What is CMV (Cytomegalovirus [sigh-to-MEG-uh-vi-rus])?

Source: Centers for Disease Control; www.cdc.gov

Cytomegalovirus (CMV) is one of the herpes viruses. This group of viruses includes the herpes simplex viruses, varicella-zoster virus (which causes chickenpox and shingles), and Epstein-Barr virus (which causes infectious mononucleosis, also known as mono). CMV is a common infection that is usually harmless. Once CMV is in a person's body, it stays there for life. Among every 100 adults in the United States, 50–80 are infected with CMV by the time they are 40 years old.

Most healthy children and adults infected with CMV have no symptoms and may not even know that they have been infected. Others may develop a mild illness when they get infected and have the following symptoms: fever, sore throat, fatigue, and swollen glands. But since these are also symptoms of other illnesses, most people don't realize that they have been infected with CMV.

Why does blood for pediatric transfusion have to be negative for CMV?

Scientific studies have shown blood lacking this virus (CMV negative blood) is safer for pediatric patients, particularly infants whose immune system isn’t fully developed. Therefore, hospitals prefer to use CMV negative pediatric units to ensure the safety of blood transfusions to newborns and young children.

How is Donor Blood Tested for CMV?

CMV is not an FDA required test for volunteer donors, but the testing is standard practice for blood centers that supply pediatric units.

If no CMV status is recorded in a donor’s history, the donor blood is tested for the presence of CMV antibodies. If no antibodies are present, the donor is deemed CMV negative, and can be a “baby donor.” Donors who have tested negative in the past are re-tested prior to the release of their blood because there is a chance the donor may have been exposed to CMV infection since the last donation.