



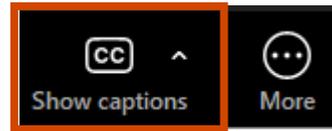
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January 29, 2026

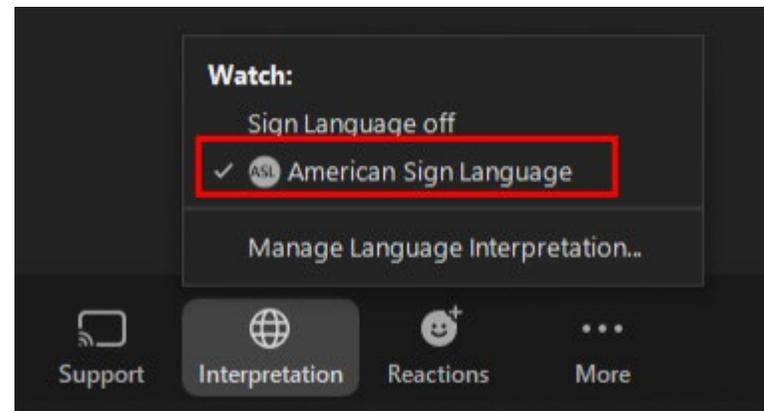
**Congenital Cytomegalovirus
(cCMV) Screening Requirements for
Hospitals and Birthing Centers**

Captioning and ASL Interpreters Available

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



To view ASL interpreters, click the “Interpretation” icon in the toolbar at the bottom:



Presenters

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Acknowledgements

Thank you to the individuals across many institutions and specialties in Oregon that supported this work and helped develop these materials.

Learning Objectives

Review CMV transmission and risk factors

Understand new cCMV screening requirements

Review the cCMV screening protocol

Review the cCMV diagnostic testing and care protocol

Review available CMV and cCMV resources

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. Some questions will be included in an FAQ document that will be posted on Oregon.gov/CMV following the webinar.

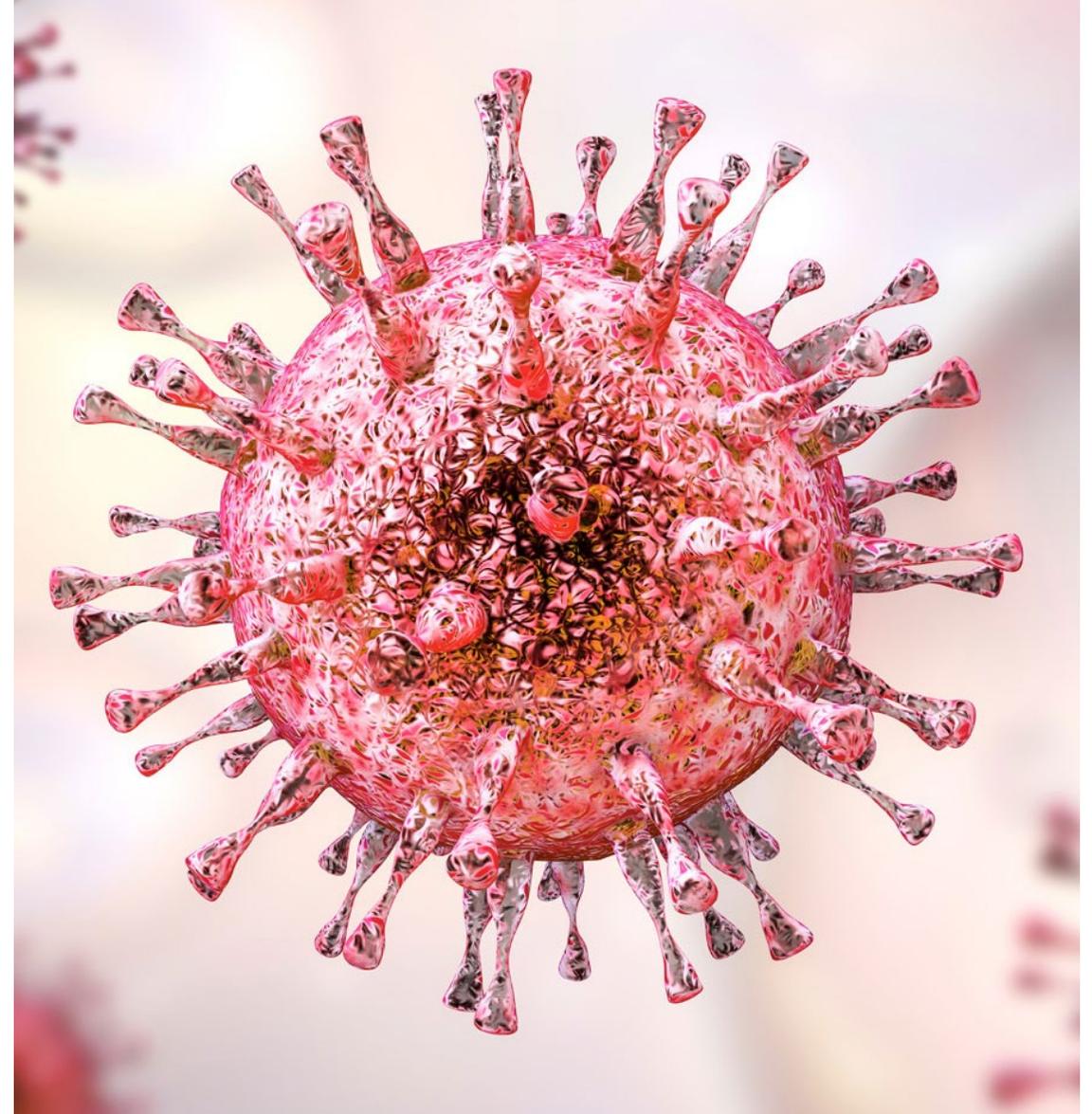


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Cytomegalovirus (CMV) Basics

What is cytomegalovirus (CMV)?

- Common virus that 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

How do pregnant people acquire CMV?

- Infects people of all ages
- Common in settings with children such as childcare and classrooms
- Households with toddlers

If you are pregnant or planning a pregnancy, take steps to reduce risk of getting CMV.

Reducing the spread of CMV

5 Simple Tips to Help Prevent CMV



Avoid contact with saliva when kissing a child



Do not put a pacifier in your mouth



Do not share food, utensils, drinks or straws



Do not share a toothbrush



Wash your hands after changing a diaper

Image source: nationalcmv.org

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



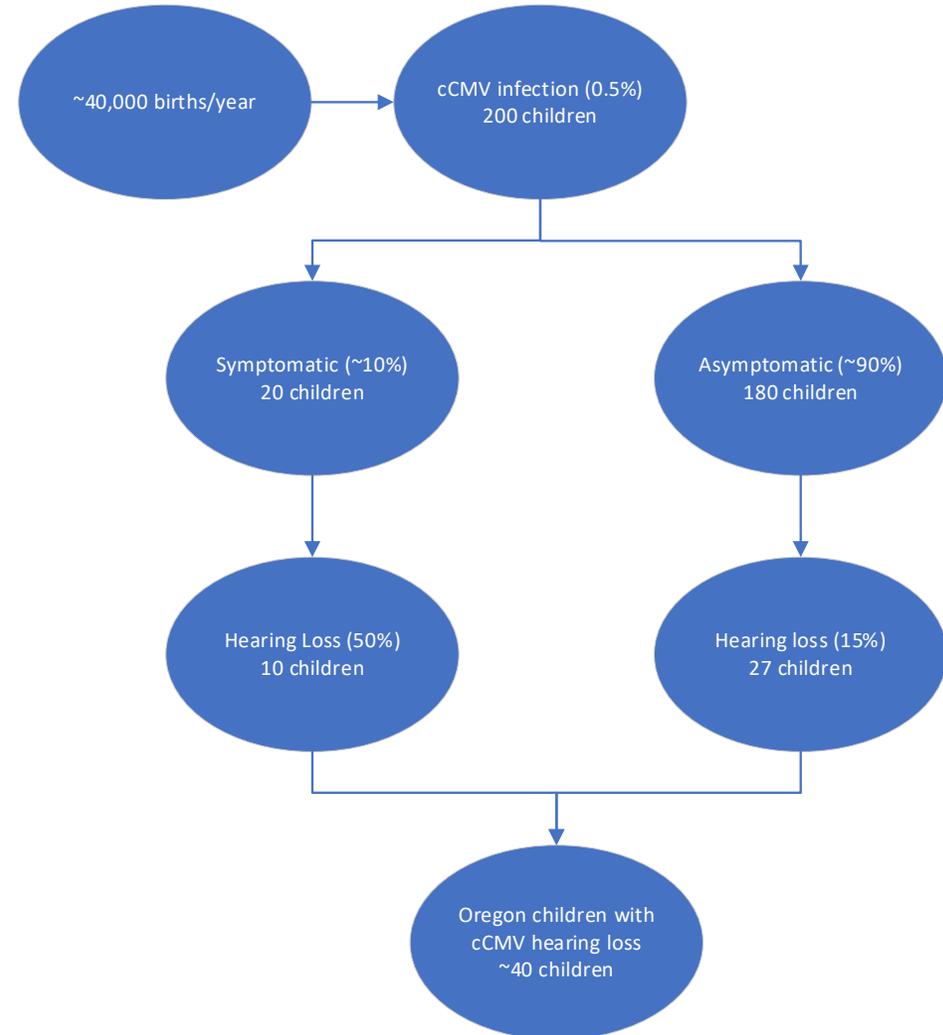
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Oregon Congenital Cytomegalovirus (cCMV) Screening Landscape

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



Types of cCMV Screening Protocols

Hearing Targeted

- All children who do not pass the newborn hearing screening are tested.

Expanded Targeted

- All children who don't pass newborn hearing screening plus additional children with clinical signs of cCMV are tested.

Universal

- All children are tested.

Oregon Revised Statute and Oregon Administrative Rules

Oregon Revised Statute (ORS)

- A law of the State of Oregon
- [433.321 and 433.298](#)

Oregon Administrative Rules (OAR)

- An agency directive, standard, or regulation that implements or interprets a law or policy
- May also describe the procedure or practice requirements of any agency
- [333-020-0125 through 333-020-0187](#)

HB 2685 (2025) - Oregon Revised Statute

Signed into law, OAR effective 1/1/26

- 1. 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
 - 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
- 2. Billing requirements for CMV testing**
 - Health benefit plans are required to pay for testing
- 3. 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

OHA cCMV Screening Protocol

- **Required** protocol for licensed hospitals and birthing centers in Oregon
- Screening includes:
 - Assessing each newborn for known risk factors and clinical signs of cCMV, as listed in the protocol, and
 - As necessary, based on the presence of one or more of the risk factors or clinical signs, conduct CMV testing.
- View on Oregon.gov/CMV

Public Health Division
Early Hearing Detection and Intervention (EHDI) Program



Congenital Cytomegalovirus (cCMV) Screening Protocol
Guidance for Oregon Licensed Hospitals and Birthing Centers

Table of Contents

Purpose	2
Congenital Cytomegalovirus (cCMV) Overview	2
Congenital Cytomegalovirus (cCMV) Screening Rules	3
cCMV Screening and Testing Overview	3
Expanded Targeted Congenital Cytomegalovirus (cCMV) Screening Process Map ..	5
Additional Health Professional Recommendations	5
Hospital and Birthing Center Recommendations	5
Primary Care Provider Recommendations.....	5
Reporting Requirements	6
Special Populations	7
Hospital Transfers and Neonatal Intensive Care Unit (NICU) Patients	7
Multiple Births	7
Testing Refusal	7
Additional Resources	8
Acknowledgements and Contributors	8
References	9

Adopted 01/01/2026 Page 1 of 10

OHA cCMV Screening Protocol - Continued

- Screening must be completed prior to discharge and within 14 days of birth, unless the parent or guardian refuses in writing
 - Birth facilities in a Health Maintenance Organization (HMO) must screen within 14 days
- For positive CMV test results, hospitals and birthing centers must inform newborn's primary care provider (PCP) and parent/guardian through direct personal communication
 - Document all interactions in the medical record

cCMV Testing Follow Up Recommendations

- Inform PCP if confirmatory urine PCR test is needed
- Inform PCP of inconclusive test results
- Add the diagnosis "Congenital CMV Infection" (ICD-10 code is P35.1)

Hospital Transfers and NICU Considerations

Transfers

- Receiving facility is responsible for ensuring cCMV screening completed
 - If screening was completed prior to transfer, transferring facility must provide status

NICU

- If newborn has signs but cannot be tested, up to the discretion of the medical practitioner

Reporting Requirements

cCMV is not a reportable condition
in Oregon





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cCMV Clinical Evaluation and Management

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/mm³)

cCMV Testing

- Must use polymerase chain reaction (PCR) test to detect CMV DNA
 - **Urine** – preferred, serves as confirmatory test.
 - **Saliva** – specimen must be collected at least 1 hour after breastfeeding. If positive, must confirm with urine test.
- Antibody testing (IgG and IgM) cannot be used to diagnose cCMV



Management of cCMV Considerations

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



OHA cCMV Diagnostic Testing and Care Protocol

- Recommendations for PCP that outline recommended follow up:
 - Bloodwork
 - Imaging
 - Exams
 - Referrals
- Evaluate for further evidence and extent of cCMV disease
- View on Oregon.gov/CMV

Public Health Division
Early Hearing Detection and Intervention (EHD) Program



Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Protocol

Guidance for primary care providers caring for children diagnosed with congenital cytomegalovirus (cCMV)

Table of Contents

Purpose	2
Congenital Cytomegalovirus (cCMV) Overview	2
Oregon Congenital Cytomegalovirus (cCMV) Screening Rules	2
Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Recommendations	4
Diagnostic Testing, Imaging, Exams, and Referrals	4
Types of Referrals	5
Ongoing Monitoring	7
Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Process Map	7
Reporting Requirements	7
Additional Resources	7
Acknowledgements and Contributors	8
References	8

Adopted 01/01/2026 Page 1 of 10

Additional Bloodwork, Imaging, and Exams

- Recommend for PCP to complete:
 - Complete Blood Count (CBC) with differential
 - Complete Metabolic Panel (CMP)
 - Head Ultrasound (HUS)
 - Physical exam with height, weight, and head circumference measurements
- **Timeliness of completion:** as soon as possible

Referral – Pediatric Audiology

- For diagnostic audiology evaluation and ongoing monitoring
- Hearing loss is often progressive
- Recommended follow-up schedule for all 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
- More frequent evaluations may be needed based on audiologist recommendation
- **Timeliness of referral:** as soon as possible

Referral – Early Intervention services

- May have progressive learning and neurodevelopmental challenges (communication, cognition, learning, motor coordination)
- Children with cCMV qualify for Early Intervention (EI) services through the Oregon Department of Education
 - Referral requires a signed [medical statement](#) from PCP
- EI services are free, timely, and individualized services
- Helps infants and toddlers with learning and development
- **Timeliness of referral:** as soon as possible

Referral – Pediatric Infectious Disease

- Assess appropriate treatment and care
- It is helpful to have results from CBC with differential, CMP, HUS, physical exam, and diagnostic audiology evaluation
- Decision window to initiate treatment is short: prior to 13 weeks of age, and the earlier the better
- **Timeliness of referral:** as soon as possible

Referral – Pediatric Otolaryngology (ENT)

- If hearing loss is identified by audiology
- Discuss the availability of hearing technology and other interventions



Referral – Pediatric Neurology

- If abnormal imaging, microcephaly, hearing loss, or abnormal neurological exam

Referral – Pediatric Ophthalmology or Optometry

- **Timeliness of referral**
 - **Urgent:** abnormal eye findings, hearing loss, or abnormal neurological findings
 - **Routine:** all other CMV positive babies
- Vision loss, if identified, is often progressive

Importance of the Medical Home

Complexities of this care necessitates intensive care coordination and the importance of the medical home



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OHA Resources

Found on [Oregon.gov/CMV](https://www.oregon.gov/CMV)

OHA Protocols

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Congenital Cytomegalovirus (cCMV) Screening Protocol

Guidance for Oregon Licensed Hospitals and Birthing Centers

Table of Contents

Purpose	2
Congenital Cytomegalovirus (cCMV) Overview	2
Congenital Cytomegalovirus (cCMV) Screening Rules	3
cCMV Screening and Testing Overview	3
Expanded Targeted Congenital Cytomegalovirus (cCMV) Screening Process Map ..	5
Additional Health Professional Recommendations	5
Hospital and Birthing Center Recommendations	5
Primary Care Provider Recommendations.....	5
Reporting Requirements	6
Special Populations	7
Hospital Transfers and Neonatal Intensive Care Unit (NICU) Patients.....	7
Multiple Births.....	7
Testing Refusal	7
Additional Resources	8
Acknowledgements and Contributors	8
References	9

Adopted 01/01/2026

Page 1 of 10

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Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Protocol

Guidance for primary care providers caring for children diagnosed with congenital cytomegalovirus (cCMV)

Table of Contents

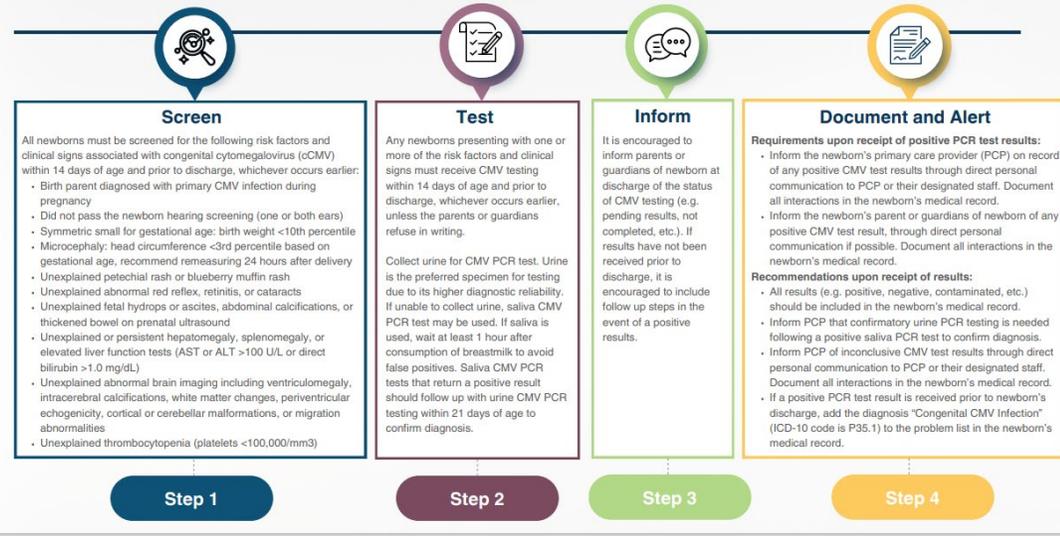
Purpose	2
Congenital Cytomegalovirus (cCMV) Overview	2
Oregon Congenital Cytomegalovirus (cCMV) Screening Rules	2
Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Recommendations	4
Diagnostic Testing, Imaging, Exams, and Referrals	4
Types of Referrals.....	5
Ongoing Monitoring.....	7
Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Process Map.....	7
Reporting Requirements	7
Additional Resources	7
Acknowledgements and Contributors	8
References	8

Adopted 01/01/2026

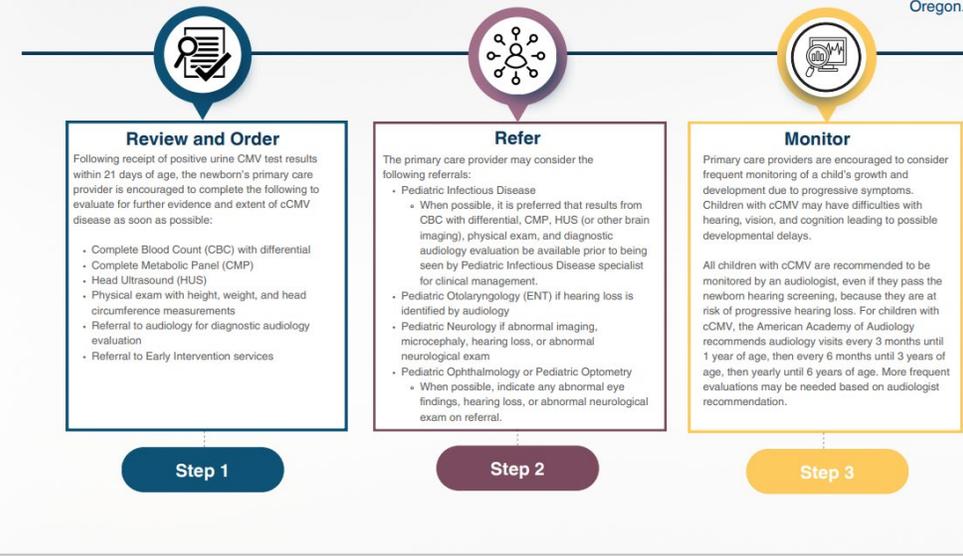
Page 1 of 10

OHA Process Maps

Expanded Targeted Congenital Cytomegalovirus (cCMV) Screening Process Map Hospital and Birthing Center Responsibilities



Congenital Cytomegalovirus (cCMV) Diagnostic Testing and Care Process Map Primary Care Provider Recommendations



OHA Flyers – available in multiple languages

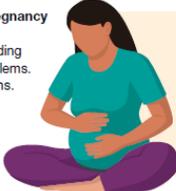
CMV Prevention

Public Health Division
Family and Child Health Section



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.



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.

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

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



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

Screening Declination Template

Congenital Cytomegalovirus (cCMV) Screening Declination Form

Infant Name: _____ Date of birth: _____
Birth Facility: _____ Midwife: _____
Primary Care Provider: _____

I, _____, request that my child not be screened and tested for congenital cytomegalovirus (cCMV).

By signing this form, I acknowledge the following information:

I have been informed that Oregon Revised Statute (ORS) 433.321 and Oregon Administrative Rules (OAR) 333-020-0125 through 333-020-0187 require all newborns born at hospitals and birthing centers to be screened for cCMV and any child who has one or more risk factors and clinical signs receive a CMV test within 14 days of life.

I have been informed that cCMV screening and testing is safe, painless, and provides information about my child's health.

I have been informed that cCMV screening and testing is covered by health benefit plans according to ORS 433.321.

I have been informed that cCMV infection can cause long term health impacts including hearing loss, vision loss, and developmental delays, and early detection can improve access to eligible treatments and support services.

I understand that cCMV must be diagnosed within 21 days of life to confirm that the infection was acquired during pregnancy (congenital), and testing after this timeline may delay diagnosis, possible treatment, and access to support services.

I have had the opportunity to ask questions and discuss the risks and benefits of cCMV screening and testing with a healthcare provider.

I accept all responsibility and liability for choosing not to have cCMV screening and testing performed on my child.

X _____
Signature (parent/guardian) Date

X _____
Relationship to baby Signature (witness)

If you have additional questions about cCMV, speak with your child's medical team and/or visit Oregon.gov/CMV to learn more.

Clinical Care Checklist

Public Health Division
Family and Child Health Section



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

cCMV Diagnosis PCP Checklist Page 1 of 2



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Questions?

Use Q&A feature

Thank you!

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Oregon EHDI at Oregon.EHDI@odhsoha.oregon.gov or 888-917-4327 (voice). We accept all relay calls.

Public Health Division

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