



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

