Time sensitive

Reporting Requirements

cCMV is not a reportable condition in Oregon

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Hearing Follow Up for CMV+ Babies

Common Scenarios

- Baby did not pass newborn hearing screening and CMV is *negative*
  - Re-screening or full evaluation before 3 months of age
- Baby did not pass newborn hearing screening and CMV is **positive**
  - ***Full evaluation ASAP, no later than 3 months of age, and on-going monitoring***
- Baby passed newborn hearing screening and CMV is **positive**
  - Full evaluation by 3 months of age, then on-going monitoring

Full Evaluation by 3 months (12 weeks)

- Sufficient information to determine if baby has a sensorineural hearing loss
  - 1000 Hz Tympanometry, Otoacoustic Emissions (OAE), and ABR for at least two frequencies per ear
  - Normal Hearing = peaked tymps, present OAEs, ABR thresholds ≤20 dBeHL
- Identification of SNHL may indicate antiviral treatment, which is most effective if started by 13 weeks of age

Recommended Monitoring Schedule by AAA

For children with a cCMV diagnosis:

- Every 3 months until 1 year of age
- Every 6 months from 1 to 3 years of age
- Annually until 6 years of age

- If a significant change in hearing thresholds is identified, more frequent testing may be needed.

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  - Children born or living in another state, results may need to be sent to Oregon EHDI and their home state, depending on the circumstance
  - Cancelations, no-shows and refusals for those who didn't pass/didn't have an initial screening

Test Procedures by Age

Age	Tympanometry	OAEs	Thresholds (Normal Level)
0-6 months	1000 Hz	✓	ABR ≤20 dBeHL
6-24 months	226 Hz	✓	VRA ≤15 dB
24-36 months	226 Hz	✓	VRA or CPA ≤15 dB
3-5 years	226 Hz	✓	CPA ≤15 dB
Over 5 years	226 Hz	✓	Conventional ≤15 dB

Building Networks

- Initial research:
  - What birth hospitals are near your clinic?
    - What hearing screening equipment do they use (OAE or AABR or both)?
    - Do they refer babies who do not pass directly to your clinic, or do they rely on the parents and/or PCP to take the next step?
    - Do they perform an outpatient rescreening?

Building Networks

- Initial research:
  - What level of follow-up can your clinic provide for infants under 6 months (full evaluation or preliminary diagnostics)?
    - Where/what is the *nearest* clinic that can provide a full evaluation?

Types of Testing

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Diagnostic Audiology Clinics in Oregon

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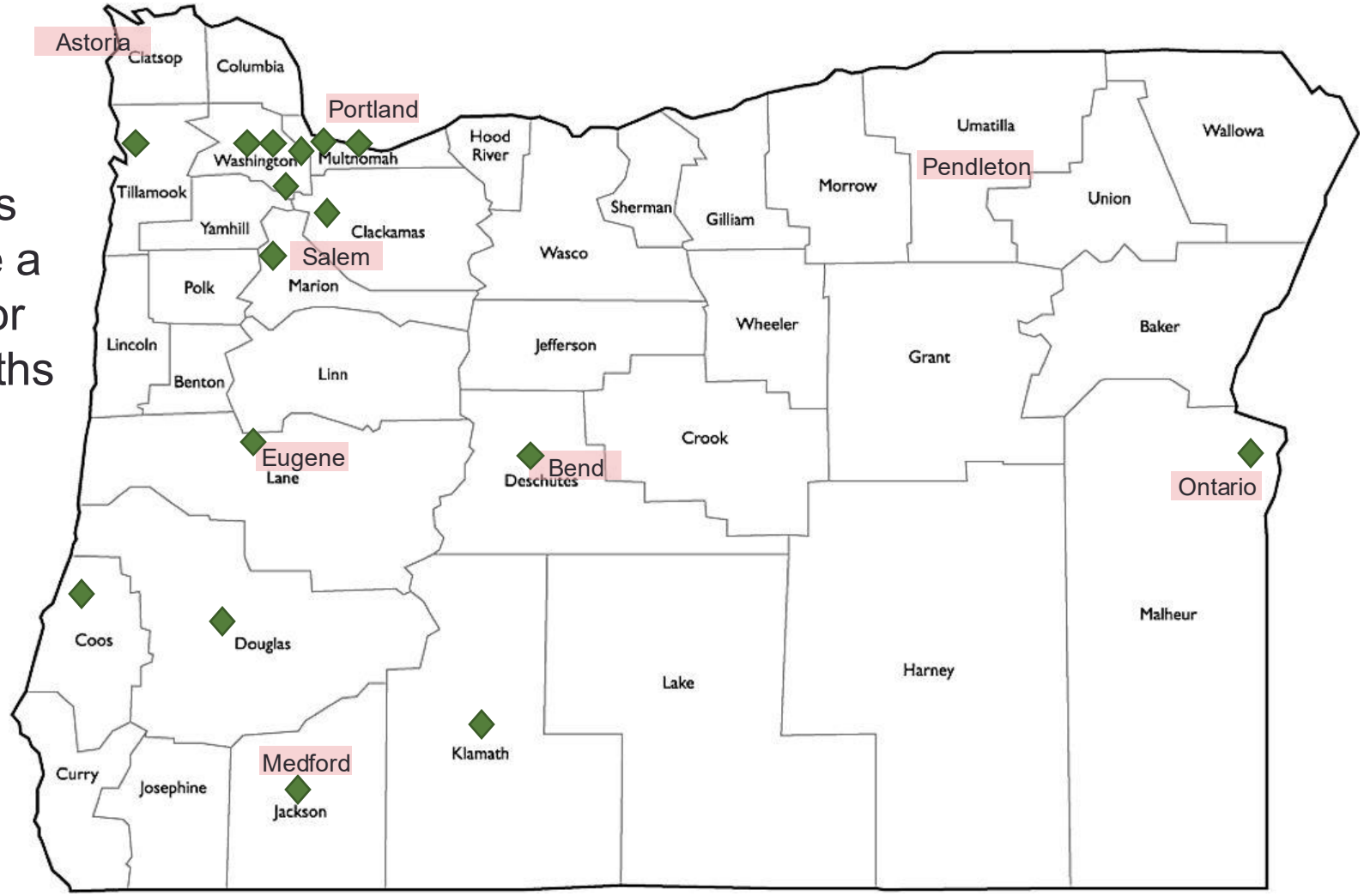

Outreach to Partners

- Notify referral sources (birth facilities, PCPs, etc.) whether your clinic is a good match for infants who don't pass their newborn hearing screening and are CMV positive.
  - If not your clinic, share where they can send families that can provide a full evaluation.
  - If family reaches your clinic inadvertently, give them the info for the nearest clinics that can provide a full evaluation and emphasize the importance of timely testing!

Outreach to Partners

- If providing preliminary diagnostic testing, coordinate with nearby full-evaluation clinics to triage infants and share on-going monitoring responsibilities.

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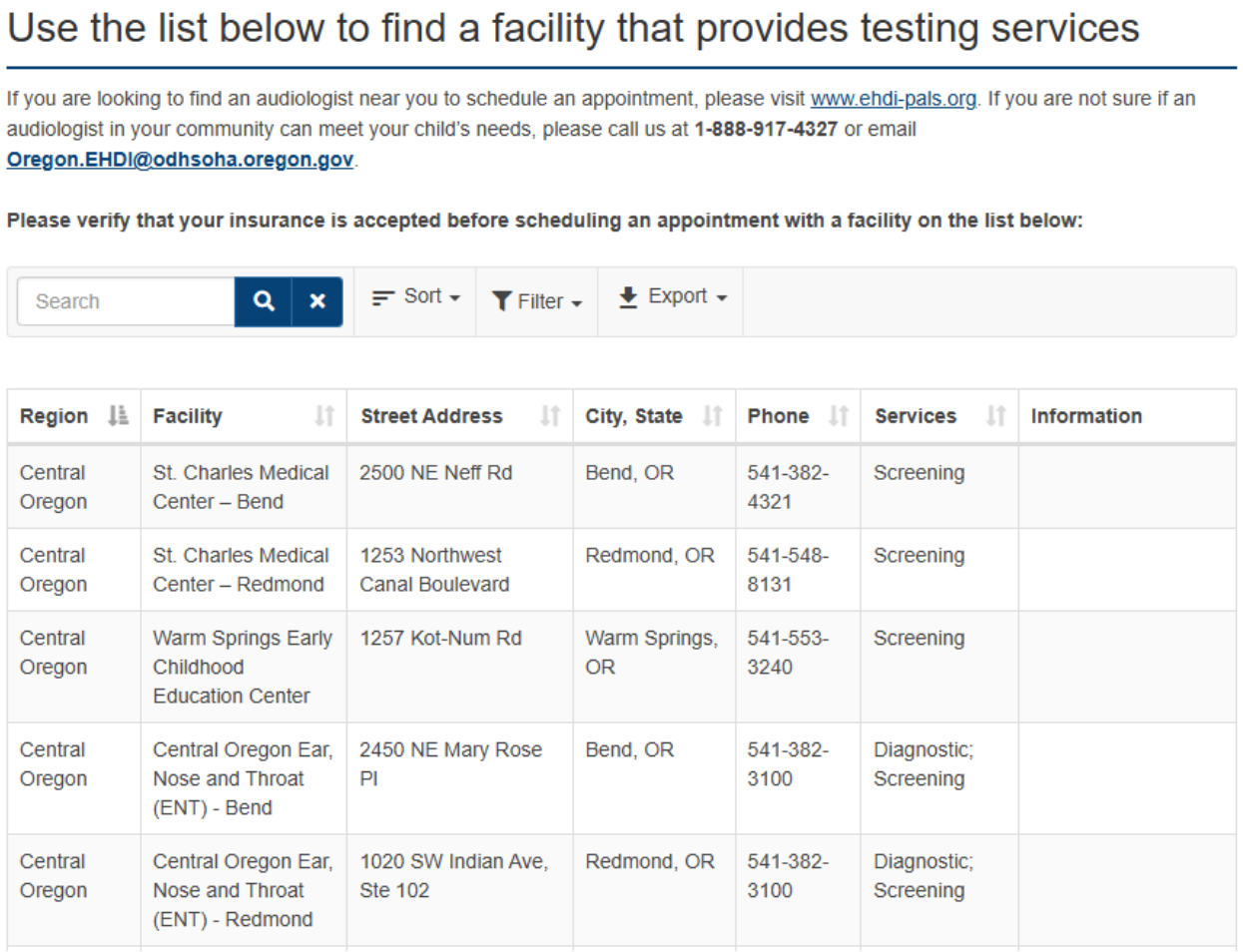
Resources

Make sure your clinic is listed on the EHDI website

- https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HEALTHSCREENING/HEARINGSCREENING/Pages/Screening%20and%20Diagnostic%20Audiology%20Facilities.aspx



Use the list below to find a facility that provides testing services

If you are looking to find an audiologist near you to schedule an appointment, please visit www.ehdi-pals.org. If you are not sure if an audiologist in your community can meet your child's needs, please call us at **1-888-917-4327** or email Oregon.EHDI@odhsoha.oregon.gov.

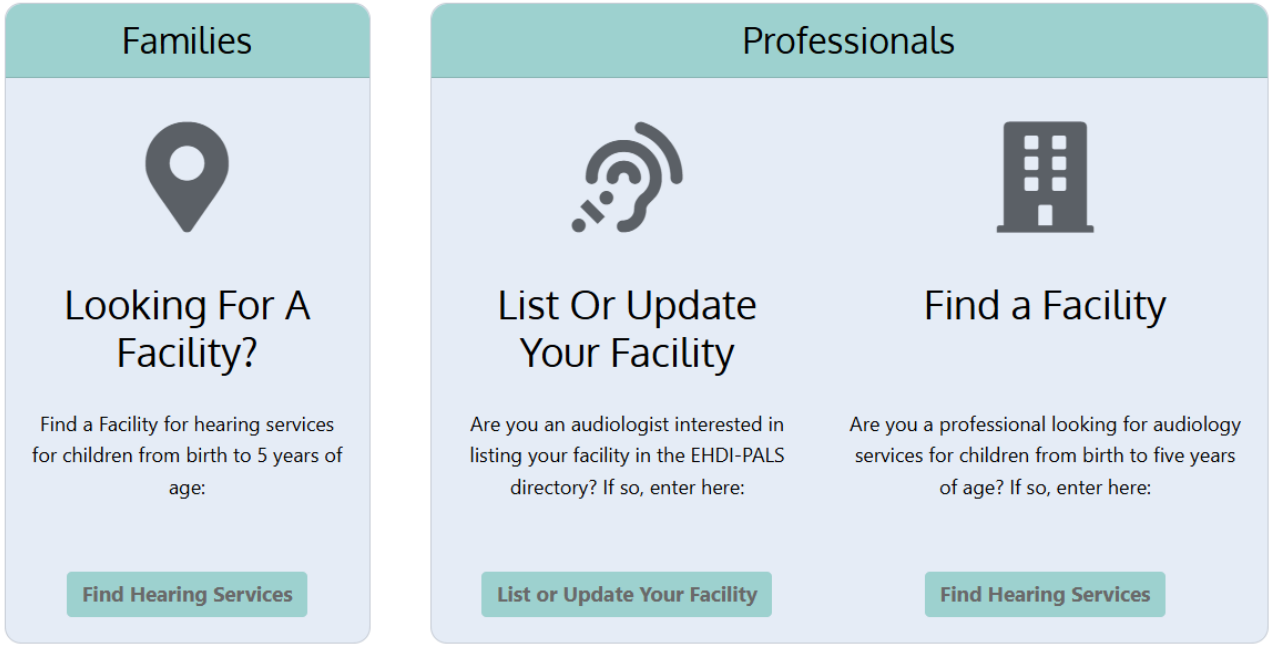
Please verify that your insurance is accepted before scheduling an appointment with a facility on the list below:

Search | Sort | Filter | Export

Region	Facility	Street Address	City, State	Phone	Services	Information
Central Oregon	St. Charles Medical Center – Bend	2500 NE Neff Rd	Bend, OR	541-382-4321	Screening	
Central Oregon	St. Charles Medical Center – Redmond	1253 Northwest Canal Boulevard	Redmond, OR	541-548-8131	Screening	
Central Oregon	Warm Springs Early Childhood Education Center	1257 Kot-Num Rd	Warm Springs, OR	541-553-3240	Screening	
Central Oregon	Central Oregon Ear, Nose and Throat (ENT) - Bend	2450 NE Mary Rose Pl	Bend, OR	541-382-3100	Diagnostic; Screening	
Central Oregon	Central Oregon Ear, Nose and Throat (ENT) - Redmond	1020 SW Indian Ave, Ste 102	Redmond, OR	541-382-3100	Diagnostic; Screening	

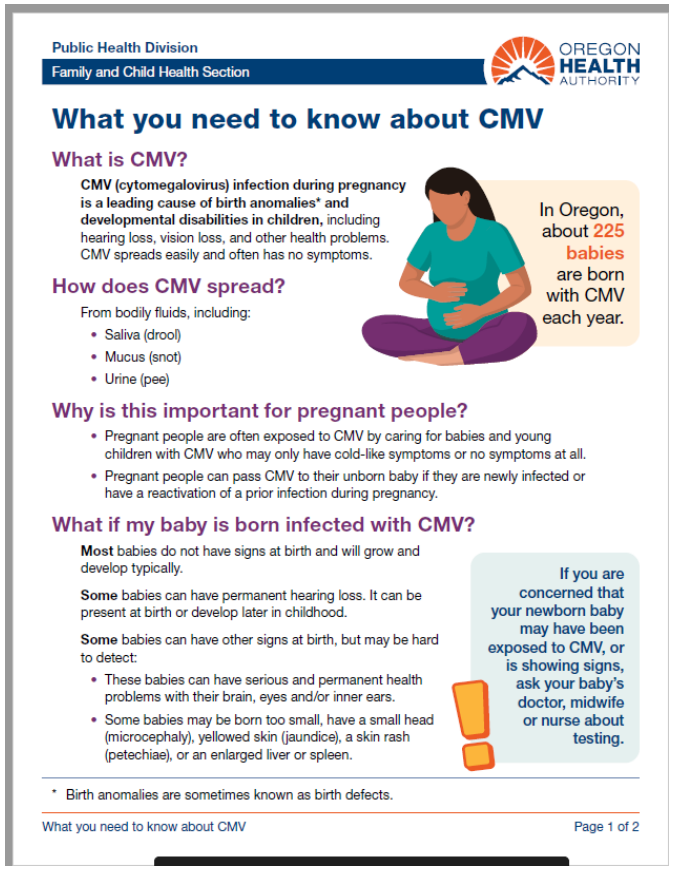
Make sure your clinic is listed on EHDI Pals

- www.ehdi-pals.org
- Web-based, searchable, national directory
- Helps families, healthcare professionals, and state public health organizations to find pediatric audiology expertise for children ages birth to five



OHA Flyers – available in multiple languages

CMV Prevention



Public Health Division
Family and Child Health Section
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What you need to know about CMV

What is CMV?

CMV (cytomegalovirus) infection during pregnancy is a leading cause of birth anomalies* and developmental disabilities in children, including hearing loss, vision loss, and other health problems. CMV spreads easily and often has no symptoms.

In Oregon, about 225 babies are born with CMV each year.

How does CMV spread?

From bodily fluids, including:

- Saliva (drool)
- Mucus (snot)
- Urine (pee)

Why is this important for pregnant people?

- Pregnant people are often exposed to CMV by caring for babies and young children with CMV who may only have cold-like symptoms or no symptoms at all.
- Pregnant people can pass CMV to their unborn baby if they are newly infected or have a reactivation of a prior infection during pregnancy.

What if my baby is born infected with CMV?

Most babies do not have signs at birth and will grow and develop typically.

Some babies can have permanent hearing loss. It can be present at birth or develop later in childhood.

Some babies can have other signs at birth, but may be hard to detect:

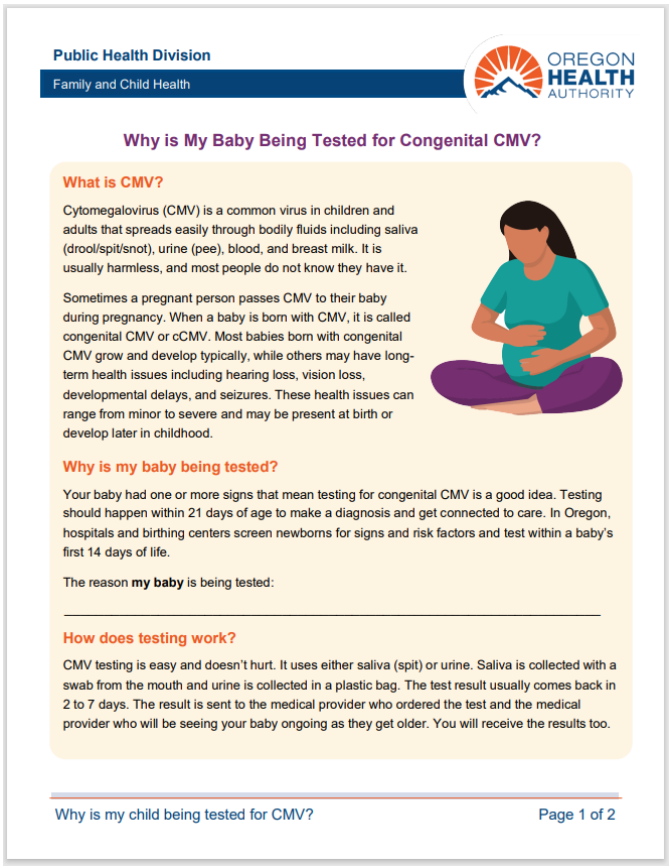
- These babies can have serious and permanent health problems with their brain, eyes and/or inner ears.
- Some babies may be born too small, have a small head (microcephaly), yellowed skin (jaundice), a skin rash (petechiae), or an enlarged liver or spleen.

If you are concerned that your newborn baby may have been exposed to CMV, or is showing signs, ask your baby's doctor, midwife or nurse about testing.

* Birth anomalies are sometimes known as birth defects.

What you need to know about CMV — Page 1 of 2

Congenital CMV Parent Testing



Public Health Division
Family and Child Health
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Why is My Baby Being Tested for Congenital CMV?

What is CMV?

Cytomegalovirus (CMV) is a common virus in children and adults that spreads easily through bodily fluids including saliva (drool/spit/snot), urine (pee), blood, and breast milk. It is usually harmless, and most people do not know they have it.

Sometimes a pregnant person passes CMV to their baby during pregnancy. When a baby is born with CMV, it is called congenital CMV or cCMV. Most babies born with congenital CMV grow and develop typically, while others may have long-term health issues including hearing loss, vision loss, developmental delays, and seizures. These health issues can range from minor to severe and may be present at birth or develop later in childhood.

Why is my baby being tested?

Your baby had one or more signs that mean testing for congenital CMV is a good idea. Testing should happen within 21 days of age to make a diagnosis and get connected to care. In Oregon, hospitals and birthing centers screen newborns for signs and risk factors and test within a baby's first 14 days of life.

The reason **my baby** is being tested:

_____

How does testing work?

CMV testing is easy and doesn't hurt. It uses either saliva (spit) or urine. Saliva is collected with a swab from the mouth and urine is collected in a plastic bag. The test result usually comes back in 2 to 7 days. The result is sent to the medical provider who ordered the test and the medical provider who will be seeing your baby ongoing as they get older. You will receive the results too.

Why is my child being tested for CMV? — Page 1 of 2

Find more information on Oregon.gov/CMV

Flyers, protocols, updated information

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Questions?

Use Q&A feature or raise hand

Thank you!

Please contact Oregon EHDI at Oregon.EHDI@odhsoha.oregon.gov or 888-917-4327 (voice) if you have any further questions. We accept all relay calls.

Participants will be emailed certificates for professional development for OR BSPA #26-27-006 by 7/31/26.

Public Health Division
Early Hearing Detection and Intervention (EHDI) Program
800 NE Oregon St, Suite 825
Portland, OR 97232
888-917-4327 (voice)
Oregon.gov/CMV

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