



What is Congenital Cytomegalovirus (CMV)?

CMV is a member of the herpes virus family. Coming into contact with the CMV virus is a common occurrence and is typically harmless to the general population. When a baby acquires CMV in utero, it is known as a congenital CMV infection.

Every woman is at risk of acquiring CMV before and during pregnancy. And only 9% of women know about it.

CMV is **common**.

CMV is a common, global virus that infects people of all ages, regardless of ethnicity or socio-economic class. According to the Centers for Disease Control and Prevention (CDC), CMV is the most common congenital viral infection and the leading cause of non-genetic hearing loss in newborns, affecting 30,000 children per year in the United States.

CMV is **serious**.

Children born with congenital CMV may develop permanent medical conditions and disabilities including deafness, blindness, cerebral palsy, epilepsy, feeding and/or sensory issues, cognitive and developmental delays, and in rare cases, death.

More children will have disabilities due to congenital CMV than other well-known conditions including Down Syndrome, Fetal Alcohol Syndrome, Pediatric HIV/AIDS, Spina Bifida, Toxoplasmosis, and Zika.

CMV is **preventable**.

CMV is primarily passed through urine and saliva, particularly from pre-school aged children.

Here are simple steps for a pregnant woman to reduce her exposure to CMV:

- When you kiss a young child, try to avoid contact with saliva. For example, kiss on the forehead or cheek rather than the lips.
- Do not put things in your mouth that have just been in a child's mouth, including food, cups, utensils, and pacifiers.
- Wash your hands after wiping a child's nose or mouth and changing diapers.

Learn more at www.NationalCMV.org



Early Intervention: What do providers need to know about congenital cytomegalovirus (CMV)?

Know your risk when working with infants and toddlers

Most children born with congenital CMV will shed, or pass on, the virus in their body fluids throughout their toddler and preschool years. However, CMV is also a very common childhood virus, affecting 70 percent of healthy children between 1 and 3 years of age.

Daycares, preschools, schools, therapists, churches, and community members should not require a child to be tested for CMV shedding. According to the Centers for Disease Control and Prevention (CDC), screening of children for CMV infection is not recommended, and infected children should not be excluded from school or other settings.

You are four times as likely to come into contact with CMV through a child without a congenital CMV diagnosis. Children born with congenital CMV pose no threat to their peers and no more of a threat to those at risk for CMV infection (ie. pregnant women) than would any other child.

Know how to serve children with CMV

You likely have served or do serve children with CMV. Each CMV child will have unique needs. CMV causes a wide range of permanent medical conditions and disabilities. CMV can also result in deafness, blindness, cerebral palsy, mental and physical disabilities, seizures, and death.

If a child you work with has hearing loss and does not know the cause, recommend testing for CMV as early as possible. Congenital CMV is diagnosed if the virus is found in an infant's urine, saliva, blood, or other body tissues during the first three weeks of life. After three weeks, blood spot cards can be used for diagnosis but may not be entirely conclusive.

A definitive diagnosis of CMV may provide the family an opportunity for antiviral therapy, early intervention services, and focused surveillance hearing testing since these children are typically at-risk for further hearing loss. A general recommendation for babies diagnosed with congenital CMV is to have a hearing assessment every three months in the first three years of life, and then every six months through six years of age. EI providers can be instrumental in facilitating these appointments.

Learn more at www.NationalCMV.org