Kindergarten – Französische Studie

Nach Alain et al. beim 4. congenital CMV Congress in San Francisco ist bei 12 bis 75% der Kinder in Betreuungseinrichtungen in Frankreich CMV im Speichel nachweisbar. Das sollte auch den Ämtern bewusst sein und die Frage eröffnen mit welcher Begründung man Kindern mit konnataler CMV den Zugang zu Betreuungseinrichtungen verwehren kann. Das Argument CMV-Ausscheidung muss entweder für alle Kinder gelten oder für keines.

Cytomegalovirus In Saliva And Parents Awareness In Daycare Centers In The French Territory

S Alain, F Garnier, S Hantz, J Grosjean, V Dufour, L Mhiri, B Boyer, M Voisin, M Tribu, M Saugeras, D Postil, B Marin, D Antona

French reference center for Cytomegalovirus CH Chambery CIC-P Limoges UFRCB, Limoges InVS, Saint Maurice

As CMV vaccines are currently in progress, knowledge of CMV epidemiology in children is essential. As a reservoir and a melting pot for new viruses, but also as a major place for acquisition of primary infection in CMV seronegative women, children collectivities such as day
care centers are very interesting to study. After a pilot study which has shown its feasability, we report the first results of a national inquiry on the excretion of CMV in saliva amongst children in 80 day care centers, statistically representative of the French territory. As a questionnary on risk factors for CMV acquisition accompanied the saliva sampling we have added a parents awareness inquiry in the questionnary and result are presented below. Methods: Saliva 95 samples were obtained with parents consent, by sampling with 3 little sponges in an Oragene medium; 1825 children participated. Viral load was measured after weighing the saliva and an easy Mag (Bio Mérieux), protocol B automated extraction by a UL83 in house PCR previously validated (Mengelle et al., 2001). Results 1/ Awareness study: 1799 parents (1 per family) filled the questionary, 59% of them never heard about CMV, and 41% have heard about CMV among which 54% from their gynecologist (36%) or their medical doctor (18%), others from internet (29%), friends (8%) or multiple sources (9%). Among women knowing about CMV 58% did not know their serostatus. CMV knowledge only slightly increases after the second maternity. This underlines the importance of information on prevention in these exposed populations. Results 2/ Excretion levels in saliva: Acceptability of the protocol and of sampling was 90% (parents and children). The prevalence of excretion is highly variable amongst day care centers, from 12% to 75% of children excreting the virus without any particularity for any region. Mean number of children excreting CMV is 37% Excretion level amongst various ages shown that the excretion level in genome copies per mL of saliva, adjusted to the albumin viral load, can be high as long as 36 months, and that the trend we observed in home cared children consulting at the emergencies for viral load lowering after 18 months is not true in day care centers. CMV seems to circulate longer and in older children. Analysis of gB genotypes is currently ongoing. Conclusion: This shows that, at the territory level, CMV is really ubiquitous, and specially excreted in children collectivities.