Congenital Cytomegalovirus (cCMV) Overview

Newborn Screening Technical Advisory Committee
September 21, 2022

CLINICAL INFORMATION

- Congenital CMV (cCMV) is different from acquired CMV – acquired CMV results in mild to no symptoms
- cCMV occurs when the infection is passed from a pregnant individual to the unborn baby and may cause health problems — classification groups include:
    - Symptomatic: symptoms present at birth and can include a small head, rash on the face, hearing loss, jaundice, and enlarged liver and spleen; additional long-term health problems can include vision loss and intellectual disabilities — accounts for ~12% of cases
    - Asymptomatic with hearing loss: hearing loss can be present at birth or develop later in childhood; other health problems are not expected — accounts for ~11% of cases
    - Asymptomatic: no health problems — accounts for ~77% of cases
- Screening/testing cannot predict classification groups

TREATMENT/INTERVENTION

- Infants suspected of having cCMV should have a diagnostic evaluation within the first three weeks of life. The testing often includes physical examination, urine or saliva CMV DNA analysis, hearing evaluation, head ultrasound, and eye exam
- Medical management depends on symptoms present:
    - Asymptomatic (with or without hearing loss), regular audiologic evaluations are warranted
    - Symptomatic children would likely be offered off-label antiviral medication (valganciclovir) and supportive therapies. Valganciclovir can have serious side effects and has only been studied in babies with moderate to severe symptoms of congenital CMV infection within the first month of life. There is limited information on the effectiveness of valganciclovir to treat asymptomatic infants with or without hearing loss.

To request this document in an alternate format or a different language, please contact Kelie Kahler, State Board of Health Communication Manager, at 360-236-4102 or by email kelie.kahler@sboh.wa.gov

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