

Congenital Cytomegalovirus (cCMV)

Georgia cCMV SendSS Reporting Guide

Updated 2/26/26

Reporting Methods

SendSS

- Reports submitted in the notifiable condition module within SendSS
- Same process as all other notifiable conditions

Electronic Lab Reporting

- Reports of cCMV results for neonates (≤ 21 days of age) will be submitted to DPH directly from external laboratories
- Requires set up between laboratory and DPH

If facility or provider does not have access to SendSS or Electronic Lab Reporting, fax completed [cCMV Laboratory Case Report](#) to (404) 657-2773 or email to DPH-NBS@dph.ga.gov

SendSS Reporting

Log into SendSS: <https://sendss.state.ga.us/>



SendSS
State Electronic Notifiable Disease Surveillance System

Help Contact Us

Welcome to SendSS

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form.

Once you have received your account confirmation by email, you will be able to begin using SendSS.

Quick Links:

- * Forgot Password?
- * Registration and Login Procedures
- * Neonatal Abstinence Syndrome (NAS) User Guide v3.0
- * HIV eACRF Video Tutorial (5.22.2019)

User Id:

Password:

[Forgot Password?](#)



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Select “I agree with this statement”

Sendss Privacy Statement

This system will allow persons authorized by Department of Public Health (DPH) to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

[I disagree with this statement](#)

To Report a Case

- Hover over “Case Reporting”
- Select “Report/Update Case”

The screenshot shows a web application interface with a navigation bar at the top containing 'Home', 'Case Reporting', 'Analysis', and 'Admin'. The 'Case Reporting' menu is open, displaying a list of options: 'Report/Update Case' (highlighted with a yellow box), 'View Patient History', 'View Case Status', 'Send a Message', 'ND Dashboard', and 'HIV/AIDS Case Report'. Below the navigation bar is a 'Patient Search' section with a text input field and a 'Patient Search' button. A dropdown menu is open over the search area, showing the same list of options as the 'Case Reporting' menu. Below the search area are several input fields: 'Last Name' (with a red dot indicating a mandatory field), 'Middle Name', 'Nickname (AKA)', 'Date of Birth (mm/dd/yyyy)', 'Sex' (with a dropdown menu set to 'Choose One'), and 'SSN'. A checkbox labeled 'Search on nickname only' is also present. Below these fields is a 'Disease Information' section with a dropdown menu for 'Disease/Diagnosis' (set to 'Choose One') and a date input field for 'Date of Onset (mm/dd/yyyy)' (with a red dot and a help icon). A 'Search' button is located at the bottom of the form.

Patient Search Screen

- Enter patient demographic information into search screen
- Select "Congenital Cytomegalovirus" as "Disease/Diagnosis"
- Enter Date of Onset (i.e. Date of birth)

Select "Search"

Home Case Reporting Analysis Admin

Patient Search

Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

Last Name ● First Name Middle Name

Nickname (AKA) Search on nickname only

Date of Birth (mm/dd/yyyy) Sex SSN

Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

Disease/Diagnosis Date of Onset (mm/dd/yyyy) ● ?

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Patient Search Results Page

- If editing an existing patient, select the patient from the list
- If the patient does not appear, select "Create New Patient"

The screenshot displays a web interface for patient search. At the top, there is a navigation bar with four tabs: 'Home', 'Case Reporting', 'Analysis', and 'Admin'. Below the navigation bar, the text 'Patient Search Results: No patients located' is displayed. The main content area is divided into three sections, each with a red icon in a circle: a plus sign for 'Patient Search Criteria', a plus sign for 'Disease Information', and a minus sign for 'Patient Search Results'. The 'Patient Search Criteria' section shows fields for 'Last Searched For:' with values: Last Name: Test, First Name: , Middle Name: , Nick Name: , Gender: , Date of Birth: --, and SSN: --. The 'Disease Information' section shows 'Disease Information for this Report:' with values: Disease: Congenital Cytomegalovirus Infection and Date of Onset: 10-08-2024. The 'Patient Search Results' section contains the text: 'There are no patients matching this search criteria. If you wish to create a new patient, click the "Create New Patient" link below.' Below this text is a button labeled 'Create New Patient' with a document icon, which is highlighted with a yellow border. At the bottom of the page, there is a 'Search' button.

Entering a New Case

- Patient Information
- Disease Information
- Hospital Admissions
- Lab Information
- First Person Reporting
- Medical Home Provider
- Comments

Patient Information

- Enter patient demographic information with as much accurate detail as possible.

Home Case Reporting Analysis Admin

General Notifiable Disease Report Form

Patient Information

The fields with ● are mandatory. The fields with ○ are strongly requested.

Last Name ●	First Name ●	Date of Birth (mm/dd/yyyy) ●
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Street Address ○	City ○	State
<input type="text"/>	<input type="text" value="Choose One"/>	<input type="text" value="Georgia"/>
Zip Code	Mother's Name(First and Last) ●	Phone
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Race ○	Ethnicity ○	Gender
<input type="text" value="Choose One"/>	<input type="text" value="Choose One"/>	<input type="text" value="Choose One"/>
Plurality	Primary Language	Form/ Kit # (if known) Located on the NBS card
<input type="text" value="Choose One"/>	<input type="text" value="Choose One"/>	<input type="text"/>



Patient information allows DPH follow-up to accurately provide next steps and education to the correct patient

Disease Information

- Disease: Select “Congenital Cytomegalovirus”
- Date of Onset:
 - Date of test result

A screenshot of a web form titled "Disease Information" with a red minus sign icon on the left. The form has two main sections: "Disease" and "Date of onset". The "Disease" section has a dropdown menu with "Congenital Cytomegalovirus Infection" selected and highlighted by a yellow border. The "Date of onset" section has a red dot icon and three empty date input fields (month, day, year) separated by slashes.

Disease	Date of onset
Congenital Cytomegalovirus Infection	/ /

Hospital Admissions

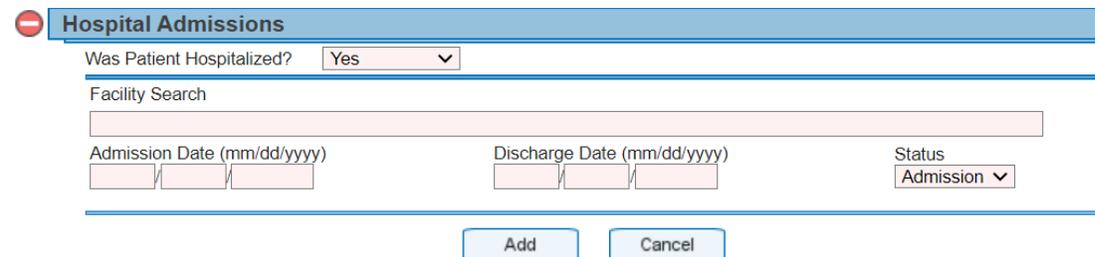
- “Was Patient Hospitalized?” Answer whether the infant was hospitalized at the time of specimen collection (Yes, No, or Unknown)



Hospital Admissions

Was Patient Hospitalized?

- If Yes:
 - Search for hospital/facility
 - Admission date and discharge date (if applicable)
 - Status (i.e. admission or transfer)



Hospital Admissions

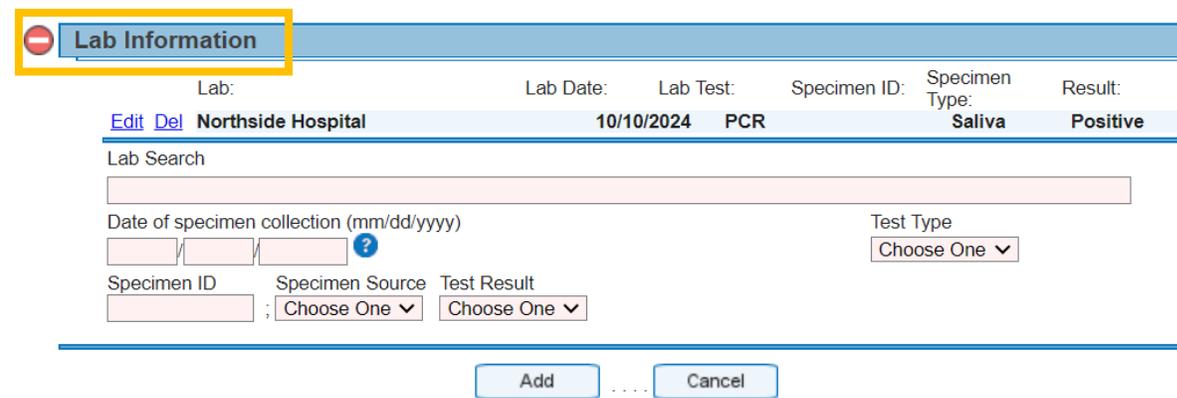
Was Patient Hospitalized? Yes No Unknown

Facility Search

Admission Date (mm/dd/yyyy) Discharge Date (mm/dd/yyyy) Status

Lab Information

- Lab Search:
 - Type in name of lab to begin search.
 - If using hospital-based lab, search by facility name.
- Date of Specimen Collection
- Specimen ID (if known)
- Specimen Source - Saliva, Urine, or Other
- Test Result - Positive, Negative, Inconclusive, or Other
- Test Type - PCR, LAMP, Other



The screenshot shows a web interface for entering lab information. At the top, there is a blue header bar with a red minus sign icon and the text "Lab Information". Below this is a table with the following data:

Lab:	Lab Date:	Lab Test:	Specimen ID:	Specimen Type:	Result:
Edit Del Northside Hospital	10/10/2024	PCR		Saliva	Positive

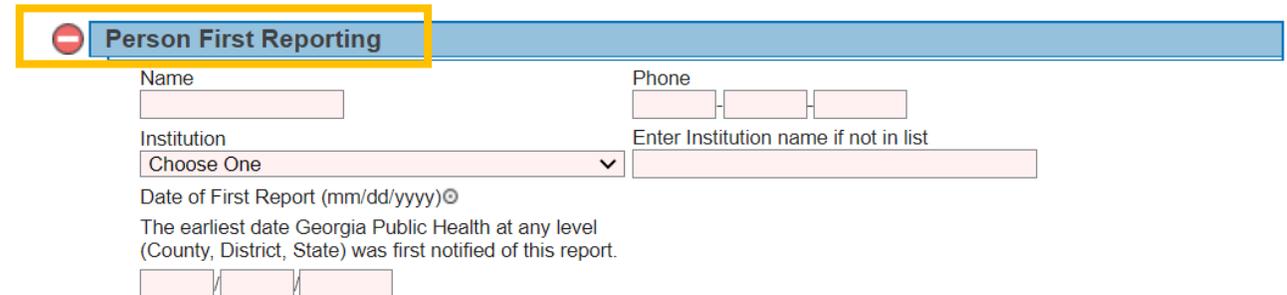
Below the table is a "Lab Search" section with a text input field. Underneath that is a "Date of specimen collection (mm/dd/yyyy)" field with three input boxes and a question mark icon. To the right of this is a "Test Type" dropdown menu with "Choose One" selected. Below these are "Specimen ID", "Specimen Source", and "Test Result" fields, each with a "Choose One" dropdown menu. At the bottom right of the form are "Add" and "Cancel" buttons.



Lab information and results allows DPH follow-up inform the medical home of urgent next steps.

Person First Reporting

- Name of the reporter
- Phone number of the reporter
- Institution
 - Search for facility
 - Enter institution name is not in list
- Earliest date GA Public Health was first notified: Only time a different date other than the date of entry would be used is if you had notified DPH in a different manner earlier.



The screenshot shows a web form titled "Person First Reporting" with a blue header bar. The form fields are as follows:

- Name:** A text input field.
- Phone:** A text input field with a hyphen separator.
- Institution:** A dropdown menu with "Choose One" selected.
- Enter Institution name if not in list:** A text input field.
- Date of First Report (mm/dd/yyyy):** A date input field with a circled "i" icon.
- Help text:** "The earliest date Georgia Public Health at any level (County, District, State) was first notified of this report."
- Date input:** A date input field with slashes as separators.

Medical Home Provider

- Name of primary care physician on file
- Phone number (if known) of primary care physician

Medical Home Provider			
Name	Phone		
Smith Smith	000	000	0000

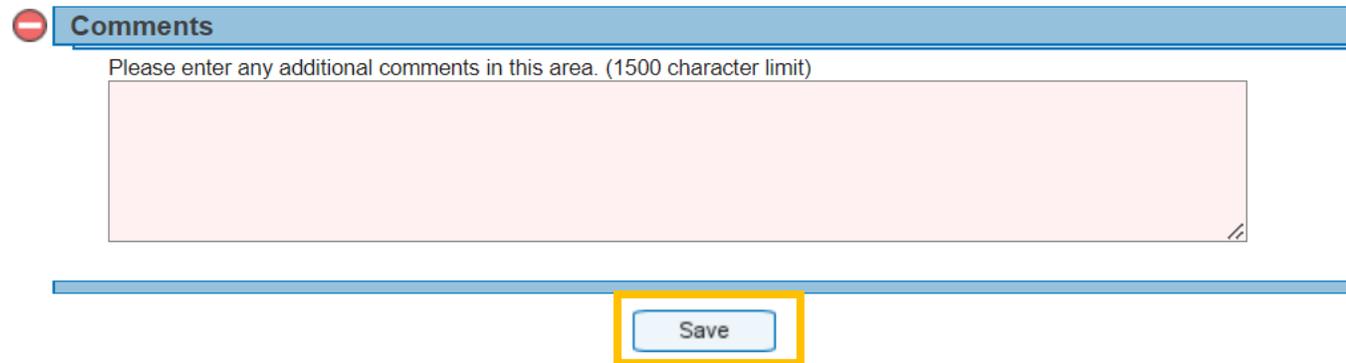


Medical home provider information allows DPH follow-up to share positive results and urgent next steps with the infant's medical home.

Comments

If needed, provide any comments that might assist DPH in providing necessary next steps.

Select "Save"



A screenshot of a web form for entering comments. At the top left, there is a red circle with a white minus sign, followed by the word "Comments" in a blue header bar. Below this, the text "Please enter any additional comments in this area. (1500 character limit)" is displayed. A large, empty, light pink rectangular text area is provided for input. At the bottom center of the form, a blue "Save" button is highlighted with a yellow border.

Submission Page

You can now choose one of the following:

- Edit selected case
- Report Another Case
- Print the report

Home Case Reporting Analysis Admin

General Notifiable Disease Report Form Send A Message Progress Notes (0)

- Patient Information

Last Name Test	First Name Test	Date of Birth (mm/dd/yyyy) 01/01/2024
Street Address	City Unknown	State Georgia
Zip Code	Mother's Name(First and Last)	Phone () -
Race Unknown	Ethnicity Unknown	Gender Female
Plurality Choose One	Primary Language Choose One	Form/ Kit # (if known) Located on the NBS card

+ Disease Information

Disease: CONGENITAL CYTOMEGALOVIRUS INFECTION
Date of Onset: 01/01/2024

- Hospital Admissions

Was Patient Hospitalized?	Unknown
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- Lab Information

Lab:	Lab Date:	Lab Test:	Specimen ID:	Specimen Type:	Result:
Northside Hospital	10/10/2024	PCR		Saliva	Positive

Person First Reporting

Name:	Phone: --	Institution:
Date of First Report: //		

+ Medical Home Provider

Name: Smith Smith	Phone: 000- 000- 0000
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Comments

Edit Report Another Case Print Version

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Reporting Criteria for cCMV

- Report all positive laboratory results for infants ≤ 21 days of age
- Includes all specimen types (e.g. saliva or urine)
- Includes both first-tier (i.e. saliva) specimen results and confirmation (i.e. urine) specimen results
- Must report within 7 days of result

Online Resources

- cCMV Policy and Procedure Manual
- Protocol Flow Sheets
- cCMV Refusal Form
- Audiological Monitoring Protocol
- cCMV Laboratory Case Report Form
- Newborn Hearing Screening Results and Recommendations Form



<https://dph.georgia.gov/EHDI/ccmv>

CONGENITAL CYTOMEGALOVIRUS (cCMV) AND HEARING LOSS

WHAT YOU NEED TO KNOW

cCMV IS COMMON; 1 in every 200 infants is born with cCMV. It is one of the leading causes of hearing loss and developmental disorders.

WHO SHOULD BE SCREENED FOR cCMV?
Beginning in 2024, infants born in Georgia who fail their final inpatient hearing screening should receive a CMV screen prior to discharge or before 21 days of age (whichever comes first).

HOW DO WE SCREEN FOR cCMV? Infants should be screened for cCMV within the first 21 days of age via infant's urine or saliva. After 21 days it is harder for doctors to know if CMV was present at birth. CMV caught after birth is generally harmless.



We have an implementation toolkit for you. **Scan QR Code** to learn more.

Contact us at
DPH-NBS@dph.ga.gov



Questions

For additional information, please contact:

Georgia Newborn Screening Program

Email: DPH-NBS@dph.ga.gov

Fax Number: (404) 657-2773

Webpage: www.dph.ga.gov/NBS