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To: Directors of laboratories and health systems that perform congenital Cytomegalovirus (cCMV) testing

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Congenital Cytomegalovirus Infection And Disease Is Now A Reportable Condition In Wisconsin

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Summary

Starting May 5, 2026, congenital cytomegalovirus (cCMV) infection and congenital CMV disease among Wisconsin infants less than 1 year of age are reportable to the Wisconsin Department of Health Services (DHS), in accordance with standardized surveillance case definitions.

This change aligns Wisconsin's cCMV surveillance with nationally adopted Council of State and Territorial Epidemiologists (CSTE) case definitions, enabling consistent reporting and comparison across jurisdictions.

Background

Congenital cytomegalovirus (cCMV) disease is the most common infectious cause of developmental disabilities and non-genetic childhood sensorineural hearing loss. Cytomegalovirus (CMV) is a ubiquitous herpesvirus that typically causes asymptomatic or mild infection in immunocompetent individuals; however, infection during pregnancy can result in congenital infection with serious consequences for the fetus and infant. In the United States, approximately 1 in 200 infants is born with congenital CMV infection, and about 20 percent of infected infants have symptomatic congenital CMV

disease at birth or develop long-term neurodevelopmental sequelae. Despite its substantial clinical and public health impact, cCMV remains underrecognized, and its true population-level burden is incompletely characterized.

The Council of State and Territorial Epidemiologists (CSTE) has adopted standardized surveillance case definitions for congenital cytomegalovirus (cCMV) infection and congenital CMV disease. These definitions distinguish laboratory evidence of congenital infection from clinical manifestations of disease and are designed to support consistent case ascertainment and comparison across jurisdictions with differing CMV testing and newborn screening practices.

The goals of congenital CMV infection and disease surveillance among infants include:

- Estimating the incidence and population burden of congenital CMV infection and disease in Wisconsin.
- Informing prevention, screening, and early identification strategies at the state and national level.
- Supporting timely referral to clinical evaluation, early intervention, and family support services.

The purpose of this memo is to notify clinical providers, laboratories, infection preventionists, and public health partners of new requirements for reporting congenital cytomegalovirus (cCMV) infection and disease among infants in Wisconsin, consistent with these standardized surveillance definitions.

Reporting

Appendix A of [Wis. Admin. Code ch. DHS 145](#) states “any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications” is a reportable condition. Therefore, the Wisconsin Department of Health Services will include congenital Cytomegalovirus as a category II reportable condition for which general powers under [Wis. Stat. ch. 252](#) and [Wis. Admin. Code ch. 145](#) apply.

For specific information about cCMV case definition and Wisconsin Electronic Disease Surveillance System (WEDSS) reporting requirements, see the [Congenital Cytomegalovirus Infection and Disease Case Reporting and Investigation Protocol \(P-03777\)](#).

References

- Cheeran MC, Lokensgard JR, Schleiss MR. *Neuropathogenesis of congenital cytomegalovirus infection: disease mechanisms and prospects for intervention*. Clin Microbiol Rev 2009; 22(1): 99-126.
- Swanson EC, Schleiss MR. *Congenital cytomegalovirus infection: new prospects for prevention and therapy*. Pediatr Clin North Am 2013; 60(2): 335-349.

- American Academy of Pediatrics (2024). *Red Book: 2024 Report of the Committee on Infectious Diseases*. 33rd ed. American Academy of Pediatrics, 2024: 344-352.
- [Centers for Disease Control and Prevention website](#)
- [Council of State and Territorial Epidemiologists \(CSTE\) position statement \(full text\)](#)