

The ABCs of CMV

You cannot see them, but viruses surround us. One of the more common viruses for transplant recipients is cytomegalovirus, more commonly known as CMV.

Between 50 and 70 percent of all transplant recipients are infected with CMV. However, only one-quarter to one-half of the infected patients experience CMV disease or other symptoms.

CMV belongs to a group of viruses called the herpes viruses. This group includes the herpes simplex virus type I (which causes fever blisters and cold sores), herpes simplex virus type II (which causes sores in the genital area), the Epstein Barr virus (which causes infectious mononucleosis), and the varicella-zoster virus (which causes chicken pox). All of these viruses share a common trait. Once they infect a person, he or she remains infected for life.

For most healthy adults, CMV has no symptoms. The virus simply remains dormant indefinitely. However these dormant viruses can be reactivated at any time in a person's life, either spontaneously, or through the use of antirejection medications, which weaken the immune system and allow a CMV reactivation to occur.

How do I get CMV?

CMV infection can occur through sexual contact, mother-to-fetus exposure during pregnancy, blood transfusions, or organ transplantation. In some cases, the virus might come from the transplanted organ.

Healthy persons with CMV usually have no symptoms of illness. In fact, most people don't know they have been infected. However, for people who are immunosuppressed, such as transplant recipients, CMV may cause illness.

There are two types of CMV infection. The first is primary, which occurs in people who have never before been exposed to CMV. The second type is secondary infection, which develops in people who have been previously exposed to CMV.

Fever tends to be the first symptom of CMV infection. Fatigue and low white blood cell counts are also common. CMV may lead to pneumonia, hepatitis, colitis (irritation of the bowel), and vision problems related to retinitis. Acute or chronic organ rejections are less common but potential dangers. In all cases, these symptoms are much more severe in primary infections than in secondary infections.

CMV disease is most common when immunosuppression is at its highest (the first few months post-transplant and with rejection episodes). Despite the risk of CMV infection, these medications must be used to prevent loss of the transplanted organ. As for treating CMV, your transplant team will be able to explain your options.

How do I prevent infection?

It's very important that you do whatever you can to prevent CMV infection.

Washing your hands frequently throughout the day is perhaps the simplest way to help prevent infection. Do your best to avoid people with active colds or those you know are experiencing ANY type of infection. Also, keep in mind that CMV can be transmitted throughout blood or body fluids, so **DO NOT** share personal items like a toothbrush, razor, or silverware. And avoid kissing friends or relatives on the mouth.

It also helps to get plenty of rest and eat a well-balanced diet to keep your immune system at its peak.

Above all, use common sense to avoid viral infections and watch your body carefully, following your transplant team's advice about checking your temperature and other precautions. If you are concerned about a possible infection, call your doctor immediately.

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