



Frequently asked questions (FAQs)

What is CMV?

Cytomegalovirus (CMV) is a common virus in the herpesvirus family. CMV affects more than 60% of Australian adults.

How do you catch the CMV virus?

It is spread by direct contact (e.g. through handling objects with saliva on them, then touching your eyes, nose or mouth without first washing your hands). Humans are the only source of CMV. It can be found in urine, saliva, nasal mucous, breast milk, vaginal secretions and semen of infected people,

How do I know if I have had CMV?

If you have had CMV, it is possible that you did not know as you may have only experienced flu like symptoms or no symptoms at all. At the moment, there is no vaccination available to prevent the spread of CMV from person to person. Once a person is infected with CMV, it remains alive but usually inactive (dormant) within the person's body for life. Sometimes, CMV can become reactivated if the person's immune system is weakened.

What is congenital CMV?

The word congenital means "present at birth". The CMV germ can be passed to the baby from their mother during the pregnancy. The highest risk to the unborn baby occurs when a mother who has never had CMV before is infected with the virus for the first time during pregnancy, and when infection occurs during the first half of the pregnancy. Some babies who are born with this virus present at birth may have no symptoms. Some can have a hearing loss, which can develop or progress over time.

How common is congenital CMV?

Not very common. International studies suggest approximately 1-7% of babies are infected with CMV when they are born. We expect that the majority of babies tested will not have congenital CMV. While it is not common, congenital CMV accounts for around 15-20% of congenital hearing loss that affects both ears.

Why should my baby be checked for CMV in the newborn period?

Recent international guidelines recommend all babies who do not pass their second hearing screen (i.e. babies who may be at risk of having hearing loss) should have testing for CMV. This is because

- taking a sample from your baby before 21 days reduces uncertainties in making the correct diagnosis;
- if your baby is confirmed to have hearing loss, knowing your baby does not have CMV can potentially avoid later, more complicated testing to find the cause of the hearing loss;
- if your baby has congenital CMV, treatment may be available to your baby if it is offered early enough*;
- if your baby has congenital CMV, his/her hearing may need to be monitored closely, because we know that CMV-associated hearing loss can progress over time.

*Currently, we do not know whether babies affected by congenital CMV with no symptoms or with hearing loss alone should be offered treatment. The HearS-cCMV project gives families an opportunity to discuss the possibility of treatment, and is a first step in helping us answer this important question in the future.

Working in Partnership with



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How can my baby be checked for CMV?

With a simple saliva test, we can determine if your baby has been affected by congenital CMV. CMV can also be diagnosed through a baby's urine or blood test.

Why does the CMV test need to be done before my baby is more than 21 days old?

If the saliva sample is taken after your baby turns 21 days old, it may no longer be possible to know if your baby caught the virus before or after birth. If this virus is caught after birth, it does not affect hearing.

If CMV is found to be present on a saliva sample taken **after** 21 days of life, we cannot confirm if the baby caught the virus before or after birth. The HearS-cCMV team will refer these families to a doctor to discuss this in more detail.

How do I collect the saliva sample?

The project pack contains a 2-sided sheet of step-by-step instructions on how to collect the saliva sample from your baby. This project pack was given to you by the VIHSP hearing screener when your baby had their second hearing test. If you no longer have the pack, please contact the HearS-cCMV team by phone on 0421 222 485 or email the team at hears.ccmv@mcri.edu.au.

Our website also has a link to a video with detailed instructions: <https://www.mcri.edu.au/research/projects/hears-ccmv-project>

How long does it take for the result of the swab to be known?

The saliva swab may take 1 – 2 business days to arrive at our laboratory once it is posted. Once the saliva swab arrives at our laboratory, it will be processed within 1 – 2 business days.

What happens if my baby's test is negative?

If your child does not have this virus, we will not contact you. If you do not hear from us and would like further information about your child's test results, please contact us.

What happens if my baby's test is positive?

If the saliva test confirms that the virus is present at birth, a doctor from the project team will contact you to help you organise an appointment with a specialist to discuss your baby's results and discuss the possibility of treatment options. To help the specialist decide on the best management options, the project team will organise for your baby to have a blood test, urine test, an ultrasound of your baby's head and an eye examination. Most babies born with CMV infection grow up with normal health. Babies with CMV do not need to be excluded from childcare centres or public facilities. Notification is not required for CMV infection. Pregnant women and people with immunosuppression who are in contact with babies with CMV infection should practise good personal hygiene, especially after changing nappies or assisting with blowing noses or toileting. Good personal hygiene includes handwashing with soap and water, avoiding sharing food, eating and drinking utensils, avoiding contact with saliva when kissing the baby, and wiping down surfaces or toys with simple detergent and water.

Further information:

<https://www.mcri.edu.au/research/projects/hears-ccmv-project>

<http://www.health.nsw.gov.au/Infectious/factsheets/Pages/cmv-and-pregnancy.aspx>

<https://www.cmv.org.au/what-is-cmv/>