

Congenital Cytomegalovirus (cCMV) Infection Clinical Care Checklist

Patient Information

Child Name: _____

DOB: _____

MRN: _____

Did this child have a positive urine CMV PCR test before 21 days of age?

Yes No

If **yes**, this is a confirmed diagnosis of cCMV. If saliva was used, it must be confirmed with a urine CMV PCR test within 21 days of age.

Additional Testing and Imaging

After diagnosis, the following tests and imaging are recommended as soon as possible to evaluate for further evidence and extent of disease:

- Complete Blood Count (CBC) with differential
- Complete Metabolic Panel (CMP)
- Head Ultrasound (HUS)
- Physical exam with height, weight, and head circumference measurements

Referrals

After diagnosis, the following referrals are recommended to support ongoing continuity of care and evaluation:

- Pediatric Audiology for diagnostic audiology evaluation
- Pediatric Infectious Disease
 - When possible, it is preferred that results from CBC with differential, CMP, HUS (or other brain imaging), physical exam, and diagnostic audiology evaluation be available prior to being seen for clinical management by Infectious Disease specialist
- Pediatric Otolaryngology (ENT) if hearing loss is identified by audiology
- Pediatric Neurology if abnormal imaging, microcephaly, hearing loss, or abnormal neurological exam

- Pediatric Ophthalmology or Pediatric Optometry
 - When possible, indicate any abnormal eye findings, hearing loss, or abnormal neurological exam on referral
- Early Intervention services
 - Children with cCMV are eligible for Early Intervention services with a medical statement from their primary care provider

Additional Steps

- Provide a handout about cCMV
 - Handouts on prevention, living with cCMV, and other resources can be found on Oregon.gov/CMV
- Add the diagnosis “Congenital Cytomegalovirus” to the infant’s problem list (ICD-10 code: P35.1)

Ongoing Monitoring

Around 90% of children with cCMV will remain asymptomatic, however, primary care providers should consider frequent monitoring of the child’s growth and development due to progressive symptoms. Children with cCMV may have difficulties with hearing, vision, communication, growth, cognition, learning, and motor coordination.

All children with cCMV are recommended to be monitored by an audiologist, even if they pass the newborn hearing screening, because they are at risk of progressive hearing loss. For children with cCMV, families should plan for audiology visits every 3 months until 1 year of age, then every 6 months until 3 years of age, then yearly until 6 years of age. More frequent evaluations may be needed based on audiologist recommendation.

To find more information, resources, and protocols about Cytomegalovirus (CMV) prevention, testing, and care in Oregon, visit Oregon.gov/CMV or scan this code to the right.



Oregon Health Authority
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Family and Child Health Section

Questions?
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