Cytomegalovirus (CMV) in the Transplant Patient

What is Cytomegalovirus?
Cytomegalovirus is often referred to as simply CMV. CMV is a common virus that can infect anyone of any age in the general population. Most people have had CMV by the time they reach an adult age. It only causes mild symptoms in people with healthy immune systems. They may feel sick for a day or two, and then feel better. Once CMV infects a person, the virus remains in your body for life, but a healthy immune system keeps the virus inactive. However, CMV can cause severe illness in transplant patients.

Can you prevent CMV?
You will take one of two medicines to prevent CMV infection after transplant. You will take Valganciclovir (Valcyte®) or Acyclovir (Zovirax®) for three to six months after transplant. This is the time when you are most at risk for CMV because your immune system is weakened as a result of taking anti-rejection medicines but, you can develop CMV infection at any time.

How did I get CMV?
CMV was most likely already present in your body before the transplant. Because your immune system is weakened after transplant, CMV can reproduce in your blood. You were probably exposed at some point in your life but did not know it. It is also possible you were exposed to CMV through your donor.

Is it contagious? Do I need to worry about spreading it to other people?
There is a good chance that the people around you have already had the virus. You do not need to worry about spreading it to other people.

What are the symptoms of CMV?
There are many symptoms of possible CMV infection. Just because you have the symptoms does not mean you have CMV. You could also be infected with CMV and not have any symptoms. Contact your transplant coordinator if you have any of these symptoms:

- Nausea
- Vomiting
- Diarrhea
- Fever
- General feeling of being unwell
- Low white blood cell count
- Fatigue
- Muscle Aches
How do you know I have it?
CMV is detected by a blood test. Your doctor or transplant coordinator will test you for CMV when it is needed based on your symptoms. In many cases, the blood test needs to be done at the UW Hospital.

What do I need to do about it?
There are a number of things involved in treating CMV.

▪ Your doctor or transplant coordinator will probably temporarily reduce your immunosuppression medicines. This will help your own body fight the CMV.
▪ You will be started on anti-viral treatment to help you fight CMV. This may be in the form of pills or an IV medicine.
▪ You may need to be seen in the transplant clinic within 7 to 10 days of finding out you have CMV to determine how severe your infection is and to determine if the virus is causing damage to your lungs, liver, eyes or gastrointestinal system.
▪ You will need to do blood (lab) tests at least once a week to check the CMV levels in your blood.

How will you know it’s gone?
If you have been diagnosed with CMV, your coordinator will check your blood to see if the virus is going away or getting stronger. We will continue to check for CMV in your blood for a period of time after stopping the anti-viral medicines to be sure that the CMV has not come back. Because the CMV stays in a person’s body for life, it is possible to have CMV more than once.

If I have CMV, will my transplant be ok?
Although CMV can affect your transplant and other systems in your body, your doctor and coordinator will watch the virus closely. CMV can spread to multiple organ systems in your body. If left unchecked, it can be very serious. Most often, the anti-viral treatment is able to get rid of the virus before it causes a serious problem.