**Assessment and Management of congenital Cytomegalovirus (cCMV)**

**If Positive Urine CMV PCR:**
- Perform all of the following tests before 30 days* of age to evaluate further for evidence/extent of cCMV disease:
  - Assessment and Management of congenital Cytomegalovirus (cCMV)
  - VDH.virginia.gov/hearing
  - Early Hearing Detection & Intervention Program
  - VA_EHDI@vdh.virginia.gov
  - • Head Ultrasound
  - • Hearing Diagnostic Evaluation (diagnostic ABR)
  - • Normal ophthalmology exam
  - • Normal ABR
  - • Normal Head Ultrasound
  - • Normal platelet count
  - • No Hepatosplenomegaly
  - • Normal liver function
  - • Normal ophthalmology exam

*Consideration is for treatment to be initiated by 30 days of age.

**If Positive Saliva CMV PCR:**
- Send Urine CMV PCR before 21 days of life (Qualitative PCR will suffice)
- May use urine bag, but not cotton balls or gauze as it can inhibit PCR reaction.
- Consider consulting Infectious Disease Specialist

**ASYMPTOMATIC if all of:**
- Normal ophthalmology exam
- Normal ABR
- Normal Head Ultrasound
- Normal platelet count
- No Hepatosplenomegaly
- Normal liver function
- Normal ophthalmology exam

By 3 months of age Refer to Audiology for routine diagnostic audiological testing.

**Recommended Intervals:**
- Every 3 months until age 12 months
- Every 6 months until age 6 years
- Every year thereafter

**SYMPTOMATIC if ≥ 1 of:**
- Thrombocytopenia
- Hepatomegaly
- Splenomegaly
- Intrauterine Growth Restriction (IUGR) or Small for Gestational Age (SGA)
- Microcephaly
- Abnormal Head Ultrasound (HUS)
- Hepatitis
- With or without Sensorineural Hearing Loss

**Before 30 Days of age:**
- Refer to Infectious Disease to discuss antiviral treatment.
- Refer to Otolaryngology.
- Refer to Audiology for routine diagnostic audiologic evaluation.
- Refer to Neurology if abnormal HUS or continued microcephaly.

**Long Term Monitoring:**
- Routine vision screening
- Monitor speech, language and other developmental milestones.
- Referral to Early Intervention

**References:**