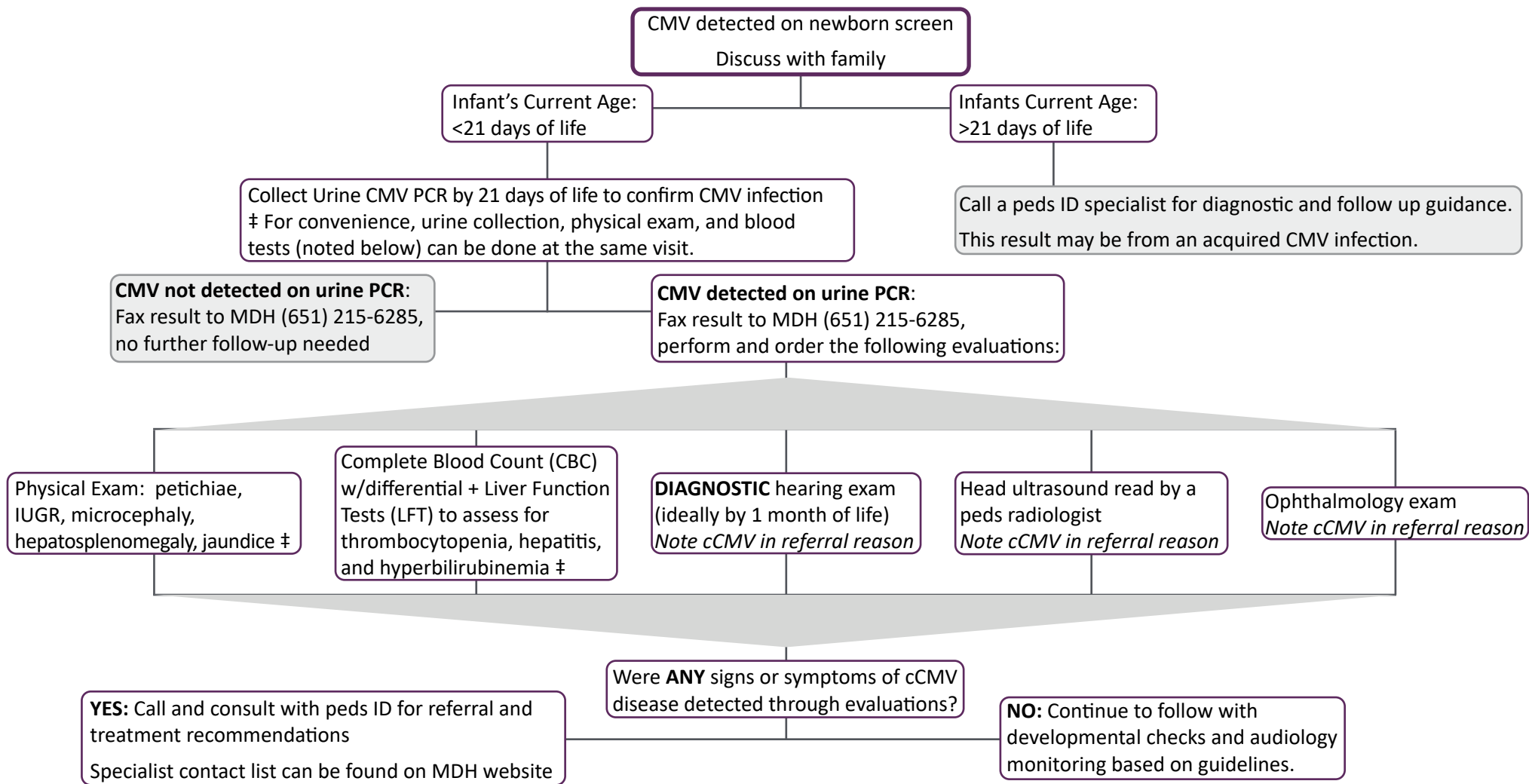


Steps for cCMV Follow-up

Primary care providers of cCMV patients can manage most cCMV follow-up. All infants and children should be offered a referral to early intervention, although those services will likely benefit symptomatic children with cCMV the most.



MDH Cytomegalovirus webpage

<https://www.health.state.mn.us/diseases/cytomegalovirus/index.html>



MDH EHDH Audiologic Guidelines for Infants with Congenital Cytomegalovirus

<https://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/audiogdlnccmv.pdf>

QUESTIONS?
Call the MDH on-call genetic counselor line at 651-201-3548.

Steps for cCMV Follow-up

OUTLINE VERSION

Primary care providers of cCMV patients can manage most cCMV follow-up. All infants and children should be offered a referral to early intervention, although those services will likely benefit symptomatic children with cCMV the most.

CMV detected on newborn screen, infant is older than 21 days of life:

- Discuss newborn screening result with the family
- Call a pediatric Infectious Disease specialist for diagnostics and follow-up guidance.
- This result may be from an acquired CMV infection.

CMV detected on newborn screening, infant is younger than 21 days of life:

- Collect Urine CMV PCR by 21 days of life to confirm CMV infection.
- For convenience, urine collection, physical exam, and blood tests (noted below) can be done at the same visit. ‡
 - Physical Exam: petechiae, IUGR, microcephaly, hepatosplenomegaly, jaundice ‡
 - Complete Blood Count (CBC) w/differential + Liver Function Tests (LFT) to assess for thrombocytopenia, hepatitis, and hyperbilirubinemia ‡

CMV not detected on diagnostic urine PCR:

- Fax result to MDH (651) 215-6285, no further follow-up needed.

CMV detected on diagnostic urine PCR:

- Fax result to MDH (651) 215-6285, perform and order the following evaluations:
- Physical Exam: petechiae, IUGR, microcephaly, hepatosplenomegaly, jaundice ‡
- Complete Blood Count (CBC) w/differential + Liver Function Tests (LFT) to assess for thrombocytopenia, hepatitis, and hyperbilirubinemia ‡
- **DIAGNOSTIC** hearing exam (ideally by 1 month of life). *Note cCMV in referral reason.*
- Head ultrasound read by a peds radiologist. *Note cCMV in referral reason.*
- Ophthalmology exam. *Note cCMV in referral reason.*

No signs or symptoms of cCMV disease were detected through evaluations:

- Continue to follow with developmental checks and audiology monitoring based on guidelines.
- [Section 4: Audiology Guidelines For Infants With Congenital Cytomegalovirus \(state.mn.us\)](#)

Signs or symptoms of cCMV disease were detected through evaluations:

- Call and consult with pediatric Infectious Disease Specialist for referral and treatment recommendations.
- Specialist contact list can be found on MDH website: [Cytomegalovirus \(CMV\) and Congenital CMV - MN Dept. of Health \(state.mn.us\)](#)

Questions?

If you have any questions, please call the MDH on-call genetic counselor line at 651-201-3548.

Minnesota Department of Health
Minnesota Newborn Screening
601 Robert St. N.,P
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To obtain this information in a different format, call: (651) 201-5466