



About Cytomegalovirus (CMV) FOR OBSTETRIC HEALTH CARE PROVIDERS

What should I tell my patient about CMV?

If you are pregnant or planning a pregnancy, the best way to protect your baby from CMV is to protect yourself. To reduce the spread of CMV:

- Wash hands often with soap and water, especially after feeding a child, changing diapers, wiping a child's nose, or handling children's toys.
- Avoid sharing food, drinks, or utensils (spoons and forks) with children.
- Do not put a child's pacifier or toothbrush in your mouth.
- Do not kiss young children on or close to the mouth.
- Clean toys, changing tables, and countertops properly and often.

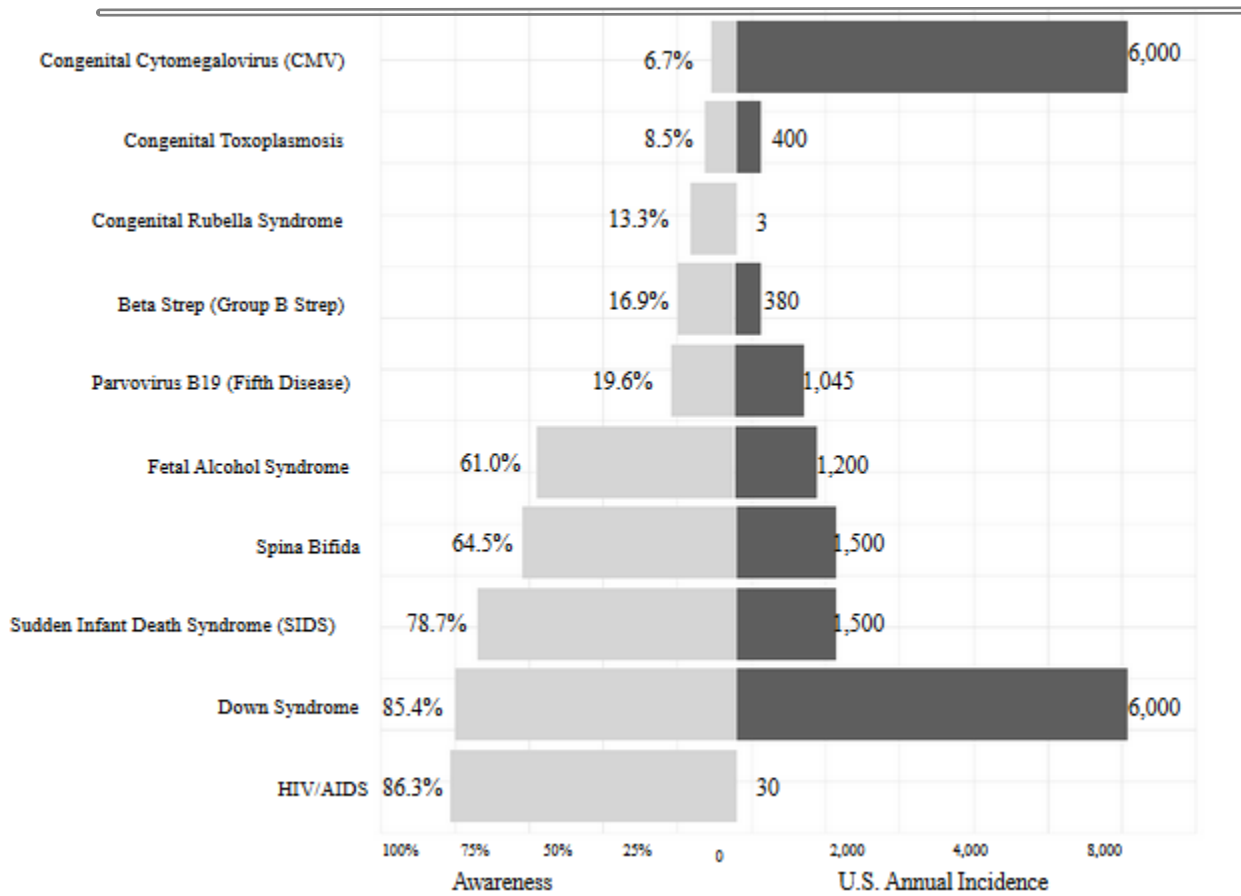
Why is it important I counsel my patients about CMV?

- Most women are unaware of CMV and the risk of infection during pregnancy. An article published in December 2016 found that data collected from 2015 and 2016 HealthStyles surveys show a statistically significant decrease in awareness of CMV for U.S. adults compared to studies from 2005 and 2010. See Figure 1 on the reverse side for a comparison of adult awareness of childhood conditions and approximate annual U.S. incidence.
- Pregnant women can take steps that may reduce their exposure to CMV.
- OB/GYNs can inform women about CMV and emphasize the increased risk of contracting CMV in women who work with or have young children and in those with multiple sexual partners.
- There is presently no federally approved vaccine or treatment for CMV, although studies for both are ongoing and promising.

What do I need to know about CMV?

- CMV is the most common infectious cause of congenital disabilities and the leading non-genetic cause of sensorineural hearing loss.
- These disabilities may include vision loss, cognitive impairment, motor dysfunction, microcephaly, seizures and as mentioned above, hearing loss. Congenital CMV infection may also cause pregnancy loss, stillbirth or prematurity.
- One in 150 children is born with congenital CMV and one in 750 children will develop permanent disabilities due to CMV.
- Fetal CMV infection can develop following both primary and secondary (reinfection and reoccurrence) maternal infection.
- Forty percent of women who develop a primary infection with CMV will pass the infection on to the fetus.

Figure 1: U.S. adult awareness of childhood conditions from the 2016 HealthStyles™ surveys with approximate annual U.S. incidence of disability due to each condition.



References:

Doutre, S.M., Barrett, T.S., Greenlee, J., & White, K.R.. Losing Ground: Awareness of Congenital Cytomegalovirus in the United States. *The Journal of Early Hearing Detection and Intervention*, 2016; 1(2): 39-48.

Where should I go for additional information about CMV?

**Connecticut Department of Public Health
Early Hearing Detection and Intervention (EHDI) Program**

(860)509-8251

<https://portal.ct.gov/ehdi>

www.cdc.gov/cmV

www.nationalcmv.org