Cytomegalovirus

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Condition

Herpesvirus causing self-limiting infection in immunocompetent individuals, but with potentially severe consequences in immuno-suppressed transplant patients.

Individual at risk

Recipient

Guidance at RECRUITMENT

ACCEPTABLE

Guidance at CT

ACCEPTABLE

CMV IgG should be performed at CT to ascertain donor CMV serostatus.

Guidance at WORK-UP

Recommended testing at work-up:

CMV-IgG and IgM should be performed at work-up. If CMV IgM is postitive, CMV-PCR should be undertaken.

Testing outcomes and guidance

1)

CMV-IgM = negative, CMV-IgG = positive or negative

CMV-IgM = positive, CMV-IgG = positive, CMV-PCR negative

Status information should be reported to the transplant centre

With these combinations of serology and PCR, the donor can be cleared at workup. If there is a change of CMV status from CT to work-up stage, the transplant centre should be informed immediately.

CMV-IgG weak positive results should be validated with reference standard serology (e.g. immunoblot)

2)

CMV-IgM = positive and CMV-IgG = negative and CMV-PCR=negative

Immunoblots should be performed to validate the serology results. Results should be communicated with TC.

3) CMV-PCR = positive

Donor cannot be cleared. Inform transplant centre and discuss donor deferral

Justification for guidance

CMV can cause devastating complications in post-transplant recipients. Accurate donor CMV serostatus plays an important role in donor selection.

References

Pergam SA, Xie H, Sandhu R, et al. Efficiency and Risk Factors for CMV Transmission in Seronegative Hematopoietic Stem Cell Recipients. Biology of blood and marrow transplantation: journal of the American Society for Blood and Marrow Transplantation. 2012;18(9):1391-1400. doi:10.1016/j.bbmt.2012.02.008. [1]

Notes

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