

Cytomegalovirus (CMV)

What is CMV?

- CMV is a common virus that can infect anyone of any age in the general population. Approximately half of people have had CMV by the time they are adults.

What can CMV do?

- In a person with a transplant, CMV may cause mild to severe flu like illness. It may also cause severe infection in the gut, lung or transplanted organ.

How is CMV spread?

- CMV lives in body fluids like saliva or blood. People may get CMV after coming into close contact with an infected person.
- Once CMV infects a person, the virus stays in the body for life. Most of the time it is not active (latent).
- CMV can be spread from a transplanted organ if the organ donor had CMV in their lifetime.

Why is CMV important after transplant?

- CMV can become active after transplant because of the anti-rejection medications you will need to take. Transplant recipients are more likely to have symptoms because of active CMV, especially if they did not have CMV before their transplant.
- Patients will be monitored closely post-transplant, and may need to take a medication to manage CMV infection

What are the symptoms of CMV?

There are many symptoms of possible CMV infection. These may include:

- Tiredness
- Diarrhea
- Fever/ chills
- Muscle pains

Just because you have symptoms, it does not mean you have CMV. But if you have any of these symptoms, contact your transplant clinic.

How do I know I have CMV?

CMV is detected by a blood test. Your transplant clinic will regularly check your blood for the presence of the virus.

Does CMV need to be treated?

If a transplant patient has an active infection, it is important to start treatment as soon as possible.

How is CMV treated?

CMV is treated with anti-virus medicine (e.g. valganciclovir or ganciclovir).

How is CMV prevented?

All donors and recipients are checked for CMV. If you are at risk for CMV infection, your doctor may prescribe valganciclovir for a period of time after your transplant to prevent the CMV from becoming active.