Congenital CMV Screening

Microcephaly (HC <3rd% on Fenton Curve) Or clinical suspicion of CMV during birth hospitalization *

yes

- Order salivary CMV PCR
- If discharge prior to results, notify PCP that test was done and will require follow up by PCP
- Additional evaluation as needed

no

Failed hearing screen x 2 prior to hospital discharge (bilateral/unilateral fail)

yes

- Order salivary CMV PCR
- If discharge prior to results, notify PCP that test was done and will require follow up by PCP
- Confirm follow up hearing screen scheduled
- Give CDC information sheet to parents ("Congenital CMV & hearing loss")

no

If hearing screen passed and no other indications for CMV testing, no further intervention needed

CMV Positive

-Confirm with urine CMV PCR as soon as possible
-Confirm referral to audiology for diagnostic ABR
-Refer to pediatric ID at AFCH as soon as possible for further evaluation and management if urine CMV PCR positive**

CMV negative

-If hearing screen pass no further evaluation needed
-If hearing screen fails confirm referral to audiology

*Clinical Suspicion of Congenital CMV

- Unexplained symmetric IUGR/SGA
- Abnormal findings on Prenatal US including echogenic bowel or placenta, hydrops fetalis, visceral calcifications, placental enlargement, ventriculomegaly and intracranial calcifications
- Seizures, cortical atrophy, periventricular cysts, lenticulostriate vasculopathy, cerebellar hypoplasia, polymicorgyria, or lisencephaly
- Direct hyperbilirubinemia, hepatosplenomegaly, elevated liver enzymes
- Pneumonitis
- Unexplained petechiae or purpura, thrombocytopenia
- Chorioretinitis, retinal scarring or optic atrophy
- Suspected maternal CMV exposure or infection during pregnancy (mono-like illness)
- Maternal TORCH workup even if negative
- Maternal HIV infection
- Primary immunodeficiency, including positive screen for SCID

**Positive Urine CMV PCR test

Page UW Peds ID physician on call ASAP if urine CMV PCR is positive
Time sensitive: Congenital CMV must be diagnosed in first 21 days of life. Consults and Pediatric ID referral should take place in first 21 days of life.
UW Peds ID will initiate congenital CMV order set which includes:

1. Pediatric ophthalmology consult
2. Audiology consult for diagnostic ABR (if not already done)
3. Cranial ultrasound
4. Pediatric ID clinic visit