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

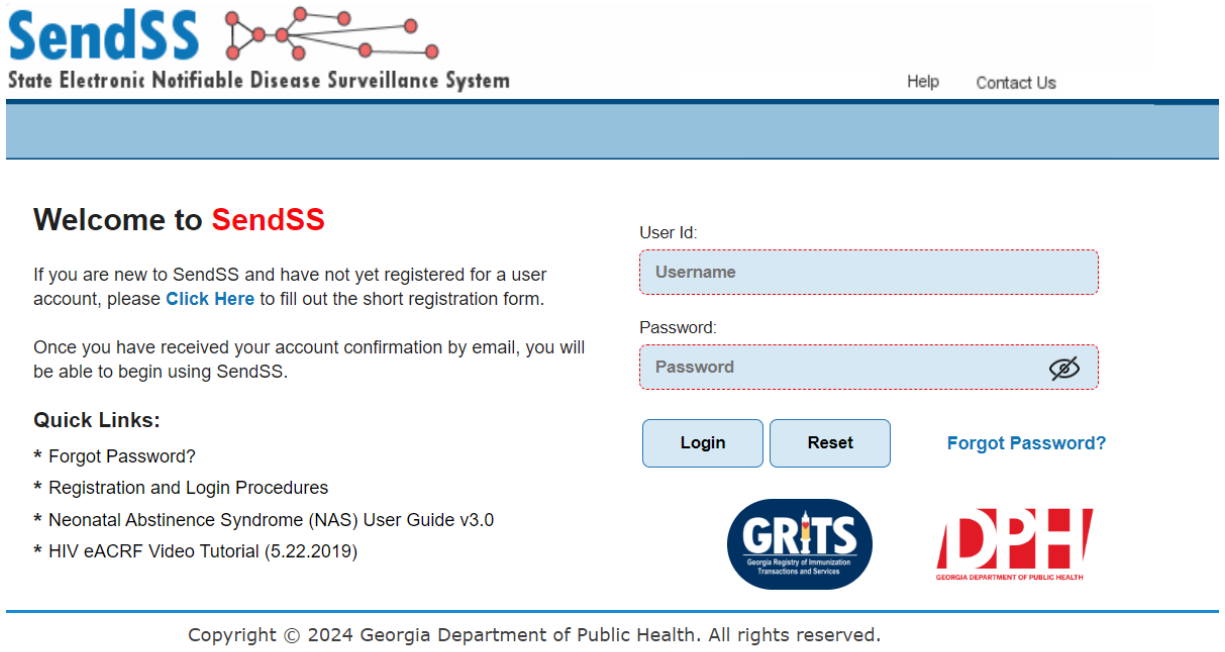
Electronic Lab Reporting

- 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

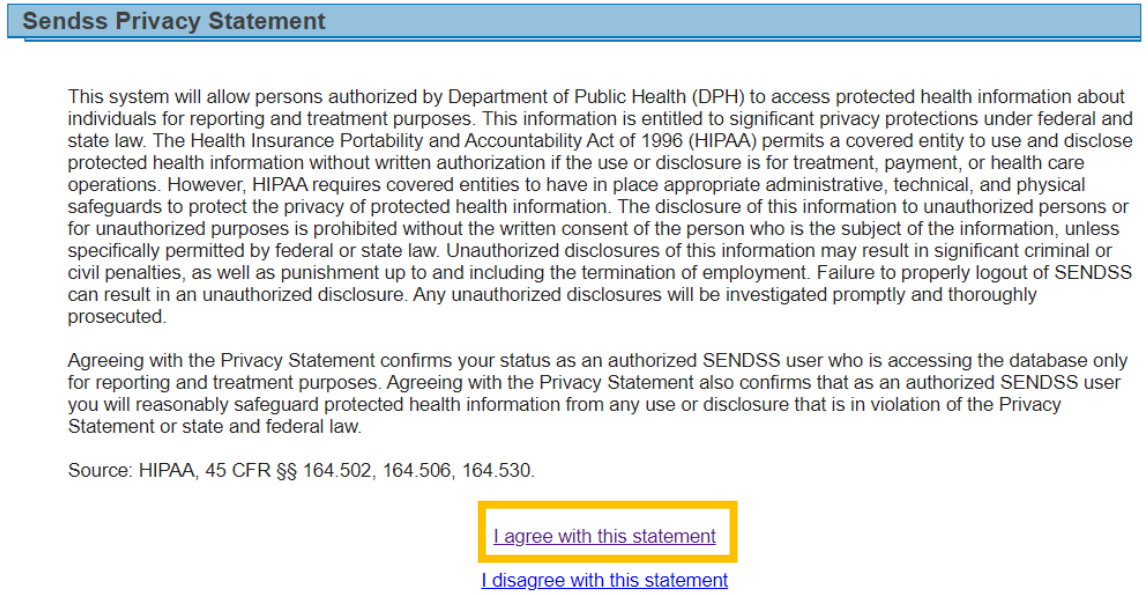
If facility or provider does not have access to SendSS or Electronic Lab Reporting, fax completed cCMV Laboratory Case Report to (404) 657-2773 or email to DPH-NBS@dph.ga.gov

SendSS Reporting

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

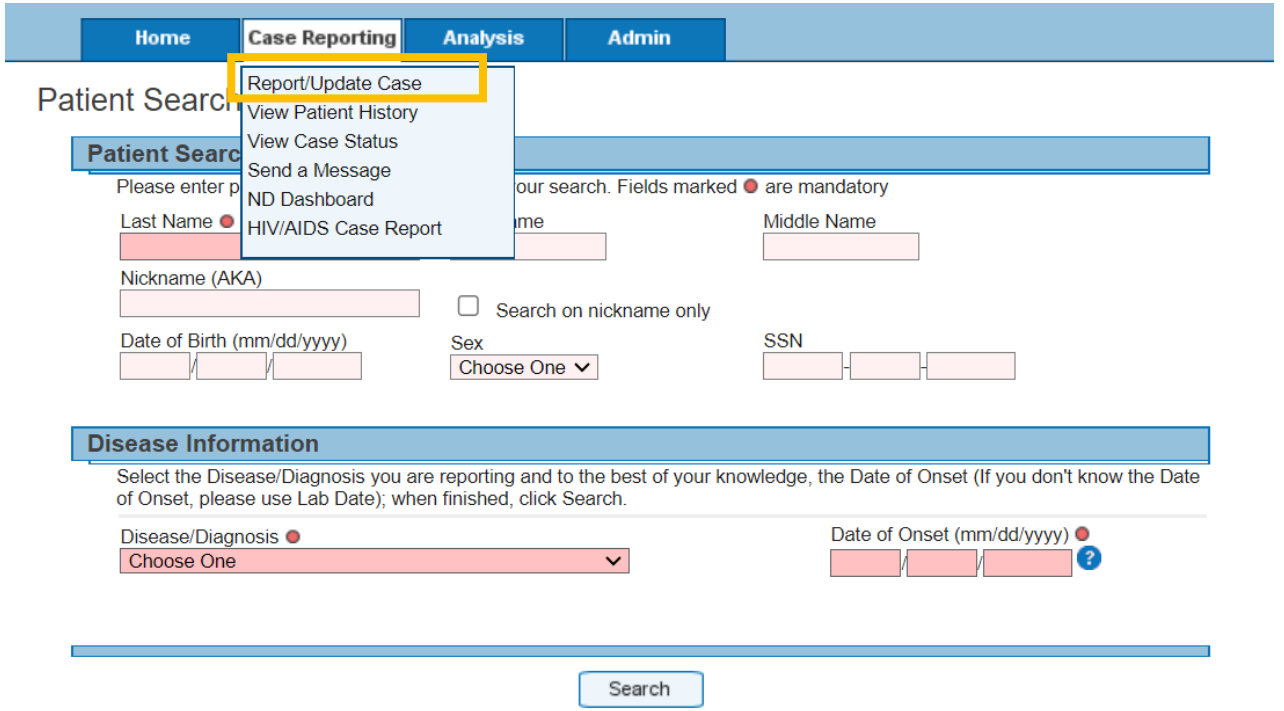


Select “I agree with this statement”



To Report a Case

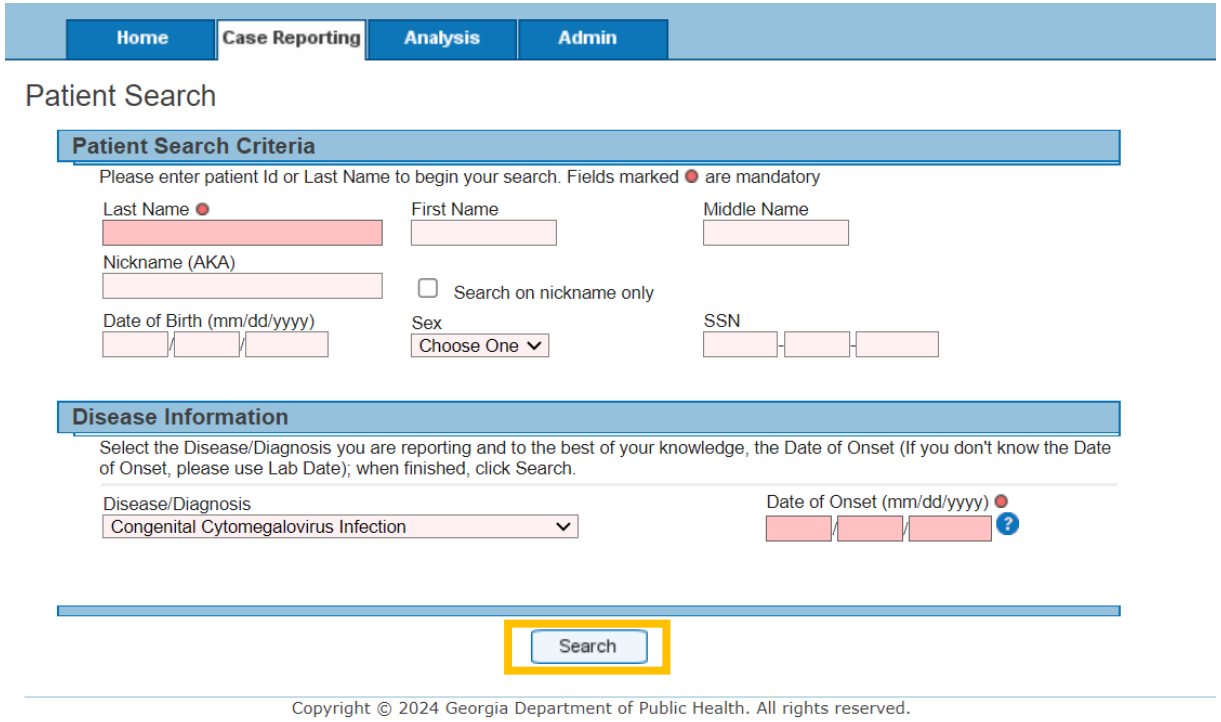
- Hover over “Case Reporting”
- Select “Report/Update Case



Patient Search Screen

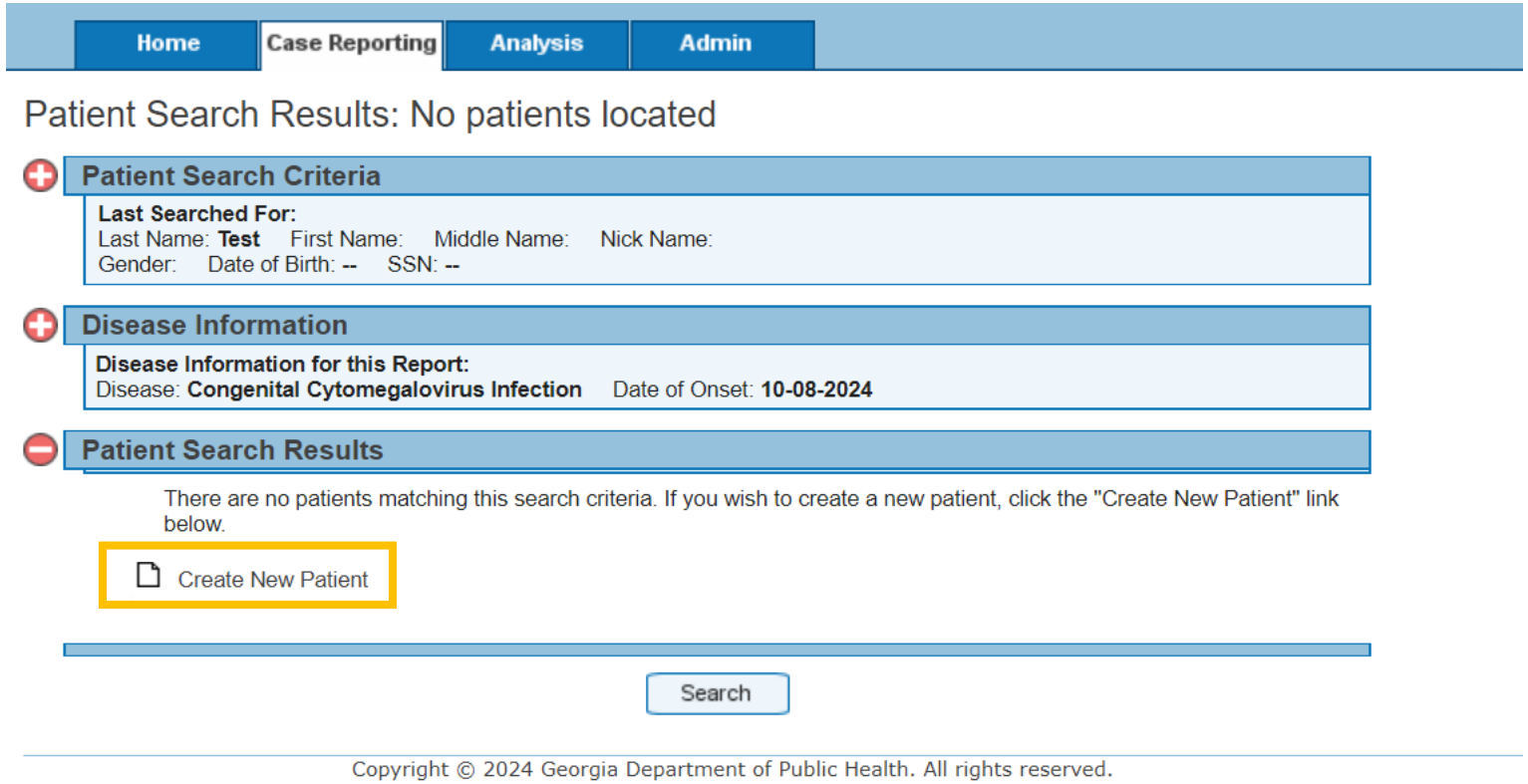
- Enter patient demographic information into search screen
- Select “Congenital Cytomegalovirus” as “Disease/Diagnosis”
- Enter Date of Onset (i.e. Date of birth)

Select “Search”



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”

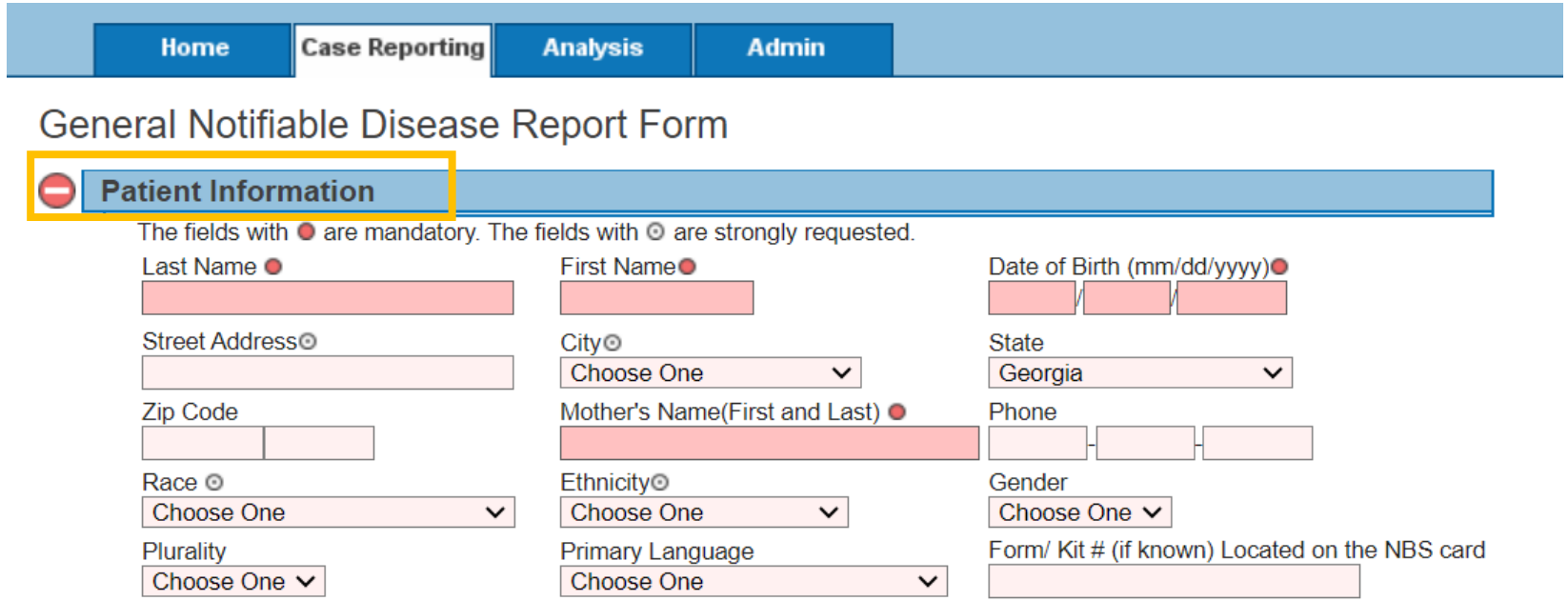


Entering a New Case

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

Patient Information

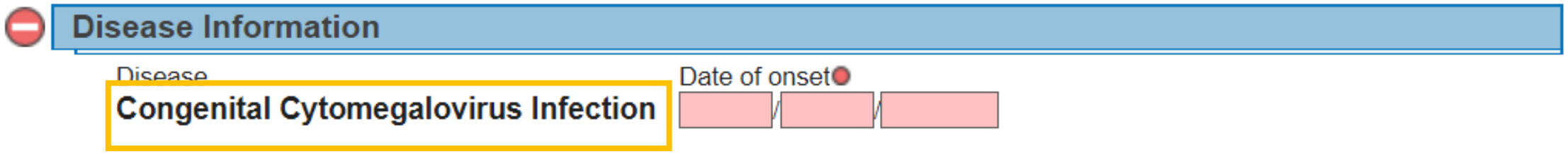
- Enter patient demographic information with as much accurate detail as possible.



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

Disease Information

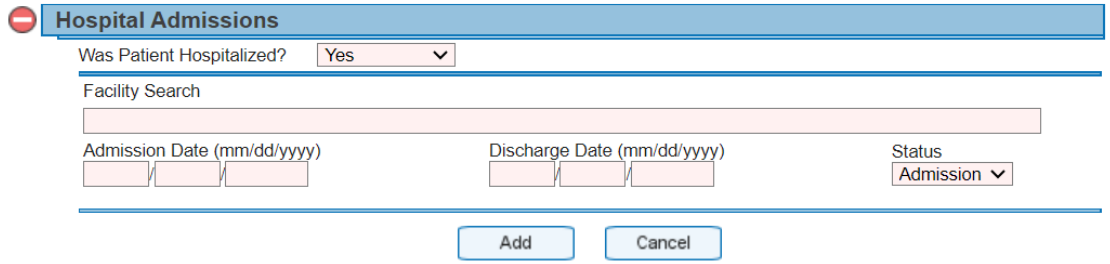
- Disease: Select “Congenital Cytomegalovirus”
- Date of Onset:
  - Date of test result



Hospital Admissions

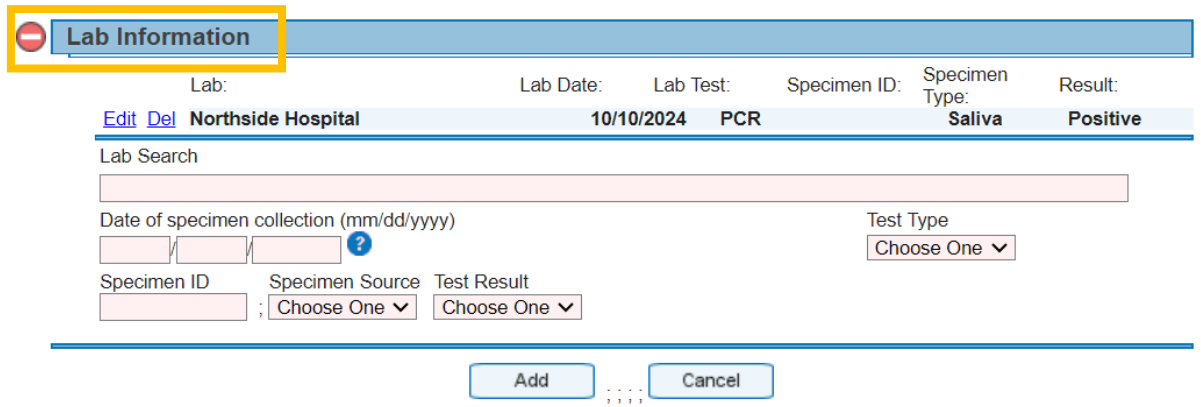
- "Was Patient Hospitalized?" Answer whether the infant was hospitalized at the time of specimen collection (Yes, No, or Unknown)

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



Lab Information

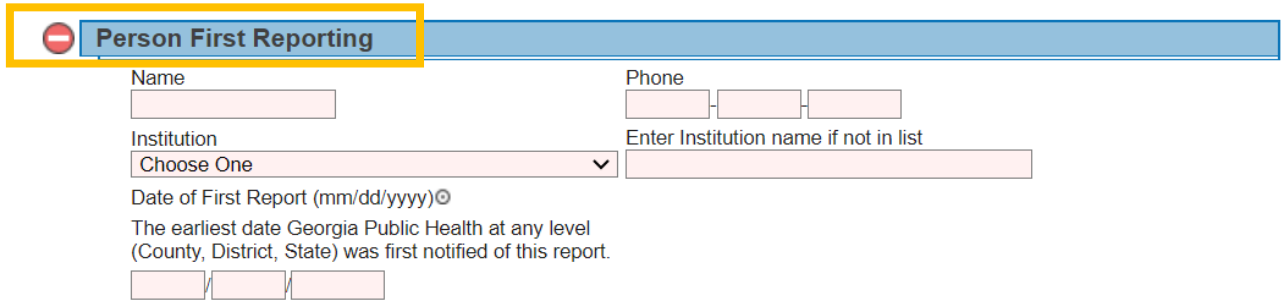
- Lab Search:
  - Type in name of lab to begin search.
  - If using hospital-based lab, search by facility name.
- Date of Specimen Collection
- Specimen ID (if known)
- Specimen Source - Saliva, Urine, or Other
- Test Result - Positive, Negative, Inconclusive, or Other
- Test Type - PCR, LAMP, Other



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

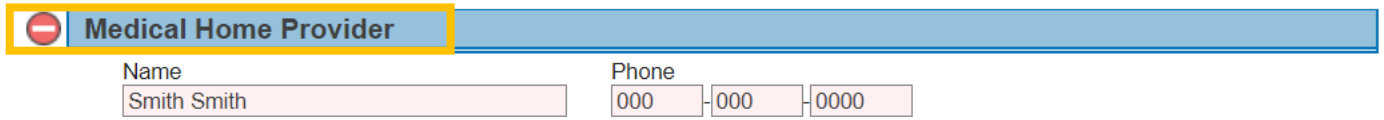
Person First Reporting

- 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.



Medical Home Provider

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

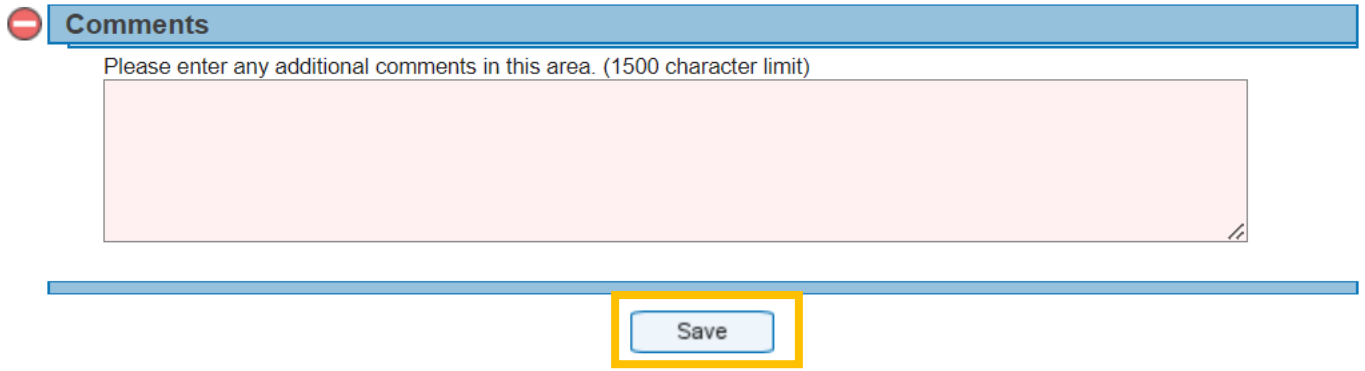


Medical home provider information allows DPH follow-up to share positive results and urgent next steps with the infant's medical home.

Comments

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

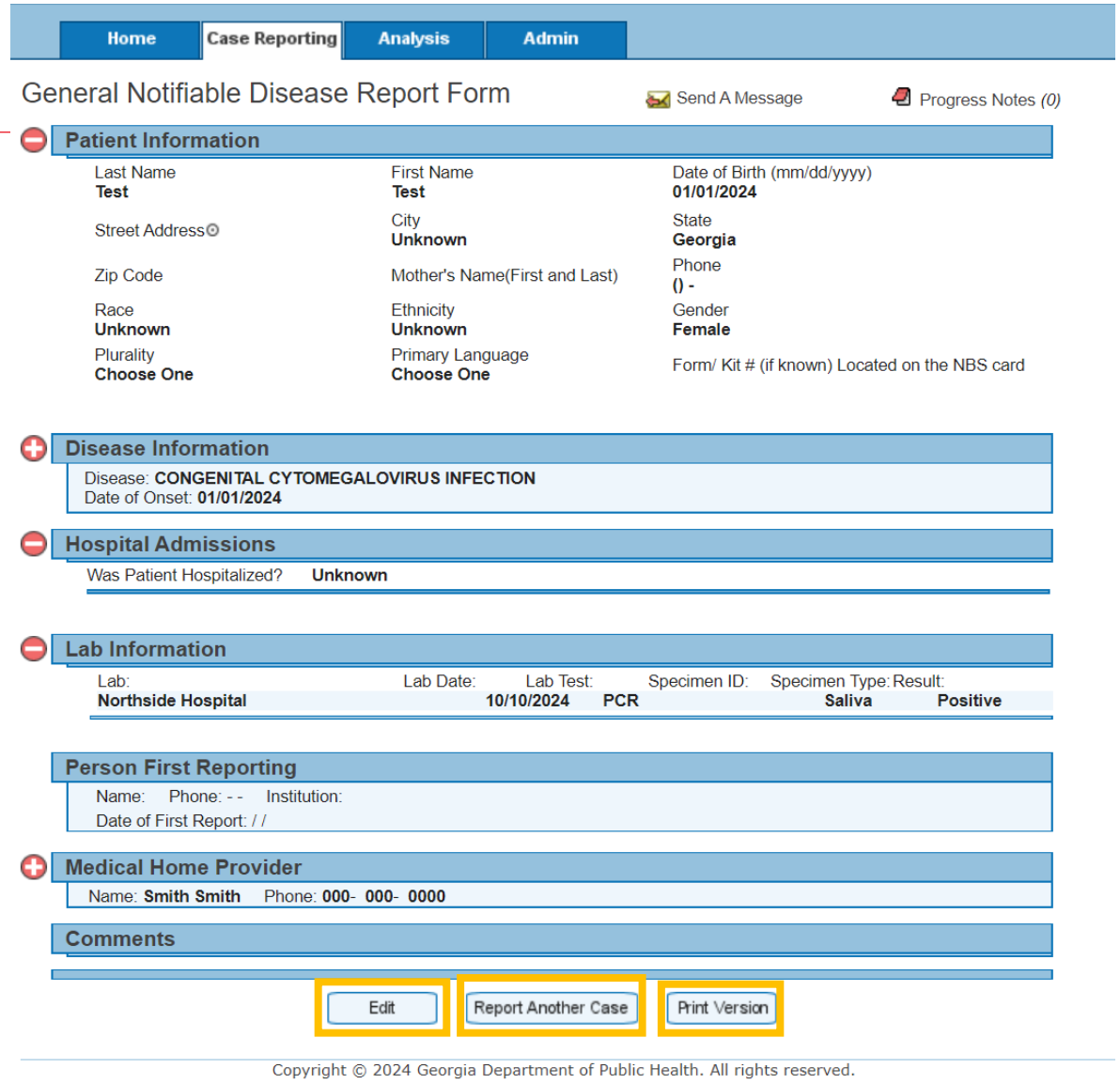
Select “Save”



Submission Page

You can now choose one of the following:

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

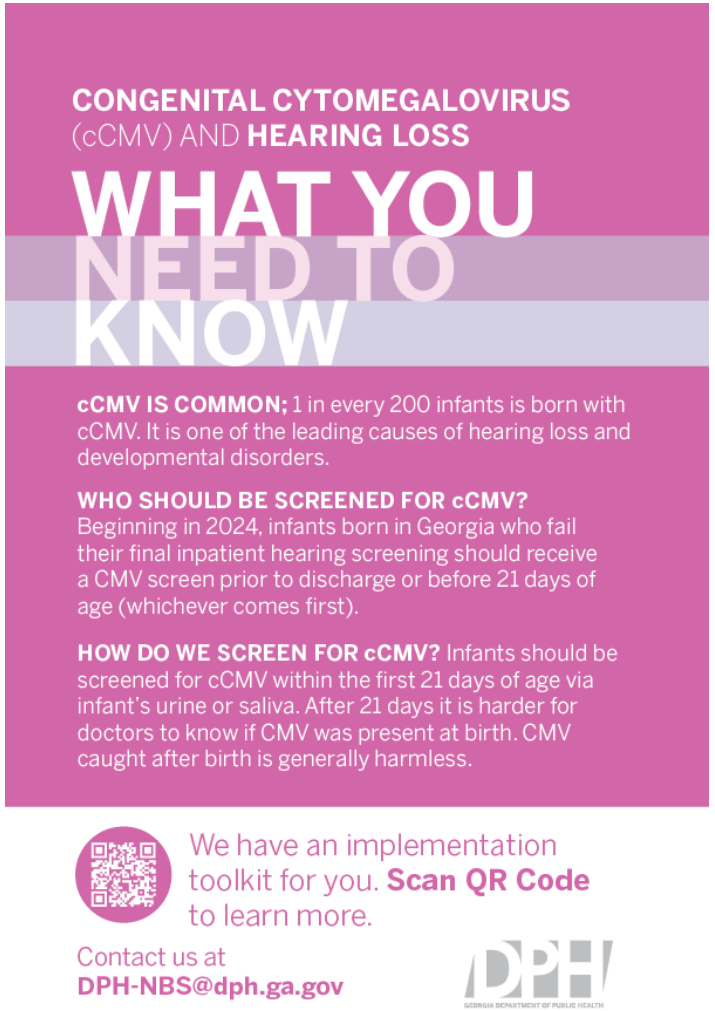


Reporting Criteria for cCMV

- 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

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