

CMV IS A COMMON VIRUS SPREAD THROUGH CONTACT WITH SALIVA, TEARS, NASAL MUCOUS AND INTIMATE CONTACT

What is CMV?

Cytomegalovirus (CMV) is a common virus. Infection occurs often in children under 2 years old, and during adolescence. Once a person becomes infected, the virus remains alive but usually inactive (dormant) within that person's body for life.

What are the symptoms of CMV?

Many children and adults with CMV infection do not develop symptoms. Some may develop an illness with tiredness, sore throat, swollen glands and fever, a bit like glandular fever.

How is CMV spread?

The virus is found in urine, saliva, nasal mucous, breast milk, vaginal secretions and semen of infected people.

CMV is spread through:

- » Direct contact with saliva, nasal mucous, urine or other body fluid, then touching the eyes, nose or mouth without washing hands. This occurs with kissing, changing nappies, or close contact with babies who have infection
- » From mother to her unborn child as a result of maternal infection during pregnancy
- » Breast milk during breast feeding
- » Sexual contact

Further Information



The Children's Hospital Westmead
CMV fact sheet

NSW Kids and Families

Having a Baby - Handle with Care:
Looking after yourself during pregnancy

NHMRC

Staying Healthy - Preventing infectious diseases in early childhood education and care services (5th Edition)3

Virology Research Laboratories
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PROTECT
your **BABY** from **CMV**
during pregnancy



So what is CMV?
Cytomegalovirus (CMV) infection

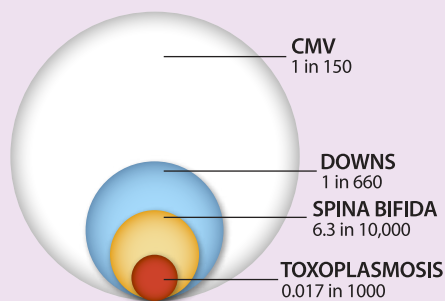
What is congenital CMV?

Cytomegalovirus (CMV) is the most common virus passed from mothers to babies during pregnancy. Studies have shown that out of 1,000 babies born in Australia, 6 will have congenital CMV.



Of those 6 infants, 1 or 2 (about 1 in 1,000 overall) will have disabilities of varying degree.

CMV is the most common infectious cause of disabilities in newborn babies



What are the risks of Congenital CMV?

If a pregnant woman is infected with CMV, there is a risk her unborn baby will also become infected (congenital CMV). The highest risk to the unborn baby occurs when a woman is infected with the virus for the first time (primary CMV), during the first half of pregnancy. If this happens, there is a 1-in-3 chance of passing CMV to her unborn baby. Over half of pregnant women have had CMV infection before pregnancy. If a woman has had CMV infection before, the virus may reactivate when a woman is pregnant. Reactivation is common and does not cause problems to the woman or usually to her unborn baby.

What effect does CMV have on babies?

Most babies with congenital CMV infection will not have any problems. Some infected babies (1-in-5) may be born with a disability such as hearing loss, vision loss, cerebral palsy, developmental delay or learning problems, and in rare cases, death.

HOW CAN YOU PROTECT YOUR UNBORN BABY FROM CONGENITAL CMV?

Women who are pregnant or are planning pregnancy should adhere to the following practices:



Don't share food, drinks, eating utensils or toothbrushes with young children



Avoid contact with saliva when kissing a child



Carefully throw away used nappies and tissues



Clean toys, countertops and other surfaces that come into contact with children's urine, mucous or saliva with simple detergent and water



Wash hands often with soap and water for at least 15 seconds and dry them thoroughly. This should be done after close contact with young children, changing nappies, blowing noses, feeding a young child, and handling children's toys, dummies/soothers.

How is CMV diagnosed?

Testing for CMV is not recommended for all women during pregnancy or for all newborn babies. CMV testing may be recommended for pregnant women who develop a viral illness or when ultrasound reveals a fetal problem. CMV testing is usually a blood test. Pregnant women and women planning a pregnancy may wish to discuss CMV testing with their doctor, particularly if they are at high risk of CMV. Women at higher risk of CMV are those with children in childcare.

Babies should be tested for CMV infection at birth (urine and saliva tests) if :

1. They are born to mothers diagnosed with primary CMV infection during pregnancy
2. The baby has an abnormal hearing screening test at birth (SWISH), as hearing loss is the most common sign of congenital CMV
3. The baby has cerebral palsy, or
4. In some other cases discussed with the doctor.

Babies known to be infected with CMV should have their hearing and vision assessed regularly, as problems may not be present at birth.

Can congenital CMV be treated?

Pregnant woman diagnosed with CMV infection should be referred to a specialist to receive the latest information about treatment. Babies diagnosed with CMV should see a specialist paediatrician. Babies known to be infected with CMV should have their hearing and vision assessed regularly, as problems may not be present at birth. Infants born with neurological disabilities due to CMV may benefit from early antiviral treatment. Research about the best methods for treating CMV infection in pregnancy and in babies is ongoing.

What is the public health response?

CMV infection is not a notifiable disease. Infection with CMV or congenital CMV does not affect access to school, work or childcare. There is currently no licensed vaccine for CMV but vaccine trials are underway.