

Iowa Chapter

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Cytomegalovirus (CMV) Information for Health Care Providers



Most babies with congenital cytomegalovirus (cCMV) infection do not have long-term health problems. However, for some babies, cCMV infection can cause birth defects or other health problems.

A pregnant woman infected with CMV can pass it to her baby at any time during pregnancy

A woman can pass CMV to her baby when she has a first-time infection during pregnancy or when she gets re-infected or a previous CMV infection becomes active again. Transmission can occur with blood transfusion, solid organ or hematopoietic cell transplantation as well.

Most babies born with a cCMV infection will be healthy

About four out of five babies born with cCMV infection will not have health problems.



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

Pregnant women are not routinely tested for CMV in the United States

In the United States, most pregnant women are not routinely tested for CMV because the laboratory tests to determine CMV infection are not always accurate and are hard to interpret.

Contact with young children's saliva and urine is a common way CMV is passed to adults

- CMV is common in children and can be found in especially high amounts in young children's saliva and urine.
- Some examples of how to avoid contact include kissing children on the cheek or head rather than the lips and washing hands after changing diapers. These cannot eliminate a woman's risk of catching CMV but may lessen her chances of getting it.
- Reducing contact with saliva and urine will not prevent a previous CMV infection from becoming active again.
- Childcare workers and the young children in their care face a higher risk of CMV infection due to close contact with multiple children. Therefore, it is important for childcare workers to be counseled about CMV and its associated risks.

Babies with signs of cCMV infection at birth are more likely to have long-term health problems

About one in 10 (10% of) babies with CMV infection at birth has noticeable signs, such as a small head, jaundice or an enlarged liver or spleen. These babies may also have long-term health problems such as hearing loss, developmental delay or vision loss.

Babies with signs of cCMV infection at birth who are diagnosed and treated early may have better health outcomes

Because the signs of CMV infection at birth are similar to those of other medical conditions, a diagnosis must be confirmed through laboratory testing within two to three weeks after birth or before the child is 21 days old.* Babies diagnosed with CMV infection who show symptoms can be treated with antiviral medications, which may improve hearing and developmental outcomes. Additionally, early intervention services, ophthalmologic evaluation and ongoing hearing and developmental monitoring are recommended.



Babies with no signs of cCMV infection at birth may still have hearing loss

About one in seven (15% of) babies born with congenital CMV infection may develop hearing loss, from birth up to age 5 years, even though they have no noticeable signs at birth. Treatment with antivirals for these babies is not currently recommended but is being evaluated to assess safety and possible benefit. Early detection of hearing loss and interventions such as hearing aids and speech therapy can help their development. These babies do not appear to have other long-term health problems.

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

Additional CMV Resources

- **American Academy of Pediatrics Cytomegalovirus:** www.aap.org/en/patient-care/congenital-cytomegalovirus-ccmv
- **ACOG Clinical Information:** Cytomegalovirus in Pregnancy: www.acog.org/clinical-information/physician-faqs/cytomegalovirus-in-pregnancy
- **CDC Website:** Babies Born with CMV: www.cdc.gov/cmvmv
- **National CMV Foundation:** www.nationalcmv.org