

Cytomegalovirus Infection (CMV)

Description

Cytomegalovirus infection (CMV) is a member of the herpes virus group that includes herpes simplex, varicella, and Epstein Barr. CMV is fairly common (between 50–85 percent of the United States population tests positive by the age of 40 years) and is usually asymptomatic in healthy children. If symptoms do occur they may mimic those of infectious mononucleosis (sore throat, fever, fatigue, and swollen glands). CMV is spread by contact with secretions or excretions of a previously infected person. In adults, CMV is probably sexually transmitted. Because CMV infection is so common and signs of disease rarely occur in healthy adults and school-age children, testing students for CMV is not recommended. During outbreaks in schools, students and staff with certain high-risk conditions (anemia, immunodeficiency's, and pregnancy) should be informed of the possible risks of acquiring the infection. Pregnant women or those of childbearing age should always follow proper hand washing techniques, especially if working in a childcare setting.

Incubation Period

3–12 weeks.

Infectious Period

CMV is infectious months to episodically for years. CMV is common among the general population; infected neonates (infants less than the age of 4–6 weeks) may excrete the virus for 5–6 years. Anywhere from 8–60 percent of infants begin shedding the virus during the first year of life.

Prevention measures:

Use universal precautions.

Individuals who care for infants in proper methods of diaper changing and disposal of soiled materials. The risk of spread of CMV infection to childcare personnel, women of childbearing age, is not fully known. Until more data are available on occupational infections and the potential risk of exposure to pregnant workers, female employees in their reproductive years should be informed that a significant percentage of infected children may be present in any childcare setting and that care for any infants and children should include hygiene measures such as washing hands after each contact with urine and respiratory-tract or other potentially infectious secretions, and careful handling and disposal of diapers and other articles known to be contaminated with urine and other secretions. -Morbidity and Mortality Weekly Report, 1985, 34:49–51.

A woman's susceptibility to the disease can be determined by means of a blood titer (test). On the basis of the test and in consultation with her licensed health care provider, a decision can be made on acceptable risk in unusual school settings involving frequent, sustained contact with secretions or urine. Wash hands after contact with respiratory secretions, urine, or feces, and properly discard any material contaminated with secretions or excretions, such as tissues or diapers.