

# Congenital Cytomegalovirus (cCMV)

## Georgia cCMV SendSS Reporting Guide

Updated 10/10/2024

# Reporting Methods

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## 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 ( $\leq 21$  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](mailto:DPH-NBS@dph.ga.gov)*

# SendSS Reporting

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



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 in yellow), '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 header 'Patient Search' and a sub-header 'Please enter patient information for your search. Fields marked with a red dot are mandatory'. The form includes fields for 'Last Name', 'Middle Name', 'Nickname (AKA)', 'Date of Birth (mm/dd/yyyy)', 'Sex' (a dropdown menu with 'Choose One' selected), and 'SSN'. There is also a checkbox for 'Search on nickname only'. Below the patient search section is a 'Disease Information' section with a header 'Disease Information' and a sub-header '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.'. The form includes a dropdown menu for 'Disease/Diagnosis' (with 'Choose One' selected) and a date field for 'Date of Onset (mm/dd/yyyy)' with 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 Choose One ▼ 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) ● ?  
Congenital Cytomegalovirus Infection

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"

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 plus icon on the left:

- Patient Search Criteria:** This section contains a form with the following fields: 'Last Searched For:', 'Last Name: Test', 'First Name:', 'Middle Name:', 'Nick Name:', 'Gender:', 'Date of Birth: --', and 'SSN: --'.
- Disease Information:** This section contains a form with the following fields: 'Disease Information for this Report:', 'Disease: Congenital Cytomegalovirus Infection', and 'Date of Onset: 10-08-2024'.
- Patient Search Results:** This section contains a message: 'There are no patients matching this search criteria. If you wish to create a new patient, click the "Create New Patient" link below.' Below the message is a button with a document icon and the text 'Create New Patient', which is highlighted with a yellow border.

At the bottom of the page, there is a 'Search' button. The footer of the page contains the text: 'Copyright © 2024 Georgia Department of Public Health. All rights reserved.'

# Entering a New Case

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- 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.

The screenshot shows a web application interface with a navigation bar containing 'Home', 'Case Reporting', 'Analysis', and 'Admin'. Below this is the 'General Notifiable Disease Report Form' with a 'Patient Information' tab highlighted in yellow. A legend indicates that fields with a red dot are mandatory and fields with a grey dot are strongly requested. The form includes fields for Last Name, First Name, Date of Birth, Street Address, City, State, Zip Code, Mother's Name, Phone, Race, Ethnicity, Gender, Plurality, Primary Language, and Form/Kit #.

The fields with ● are mandatory. The fields with ○ are strongly requested.		
Last Name ●	First Name ●	Date of Birth (mm/dd/yyyy) ●
Street Address ○	City ○	State
Zip Code	Mother's Name(First and Last) ●	Phone
Race ○	Ethnicity ○	Gender
Plurality	Primary Language	Form/ Kit # (if known) Located on the NBS card



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



# Disease Information

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- Disease: Select "Congenital Cytomegalovirus"
- Date of Onset:
  - Date of test result

The screenshot shows a form titled "Disease Information" with a red minus sign icon on the left. Below the title bar, there are two main input fields. The first field is labeled "Disease" and contains the text "Congenital Cytomegalovirus Infection", which is highlighted with a yellow border. The second field is labeled "Date of onset" and contains three empty date input boxes (month, day, year) with a red dot next to the label.

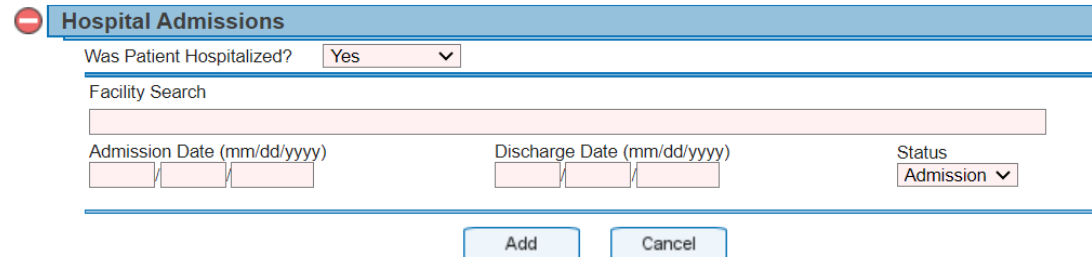
# Hospital Admissions

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



A screenshot of a software interface. At the top, there is a blue header bar with a red minus sign icon on the left and the text "Hospital Admissions". Below the header, the text "Was Patient Hospitalized?" is followed by a red radio button and a dropdown menu with the text "Choose One" and a downward arrow.

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



A screenshot of the same software interface. The "Was Patient Hospitalized?" dropdown is now set to "Yes". Below this, there is a "Facility Search" text input field. Underneath, there are three fields: "Admission Date (mm/dd/yyyy)" with a date picker, "Discharge Date (mm/dd/yyyy)" with a date picker, and "Status" with a dropdown menu set to "Admission". At the bottom, there are two buttons: "Add" and "Cancel".

# 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:	Lab Date:	Lab Test:	Specimen ID:	Specimen Type:	Result:
<a href="#">Edit</a> <a href="#">Del</a> Northside Hospital	10/10/2024	PCR		Saliva	Positive

Lab Search

Date of specimen collection (mm/dd/yyyy)

Specimen ID ; Specimen Source ; Test Result

Buttons: Add, Cancel

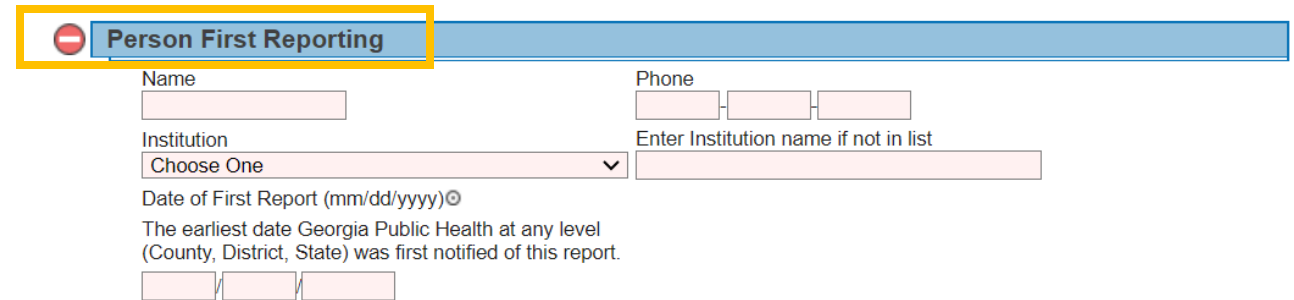


**Lab information and results** allows DPH follow-up inform the medical home of urgent next steps.

# Person First Reporting

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- 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 and a yellow highlight around the title. The form contains the following fields:


- 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.

Below the date field, there is a note: "The earliest date Georgia Public Health at any level (County, District, State) was first notified of this report." followed by a date input field.

# Medical Home Provider

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

 Medical Home Provider	
Name	Phone
<input type="text" value="Smith Smith"/>	<input type="text" value="000"/> - <input type="text" value="000"/> - <input type="text" value="0000"/>



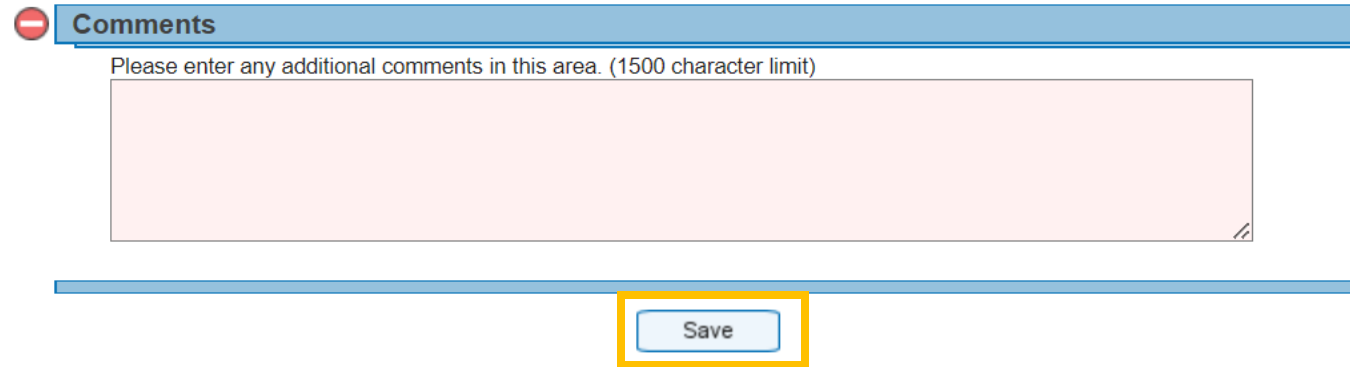
**Medical home provider** information allows DPH follow-up to share positive results and urgent next steps with the infant's medical home.

# Comments

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

Select "Save"



A screenshot of a web form for adding comments. At the top left is a red circle with a white minus sign. To its right is a blue header bar with the word "Comments" in white. Below the header is a light pink text area with a thin border and a small cursor icon at the bottom right. Above the text area is the text "Please enter any additional comments in this area. (1500 character limit)". Below the text area is a blue horizontal bar. Underneath this bar is a light blue button with the word "Save" in black, which is highlighted with a yellow rectangular 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 <b>Test</b>	First Name <b>Test</b>	Date of Birth (mm/dd/yyyy) <b>01/01/2024</b>
Street AddressⓄ	City <b>Unknown</b>	State <b>Georgia</b>
Zip Code	Mother's Name(First and Last)	Phone ( ) -
Race <b>Unknown</b>	Ethnicity <b>Unknown</b>	Gender <b>Female</b>
Plurality <b>Choose One</b>	Primary Language <b>Choose One</b>	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**

**- Lab Information**

Lab: <b>Northside Hospital</b>	Lab Date: <b>10/10/2024</b>	Lab Test: <b>PCR</b>	Specimen ID:	Specimen Type: Result: <b>Saliva Positive</b>
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**Person First Reporting**

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

**+ Medical Home Provider**

Name: **Smith Smith** Phone: **000- 000- 0000**

**Comments**

[Edit](#) [Report Another Case](#) [Print Version](#)

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# Reporting Criteria for cCMV

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- Report all positive laboratory results for infants  $\leq 21$  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](mailto:DPH-NBS@dph.ga.gov)



# Questions

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For additional information, please contact:

**Georgia Newborn Screening Program**

Email: [DPH-NBS@dph.ga.gov](mailto:DPH-NBS@dph.ga.gov)

Fax Number: (404) 657-2773

Webpage: [www.dph.ga.gov/NBS](http://www.dph.ga.gov/NBS)