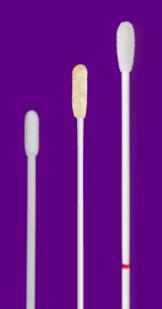




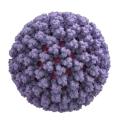
Detecting cytomegalovirus shedding in pregnant women and newborns: are all swabs created equal?

NgeeKeong (NK) Tan Clinical Scientist Virology St George's Hospital, London





CMV infection in pregnancy



- Ubiquitous virus. Found in saliva, blood, urine, body fluids.
- In healthy people, CMV infections do not usually have symptoms. Some have mild symptoms.
- But, CMV can cause significant and long-term health issues – cCMV and SNHL.
- 3416 infants born with cCMV (UK, 2020); 629 suffer from permanent disability.
- €853,000,000 pa.
- Detecting maternal and fetal infections is essential.





CMV infection in pregnancy



- Current approach
 - Screening?
 - USS ± MRI
 - Serology ± PCR
 - M/F blood
 - Amniotic fluid
 - PCR
 - Urine ± saliva
 - DBS

- Proactive approach?
 - Numerous studies
 - Detecting CMV
 shedding in maternal
 body fluids by PCR
 - Urine
 - Vaginal fluid
 - Saliva





NIH U.S. National Library of Medicine

Find Studies ▼ About Studies ▼ Submit Studies ▼ Resources ▼

About Site ▼

PRS Login

Clinical Trials.gov

Search Results >

Study Record Detail

☐ Save this study



Cytomegalovirus Shedding Characteristics in Pregnant Women (cCHIPS)

The safety and scientific validity of this study is the responsibility of the study sponsor **A** and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our disclaimer for details.

Sponsor:

St George's, University of London

Collaborator:

St George's University Hospitals NHS Foundation Trust

Information provided by (Responsible Party):

St George's, University of London

ClinicalTrials.gov Identifier: NCT04021628

Recruitment Status 1 : Active, not recruiting

First Posted 1: July 16, 2019 Last Update Posted 1: July 21, 2021







The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Saliva Polymerase-Chain-Reaction Assay for Cytomegalovirus Screening in Newborns

Suresh B. Boppana, M.D., Shannon A. Ross, M.D., M.S.P.H., Masako Shimamura, M.D., April L. Palmer, M.D., Amina Ahmed, M.D.,

- Saliva from 34,989 newborns.
- Saliva culture vs wet swabs (phase I) and dry swabs (phase II).
- Concurrent saliva culture and PCR of wet and dry swabs for 5276 samples.
- Polyester (PurFybr) swabs in culture media stored at 4°C.
- Polyester dry swabs stored at RT. Direct PCR of dry swabs (not extracted).





Table 2. Real-Time Polymerase-Chain-Reaction (PCR) Assays of Liquid- and Dried-Saliva Specimens, vs. Rapid Culture, Used to Screen for Congenital Cytomegalovirus Infection.

Rapid Culture	Liquid-Saliva PCR Ass			
	Positive	Negative	Т	
Positive	85	0		
Negative	8	17,569	1	
Total	93	17,569	1	
Sensitivity (95% CI) — %		100 (95.8–100)	
Specificity (95% CI) — %		99.9 (99.9–100)	
Positive likelihood ratio (95% CI)	2	2197 (1099–439	93)	
Negative likelihood ratio (95% CI)		0 (0.0-0.1)		
Positive predictive value (95% CI) — %		91.4 (83.8–96.2	2)	
Negative predictive value (95% CI) — $\%$		100 (99.9–100)	

COMPARISON OF SALIVA PCR ASSAY VERSUS RAPID CULTURE FOR DETECTION OF CONGENITAL CYTOMEGALOVIRUS INFECTION

Swetha G. Pinninti, MD,* Shannon A. Ross, MD, MSPH,*
Masako Shimamura, MD,* Zdenek Novak, MD,*
April L. Palmer, MD,† Amina Ahmed, MD,‡
Robert W. Tolan, Jr., MD,§ David I. Bernstein, MD,¶
Marian G. Michaels, MD, Pablo J. Sánchez, MD,**
Karen B. Fowler, DrPH,* and Suresh B. Boppana, MD,*
for the National Institute on Deafness and Other Communication
Disorders CMV and Hearing Multicenter Screening
(CHIMES) Study

- Reliability?
- Applicability?

Viral Load in Discordant Specimens

The median viral load was not significantly different between discordant (1.86×10^5 IU/mL; range: 6.4×10^2 to 4.8×10^7 IU/mL) and concordant (2.5×10^6 IU/mL; range: 1×10^3 to 3×10^{10} IU/mL,







Contents lists available at ScienceDirect

Journal of Clinical Virology

journal homepage: www.elsevier.com/locate/jcv

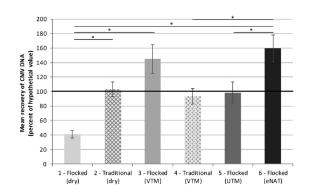


Laboratory diagnosis of congenital CMV infection in newborns: Impact of pre-analytic factors



N. Kohmer^a, A. Nagel^b, A. Berger^a, M. Enders^c, K. Hamprecht^d, K. Korn^b, M. Kortenbusch^a, K. Überla^b, H.F. Rabenau^{a,*}

- CMV DNA in phosphate-buffered saline.
- Dry flocked and rayon, wet flocked (VTM, UTM, eNAT), wet rayon (VTM).
- Findings
 - The durations and conditions of storage of the swabs (RT; 2h, 24h, 8d) did not have a major effect on the recovery of CMV DNA. (but in PBS...)
 - A significant reduction (60%) in CMV DNA recovery from <u>dry</u> flocked but not rayon swabs.
 - Not due to under-absorption of flocked swabs.
 - Swab and transport media dependent
- Conclusion: Flocked swabs in VTM or eNAT showed the best recovery, but flocked/eNAT system showed the best overall performance.









Contents lists available at ScienceDirect

Journal of Clinical Virology

journal homepage: www.elsevier.com/locate/jcv



Recovery of cytomegalovirus DNA from newborn saliva samples by different methods



Oran Goshen^{a,b,*}, David M. Goldfarb^{a,c}, Laura Book^{a,c}, Peter Tilley^{a,c}, Soren Gantt^{a,b,c}

- CMV DNA in adult saliva.
- Dry polyester and wet flocked (UTM) at RT and 4°C, wet flocked (eNAT) at RT and 42°C.
- Findings
 - Recovery of CMV DNA is different between <u>different swabs</u> (0.9 log IU/ml).

Swab type	Medium	Storage	Mean log ₁₀ CMV viral load (standard deviation)				
			Day 0	Day 3	Day 7	Day 14	Day 21
Traditional ^a	None	Room temperature	3.52 (0.10) 4/4	2.54 (0.08)** 2/4	2.21* 1/4	**** 0/4	n.d.
Traditional ^a	None	4 °C	3.52 (0.10) 4/4	3.47 (0.19) 4/4	2.96 (0.13) 4/4	2.42 (0.39) 4/4	n.d.
Flocked ^b	UTM ⁴	Room temperature	4.23 (0.04)	2.76 (0.33)	2.56 (0.10)	2.27 (0.17) ***	n.d.
Flocked ^b	$\mathbf{U}\mathbf{T}\mathbf{M}^{\mathrm{d}}$	4°C	4.23 (0.04)	4.00 (0.09)	3.68 (0.18)	2.79 (0.22)	n.d.
Flocked ^b	ENAT ^e	Room temperature	4.40(0.10)	4.53 (0.05)	4.61 (0.07)	4.38 (0.14)	4.47 (0.0
Flocked ^b	$ENAT^{e}$	42 °C	4.40 (0.10)	4.56 (0.09)	4.60 (0.05)	4.42 (0.11)	4.43 (0.0
Filter paper	-	Room temperature	3.06 (0.19)	3.30 (0.08)	3.65 (0.09)	2.87 (0.28)	n.d.







Contents lists available at ScienceDirect

Journal of Clinical Virology





Screening for cytomegalovirus shedding in vagina and saliva: Significant differences between biological fluids, swab types and storage durations in DNA recovery



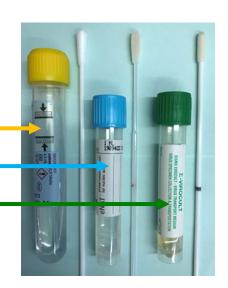
Ngee Keong Tan a,*, Cassie F. Pope b,1, David Carrington b,1





Evaluation of commercial swabs

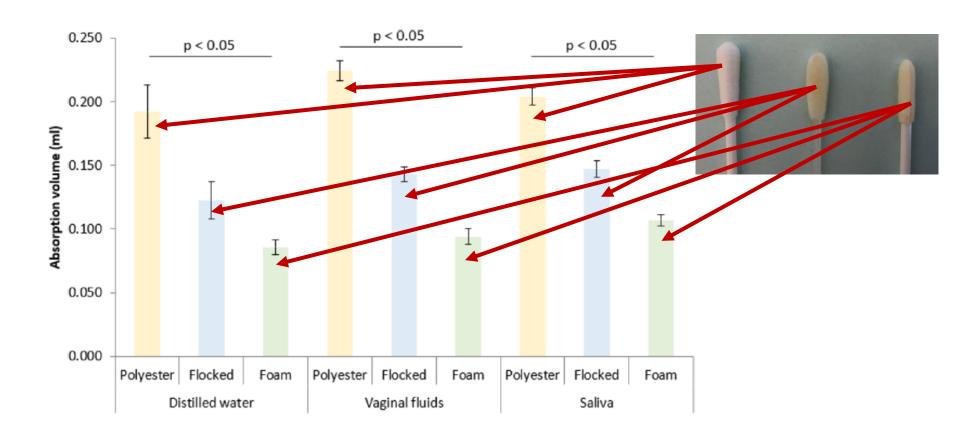
- Adult female vaginal fluid and saliva
 - Polyester, 4.3ml cobas PCR media
 - Flocked (nylon), 1.0ml eNAT media
 - Foam, 1.0ml VTM
 - Foam, dry
- Absorption volume
- Recovery of CMV DNA from fluids over time.
- Recovery of CMV DNA from swabs ± transport media over time.







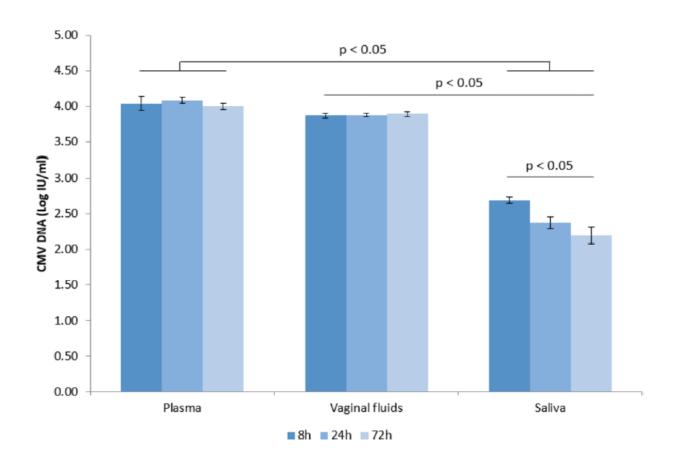
Result 1: Absorption







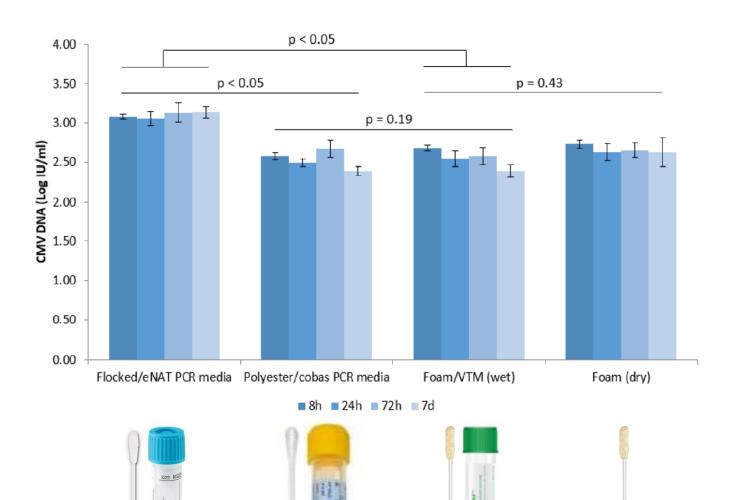
Result 2: Recovery from fluids







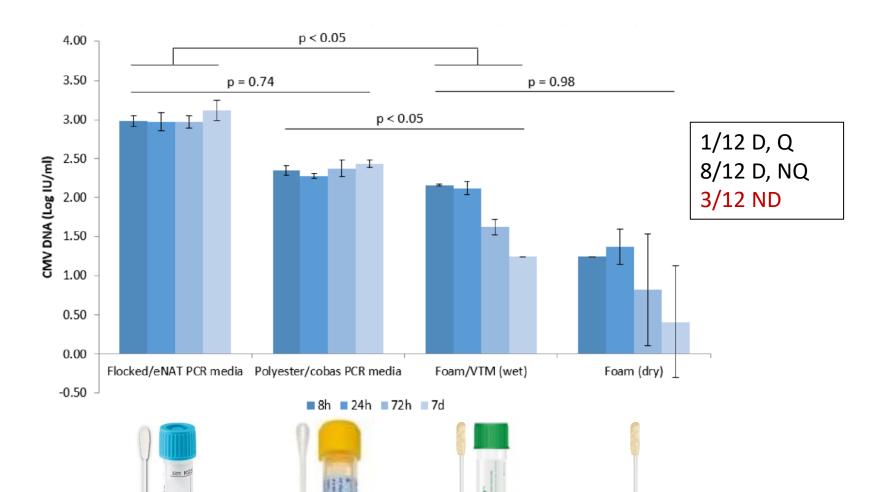
Result 3: Recovery from swabs ± TM (VF)







Result 4: Recovery from swabs ± TM (Sal)







Conclusion:

- Significant differences in
 - absorption efficiency between swabs.
 - CMV DNA recovery between biological fluids and swab types over time.
- Polyester and flocked swabs with NA preservation media appear acceptable, but flocked swabs in eNAT media are superior for CMV DNA recovery.
- Foam swabs stored dry or in VTM are likely inferior for saliva samples.





Summary and take home message:

- Commercially available swabs, with or without transport media, have neither equal absorption efficiency, nor the equivalent capability of releasing or preserving CMV DNA over time to ensure an accurate and reliable detection of CMV DNA in biological fluids.
- Choose your swabs carefully!





Grazie!