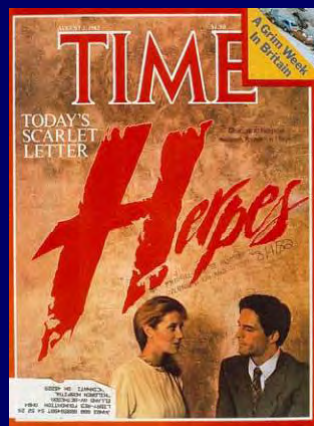


CYTOMEGALOVIRUS & HERPES SIMPLEX VIRUSES

Lawrence R. Stanberry, M.D., Ph.D.

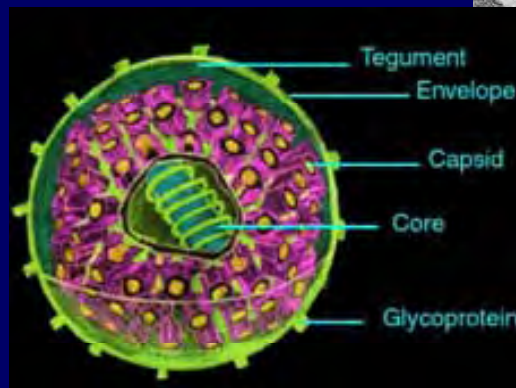
Department of Pediatrics

Columbia University

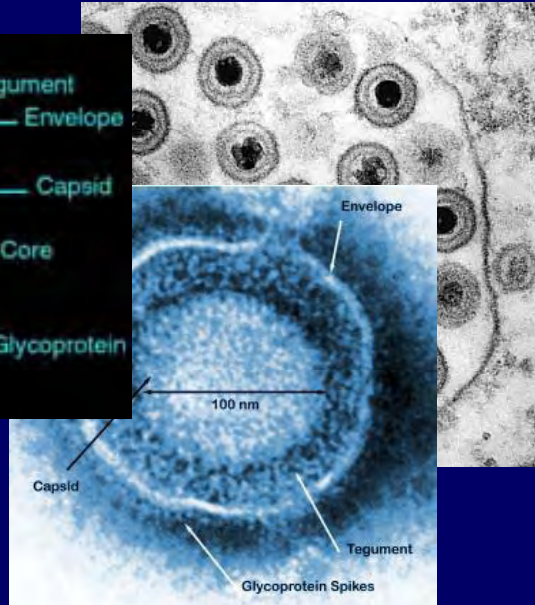


Clinically Relevant

HERPESVIRUS STRUCTURE



Enveloped viruses are labile in the environment



Shedding and survival of herpes simplex virus from 'fever blisters'

Ronald Turner, Ziad Shebad, Karen Osborne, J Owen Hendley

In nine adults with virus-positive herpes labialis, HSV was detected in the anterior oral pool of seven (78%) and on the hands of six (67%).

HSV isolated from patients with oral lesions were found to survive for **as long as two hours on skin, three hours on cloth, and four hours on plastic.**

Pediatrics. 1982 ; 70:547-9

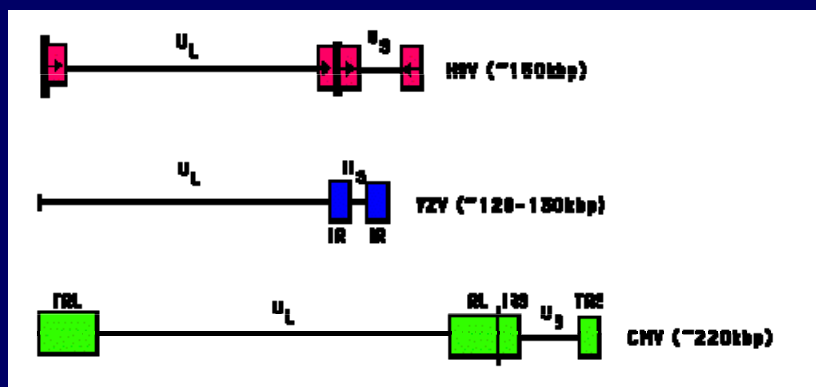
Reactivation and Shedding of Cytomegalovirus in Astronauts during Spaceflight

S Metha, R Stowe, A Feiveson, S Tyring, D Pierson

The reactivation of cytomegalovirus (CMV) in 71 astronauts was investigated, using polymerase chain reaction. A significantly greater shedding frequency was found in urine samples from astronauts before spaceflight (10.6%) than in urine from the healthy control subject group (1.2%). Two of 4 astronauts studied during spaceflight shed CMV in urine.

J Infectious Dis 2000; 182:1761

HERPESVIRUS GENOMIC ORGANIZATION



Double stranded DNA genome – high fidelity replication

CMV & HSV EPIDEMIOLOGY

- Agents are ubiquitous
- No seasonality
- US adult seroprevalence
 - CMV = 58.9% (90.8% aged \geq 80 years)
 - HSV-1 = 57.7%
 - HSV-2 = 17.0%
- Prevalence demonstrates racial and socioeconomic disparities
- Prevalence affected by behavioral factors

Longitudinal risk of HSV-1, HSV-2 and CMV infections among young adolescent girls

L R Stanberry, SL Rosenthal, L Mills, PA Succop, FM Biro, RA Morrow, DI Bernstein

A 3-yr longitudinal study of HSV-1, HSV-2, and CMV seroprevalence was conducted in a cohort of 174 adolescent girls.

By study end, 81% were CMV seropositive, 49% were HSV-1 seropositive, and 14% were HSV-2 seropositive. Among girls with a history of sexual activity 18.9% were HSV-2 seropositive.

The attack rates, based on the number of cases per 100 person-years, were 13.8 for CMV infection and 3.2 for HSV-1 infection (among all girls) and 4.4 for HSV-2 infection (among girls with a history of sexual activity).

Clinical Infectious Diseases 2004;39:1433-1438

CMV TRANSMISSION

- Transmission – person-to-person or via infected fomites
- Viral shedding
 - urine
 - saliva
 - In a daycare center study an average of 11.2% children shed CMV – Arch Med Res 2005; 36:590-3.
 - cervicovaginal secretions
 - breast milk
 - semen (?)

CMV TRANSMISSION

- Intrauterine
 - most common congenital infection
- Perinatal
- Postnatal
 - infants, parents of young infants, daycare workers, hospital workers
 - most common route of mother-to-baby transmission is via breast feeding
- Blood transfusion
 - prevented by using blood from CMV seronegative donors or cotton wool filtered blood (removes WBCs & platelets)
- Organ transplantation
 - CMV seropositive donor to CNV seronegative recipient

Cytomegaloviruses are over 200 million years old ...no wonder they are so good at what they do

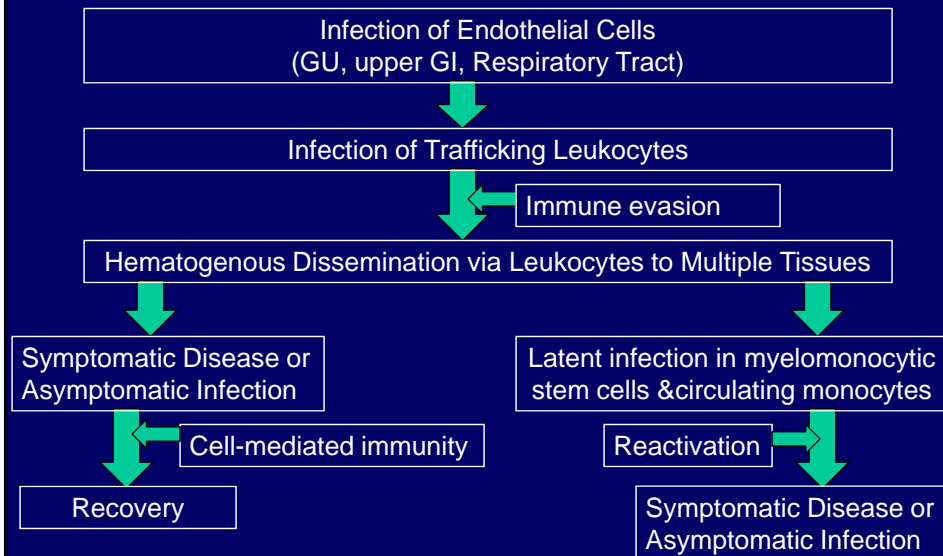
Human CMV (HCMV) has evolved with us since the beginning of our time (prior to invertebrate-vertebrate split).

For every defense mechanism we have, HCMV has at least one counter-mechanism...tit for tat

Unsuccessful viruses cannot overcome host defenses.

eebweb.arizona.edu/Courses/Ecol409_509/ecol409.2008.lecture5.ppt

CMV PATHOGENESIS



COMMON CMV INFECTIONS



INFECTIOUS MONONUCLEOSIS

Clinical Manifestations	Laboratory Findings
Fever	Atypical Lymphocytes
Hepatomegaly	Lymphocytosis
Lymphadenopathy	Mild Thrombocytopenia
Malaise and Fatigue	EBV or CMV antibodies
Splenomegaly	Heterophile antibodies
Pharyngitis/Sore Throat	
Rash	

CMV responsible for about 8% of IM cases



COMMON CMV INFECTIONS



CONGENITAL INFECTION

Clinical Manifestations	Laboratory Findings
Hepatosplenomegaly	Elevated LFTs
Lymphadenopathy	Thrombocytopenia
Respiratory distress	Pneumonitis
Rash	CMV in body fluids
Microcephaly	

Infection can cause brain damage that may result in mental retardation, spasticity, seizures, deafness and/or blindness

WHAT IS THE MOST DANGEROUS PREGNACY COMPLICATION YOU NEVER HEARD OF?

CONGENITAL CYTOMEGALOVIRUS - CMV

• Congenital CMV (CMV) has emerged as a major prenatal cause of congenital infection in the developed world, potentially leading to mental retardation and Deafness. CMV infection is the second most identifiable cause of mental retardation in the U.S., leading cause of deafness and major cause of developmental disability in the U.S. CMV and developmental delay.

• Congenital CMV infection is caused when an individual mother passes the CMV virus to her fetus during the pregnancy. The mother's blood may be infected with the virus, but the virus does not pass from her to her fetus at any point during pregnancy. CMV can be transmitted from mother to fetus, even when the mother is known to have a past CMV infection, or even before.

• About 1% of babies born with CMV are symptomatic (show symptoms at birth). About 1% of babies are asymptomatic and will usually have some or all of the following symptoms:

- Small head size
- Small head circumference
- Enlarged liver and spleen
- Low birth weight
- Enlarged lymph nodes
- Abnormal growth in the brain
- Blindness

• CMV affects more babies than the other congenital infections cause or actually cause before each pregnancy year. CMV affects babies and their mothers more often than the other congenital infections. About 1% of babies born with CMV are symptomatic. The other 99% are asymptomatic. The other 99% of babies born with CMV are asymptomatic. The other 99% of babies born with CMV are asymptomatic.

It is a potentially deadly and/or debilitating virus. Until the goal of a CMV vaccine is realized, minimizing the risk of contracting the virus from the mother is the best way to avoid these infections in the first and second trimester of pregnancy.

For more information please visit www.congenitalcmv.com

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First Published Summer 2008

<http://congenitalcmv.blogspot.com/>

COMMON CMV INFECTIONS

CMV is the most important post transplant viral pathogen



CMV DISEASES IN IMMUNOCOMPROMISED PATIENTS	
Manifestations	Manifestations
Fever	Myelosuppression
Hepatitis	Encephalopathy
Retinitis	Colitis
Pneumonitis	Rejection
Immunosuppression	Graft v Host Disease

Disease likelihood determined by nature of the immunosuppression, solid organ transplantation, bone marrow transplantation or AIDS

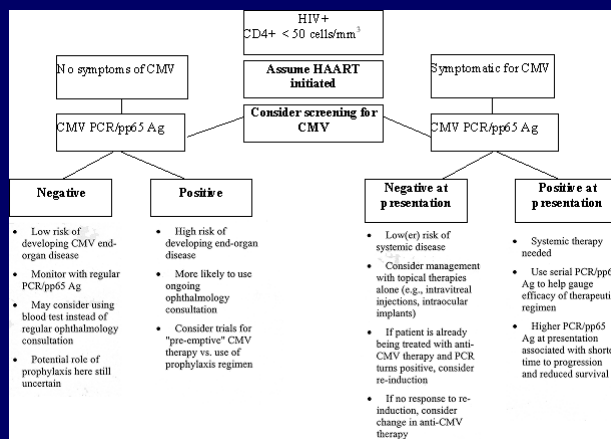
PUTATIVE ASSOCIATIONS

- ATHEROSCLEROSIS is an inflammatory disease
- Infection is a candidate inflammatory trigger
- Epidemiological studies link CMV infection with clinically manifest atherosclerotic disease
- CMV antigen and nucleic acid sequences in arterial smooth muscle cells of humans suggests that viral infection of the arterial wall may be common in the general population
- Some heart transplant recipients, who are immunosuppressed, and actively infected with CMV, are prone to develop accelerated atherosclerosis in the transplanted organ
- There may be a gene by environment interaction



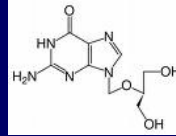
CMV DIAGNOSIS

- Serology – IgG and IgM detection (anamnestic IgM responses can occur)
- Virus isolation
- Antigen (pp65) detection
- CMV DNA PCR

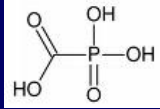


CMV TREATMENT

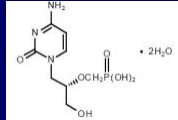
- Ganciclovir and Valganciclovir



- Foscarnet



- Cidofovir



- All are viral DNA polymerase inhibitors
- Used exclusively in the treatment of CMV infection in immunocompromised patients
- Used for pre-emptive and prophylactic therapy
- Ganciclovir resistance reported in 5-10% of patients

CMV PREVENTION

- Hand washing (1-30% of hospitalized patients and 100% of infected infants shed in urine and/or saliva)
- Use of CMV seronegative blood products
- Use of CMV seronegative organ donors (impractical)
- Antiviral prophylaxis
- CMV immune globulin
- Vaccines

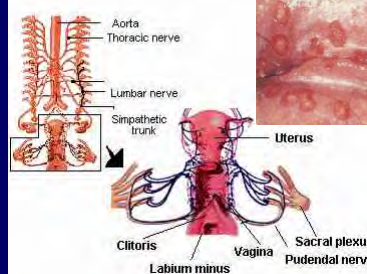
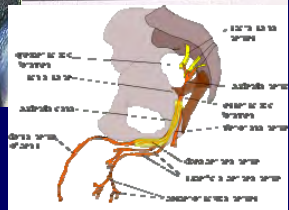
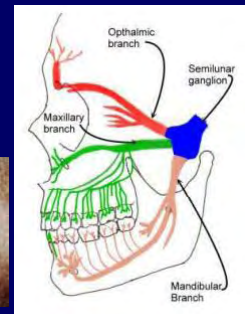
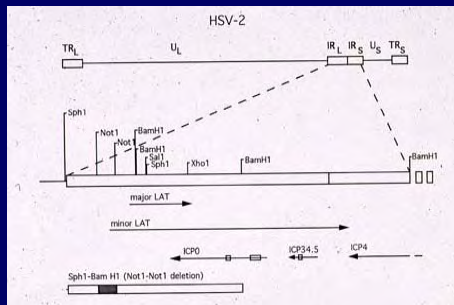


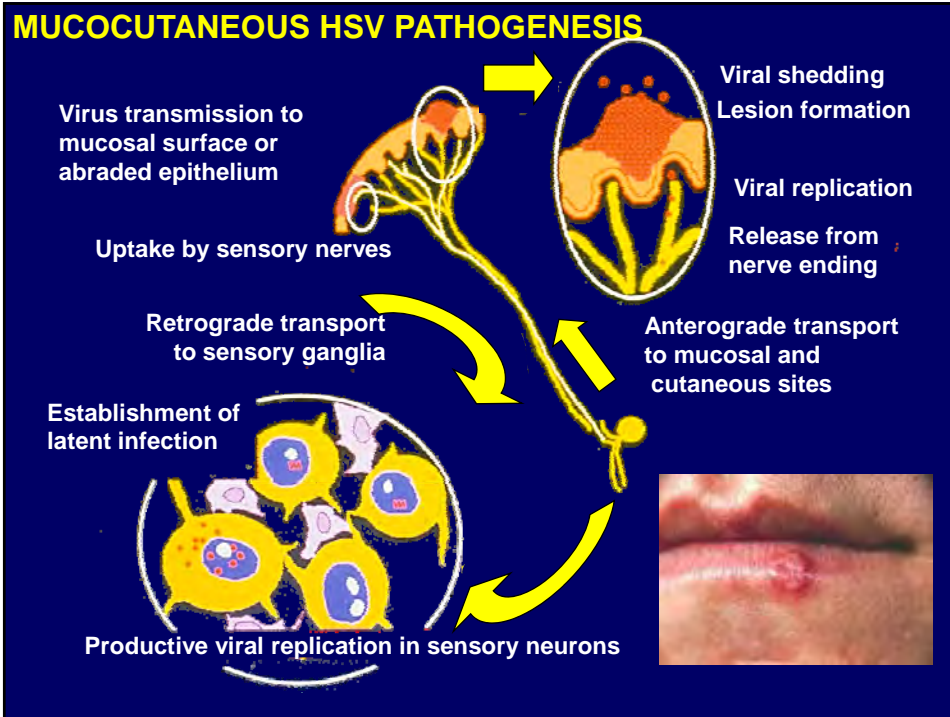
HSV TRANSMISSION

- Transmission – person-to-person (rarely by fomites)
 - Intrauterine (very rare)
 - Perinatal
 - Skin-Skin
 - Genital-Genital
 - Oral-Genital
 - Oral-Oral
- Viral shedding
 - saliva
 - oro-facial lesions
 - genital lesions and secretions
 - tears (?)
 - HSV-1 more commonly shed from oral cavity and HSV-2 more commonly from genital tract



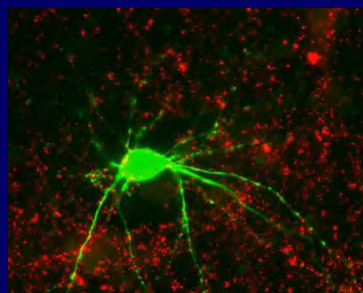
HSV SITE-SPECIFIC RECURRENCES





HSV INFECTIONS

- Clinical manifestations are determined by portal of entry, immune status of the host, and whether the infection is primary or recurrent
- HSV is a neurotropic virus that infects sensory ganglia hence pain is a common manifestation of mucocutaneous HSV infections



HSV INFECTIONS

- Primary v recurrent mucocutaneous infections
 - Primary oral-facial infection – herpes gingivostomatitis or pharyngitis
 - Recurrent oral-facial infection – herpes labialis



HSV INFECTIONS

- Primary v recurrent genital infections
 - Primary genital herpes
 - Recurrent genital herpes



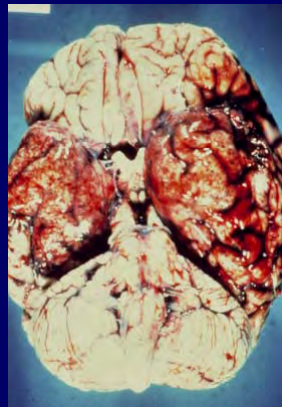
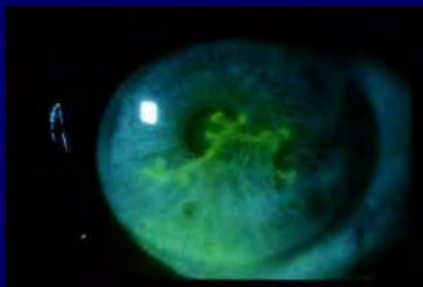
HSV INFECTIONS

- Neonatal herpes
 - Skin-eye-mouth
 - Central nervous system
 - Disseminated



HSV INFECTIONS

- Herpes encephalitis
- Herpes keratitis
- Herpes retinitis
- Herpes meningitis



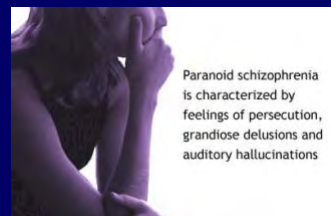
HSV INFECTIONS

- Herpes gladiatorum
- Herpes whitlow
- Eczema herpeticum
- Disseminated herpes
- Erythema multiforme
- Bells palsy



PUTATIVE ASSOCIATIONS

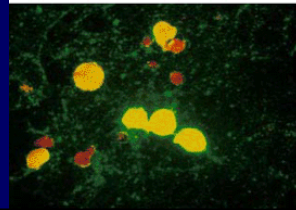
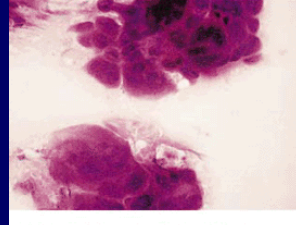
- Infectious agents have been implicated in the pathogenesis of SCHIZOPHRENIA
- Herpes simplex virus (HSV) has been suggested as a putative cause of schizophrenia based on its tropism for the nervous system and epidemiological studies linking herpes infection in pregnancy with schizophrenia.
Yolken R, Viruses and schizophrenia: a focus on herpes simplex virus. Herpes 2004; 11:83A.



Paranoid schizophrenia is characterized by feelings of persecution, grandiose delusions and auditory hallucinations

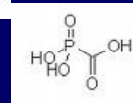
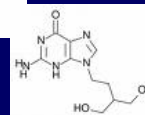
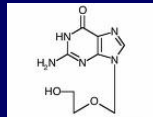
HSV DIAGNOSIS

- Serology – IgG and IgM detection
 - Anamnestic IgM responses can occur; IgM tests unreliable; most tests cannot accurately distinguish HSV-1 and HSV-2
- Virus isolation
- Antigen detection
- HSV DNA PCR
- Tzanck smear – unreliable
- Clinical diagnosis – unreliable
 - Langenberg, NEJM 1999, 341:1432



HSV TREATMENT

- Acyclovir and Valacyclovir
- Penciclovir and Famciclovir
- Foscarnet
- All are viral DNA polymerase inhibitors
- For life threatening HSV infections use on intravenous acyclovir
- Valacyclovir use has been shown to reduce risk of transmission of genital herpes from infected to susceptible partner
- Acyclovir resistance is rare but seen in profoundly immunocompromised patients
- Acyclovir, Valacyclovir and Famciclovir remarkably safe

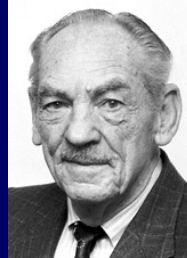


HSV TREATMENT

- Nobel Prize in Physiology and Medicine 1988



Gertrude Elion



George Hitchings

“**Gertrude Elion and George Hitchings** demonstrated differences in nucleic acid metabolism between normal human cells, cancer cells, protozoa, bacteria and virus. On the basis of such differences a series of drugs were developed that block nucleic acid synthesis in cancer cells and noxious organisms without damaging the normal human cells. A recent, successful application of their research ideas is exemplified by acyclovir (1977), the first effective drug in the treatment of herpes virus infections.”

HERPES INFECTIONS MISCELLANEOUS THERAPIES

- Phototherapy
- Burn therapy (laser/N₂)
- Application of ice
- X-rays
- Benzoin
- Topical epinephrine
- Hydrogen peroxide
- Vitamins
- Diet therapy
- Ginseng
- Aloe vera extracts
- Various herbs
- Red algae
- Lactobacillus tablets

HERPES INFECTIONS MISCELLANEOUS THERAPIES

- Dimethyl sulfoxide (DMSO)
- Lysine
- Blistex
- Camphophenique
- Pyrethins
- Antibiotics
- Steroid creams
- Tannic acid
- Mercurochrome
- Potassium permanganate
- Gentian violet
- Silver nitrate
- Iodine
- Lithium
- Red wine



HSV PREVENTION

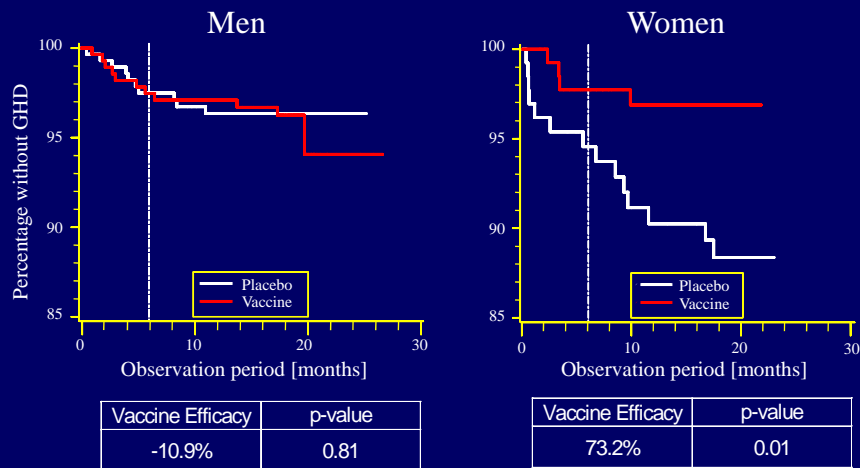
- Neonatal herpes
 - Cesarean delivery
 - Antivirals in final 4 weeks of gestation (unproven)
- Genital herpes
 - Abstinence
 - Valacyclovir use by infected partner
 - Condom use (limited benefit)
 - Vaccines (in development)



GSK HSV-2 VACCINE TRIALS

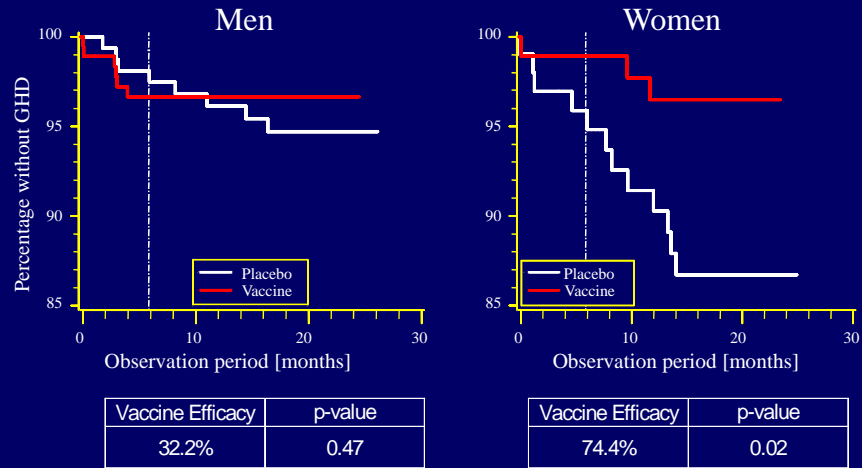
- Two double blind, randomized, placebo-controlled trials
- Study 1 (57 centers) enrolled 847 HSV-1 and HSV-2 seronegative partners of HSV-2 infected persons
- Study 2 (60 centers) enrolled 2491 (any serostatus) partners of HSV-2 infected persons
- Vaccinations: 0, 1, and 6 months – I.M. administration
- Follow-up period: 19 months
- Primary efficacy endpoint: Acquisition of HSV-2 disease

Study 1- GSK HSV-2 Vaccine Genital Herpes Disease HSV 1-/2- Subjects



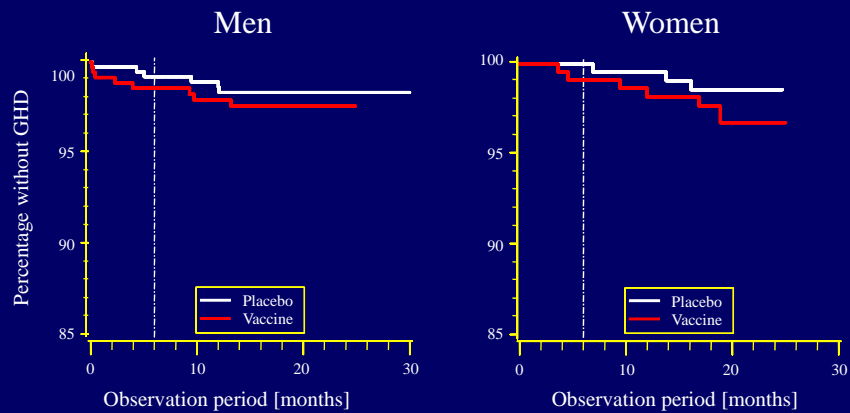
Stanberry NEJM 2002;347:1652

Study 2- GSK HSV-2 Vaccine Genital Herpes Disease HSV 1-/2- Subjects



Stanberry NEJM 2002;347:1652

Study 2- GSK HSV-2 Vaccine Genital Herpes Disease HSV 1+/2- Subjects



Stanberry NEJM 2002;347:1652

HSV-2 Vaccines: Key Questions

- What might explain the gender effect?
- Why did the vaccine not protect HSV-1 seropositive women?
- Would an HSV vaccine to protect against HSV-2 genital herpes also protect against genital herpes caused by HSV-1?
- Would a genital herpes vaccine protect against non-genital HSV infections including gingivostomatitis, encephalitis, retinitis and neonatal herpes?

CMV and HSV

Learning points

- Common, clinically relevant, ubiquitous viruses
- Transmission is by person-to-person spread
- Cause self-limited acute infection that results in establishment of a persistent life-long infection
- Persistent infection can reactivate to cause recurrent infection
- Myriad different clinical illnesses
- Safe antiviral drugs are effective at controlling the acute infection but ineffective in eliminating the persistent infection
- Current prevention strategies have limited effectiveness
- Promising vaccines are in development