

CYTOMEGALOVIRUS

GENERAL COMMENTS:
REQUIRES INTIMATE CONTACT
FOR TRANSMISSION
INFECTION MORE COMMON
THEN DISEASE
50-80% OF LOW INCOME
WOMEN IMMUNE SOMEWHAT
LESS IN HIGH INCOME
SYMPTOMATIC CMV
INFREQUENT

MOTHERS WITH CHILDREN IN
DAYCARE MORE SUSCEPTIBLE:
CAN DIAGNOSE BY USING IgG
AND IgM OR VIRAL CULTURE
CAN INFECT FETUS AT ANY AGE
THE LONGER THE INFECTION
PRESENT THE WORSE THE
SEQUALAE
PRIMARY CMV WORSE THEN
RECURRENT CMV BUT
RECURRENT CONGENITAL
ANOMALIES REPORTED

PREVENTATIVE PROGRAMS NOT
EFFECTIVE

DIAGNOSIS: MOTHER WHO HAS
CHILD IN DAYCARE OR WHO
WORKS IN DAYCARE WHO HAS
SYMPTOMS OF FEBRILE ILLNESS
LASTING UPTO 3 WKS WITH
LETHERGY AND MALAISE
PICTURE SIMILAR TO MONO
(MOST CMV IS ASYMPTOMATIC)
AN AVERAGE OF 2% OF
SUSCEPTIBLE WOMEN AHVE
PRIMARY ASYMPTOMATIC CMV
INJECTIONS

ANTEPARTUM
SCREENING NOT
INDICATED IN
ALL WOMEN

PRIMARY INFECTION IN
MOTHER 50%
INTRAUTERINE
INFECTION
2% RISK OF CONG
PROBLEM WITH FETUS

SUSPECT EXPOSURE
IgG INDIRECT HA OR ELISA
IgM ELISA (POSITIVE FOR 4-8 MOS
VIRAL CULTURE CERVIX AND URINE
POST DELIVERY DO IgM IN CORD SERA
DO VIRAL CULTURE OF URINE OF BABY

30% OF INFANTS WITH
SEROPOSITIVE MOTHERS WILL
ACQUIRE CMV FROM BREAST
FEEDING BUT CMV INFECTION IS
NOT CONTRAINDICATION TO
BREAST FEEDING

NO EFFECTIVE
THERAPY FOR
PREGNANT
WOMAN

OF 50% INFECTED FETUS 40-50%
WILL HAVE SEQUALAE
HEARING LOSS, METAL
RETARDATION, CHORIORETINITIS
SEIZURE, LEARING DISABILITY
MICROCEPHALY INTRACRANIAL
CALCIFICATIONS
SIGNIFICANT INCIDENCE OF LATE
SEQUALAE

DOCUMENTED
CMV INFECTION
INDICATION FOR
ABORTION

FETAL DIAGNOSIS BY AMNIOCENTESIS AND CULTURE, DIRECT
BLOOD CULTURE OF FETUS, CEREBRAL VENTRICULAR DILATATION
AND OLIGOHYDRAMINO, MICROCEPHAY, HYDROPS, INTRACRANIAL
CALCIFICATIONS