

**R398. Health, Family Health and Preparedness, Children with Special Health Care Needs.**

**R398-4. Cytomegalovirus Public Health Initiative.**

**R398-4-1. Authority and Purpose.**

- (1) This rule is authorized by Section 26-10-10.
- (2) The purposes of this rule are to clarify when a newborn infant hearing screening requires testing for Cytomegalovirus (CMV), medical practitioner reporting requirements, and under what circumstances a newborn infant may not fall under the CMV testing requirements.

**R398-4-2. Definitions.**

- (1) "Department" means the Utah Department of Health.
- (2) "Hearing screening" means the completion of an objective, physiological test or battery of tests administered to determine the infant's hearing status and the need for further diagnostic testing by an audiologist or physician using the Department-approved instrumentation, protocols, and pass or refer criteria.
- (3) "Medical practitioner" means the newborn infant's primary medical caregiver.
- (4) "Parent" means a natural biological parent, a stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

**R398-4-3. Clarification of When a Newborn Must Be Referred for CMV Testing.**

- (1) The newborn must be referred for CMV testing if the infant fails both the initial hearing screen routinely done at birth and the subsequent follow-up screen.
- (2) The newborn must be referred for CMV testing when the initial failed screen is obtained after 14 days of age.
- (3) The newborn must be referred for CMV testing if they have failed an inpatient screening and have not completed or been able to complete the outpatient screening before 14 days of age.

**R398-4-4. Special Populations of Newborns.**

- (1) In special populations of newborns where newborn hearing screening cannot be accomplished before 21 days of age, testing for CMV is left to the discretion of the medical practitioner caring for the newborn.
- (2) Special populations of newborns may include, premature or medically fragile newborns or newborns receiving ongoing medical care.

**R398-4-5. Reporting Requirements.**

- (1) Medical practitioners are required to submit results of the CMV testing to the Department for each newborn under their care who is referred for CMV testing within ten days of receiving results.
- (2) Laboratories testing for the presence of congenital CMV must submit results of the CMV testing to the Department within ten days of receiving results.

**R398-4-6. CMV Registry.**

Pursuant to Section 26-1-30, the Department shall maintain a database of infants tested as well as a Positive Congenital CMV Registry that contains results, demographics, symptomology, specialist services, long-term outcomes, and other items as deemed necessary.

**R398-4-7 Confidentiality of Reported Information.**

- (1) The confidentiality of personal information obtained under this rule shall be maintained pursuant to Title 26, Chapter 3, Health Statistics. The reports are confidential and are not open to public inspection.
- (2) Pursuant to Title 26, Chapter 25, Confidential Information Release, persons who report information covered by this rule may not be held liable for reporting the information to the Department.

**KEY: cytomegalovirus, CMV, newborn hearing screening**

**Date of Last Change: February 14, 2022**

**Notice of Continuation: December 6, 2018**

**Authorizing, and Implemented or Interpreted Law: 26-10-10**