

# CMV is Common and Preventable

Talk with your patients  
today about ways to  
reduce transmission



Wash hands after changing  
diapers, feeding, wiping  
noses or handling toys.



Avoid sharing food,  
drinks, utensils or  
toothbrushes.



Limit contact with  
saliva when kissing  
or snuggling.



Clean toys, countertops  
and surfaces exposed  
to saliva or urine.

## Talking with Pregnant Woman About CMV: A Resource for Healthcare Providers



### Please visit these sites for more information:

- [www.cdc.gov/cmvp](http://www.cdc.gov/cmvp)
- [www.nationalcmvp.org](http://www.nationalcmvp.org)
- [www.aap.org/en/patient-care/congenital-cytomegalovirus-ccmv](http://www.aap.org/en/patient-care/congenital-cytomegalovirus-ccmv)
- [www.acog.org/clinical-information/physician-faqs/cytomegalovirus-in-pregnancy](http://www.acog.org/clinical-information/physician-faqs/cytomegalovirus-in-pregnancy)

## Incidence

Congenital CMV is the most common viral cause of birth defects and developmental disabilities in the U.S.

- About one in 200 children is born with congenital CMV
- One in five children with CMV will develop permanent problems such as hearing loss or developmental disabilities
- More than 5,000 children each year have permanent problems caused by congenital CMV

## Transmission

Anyone can become infected with CMV, but close contact with children less than 3 years of age increases the chance of exposure to CMV. The virus is generally passed from infected people to others through direct contact with urine, saliva, blood, tears, mucus or other fluids. When the virus is passed through the placenta to a developing fetus this causes congenital CMV



**U.S.-born children with congenital CMV will develop permanent problems such as hearing loss or developmental disabilities**

## Birth Defects Caused by Congenital CMV

- Children born with congenital CMV may develop permanent medical conditions such as deafness, blindness, intellectual disabilities, weakness, seizures, and, in some cases, even death
- Some infants without signs of CMV at birth may later develop hearing loss

## Diagnosis and Intervention

- If a child has delayed onset of hearing or vision problems from CMV, early diagnosis creates opportunities for treatment and support to improve long-term outcomes
- If a baby does not pass their first newborn hearing test, the newborn is required to be tested for congenital CMV infection\*
- cCMV testing is by urine, saliva, PCR, or NAAT
- All infants with cCMV should be scheduled for a diagnostic hearing evaluation, even if they pass a repeat hearing screen. Additional testing and monitoring should be considered by their primary care provider

\*Testing for cCMV for a failed newborn hearing screening is mandatory in Iowa

## TREATMENT

- Antiviral medications, like Ganciclovir and Valganciclovir, may improve hearing and developmental outcomes for infants with congenital CMV
- Any baby diagnosed with congenital CMV should have regular hearing and close developmental monitoring

## RISK REDUCTION MEASURES

- Regular hand washing with soap and water after changing diapers, feeding a young child, wiping a young child's nose/mouth and handling toys
- Don't share food, drinks, eating utensils or toothbrushes
- Avoid contact with saliva when kissing or snuggling
- Clean toys, counter tops and other surfaces that may have come in contact with children's saliva or urine

