South Australian Paediatric Clinical Guidelines

Epstein- Barr virus (glandular fever) in pregnancy)

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Epstein-Barr virus

- Epstein-Barr virus (EBV) is a human herpes virus with a variable incubation period that may cause infectious mononucleosis
- Epstein-Barr virus has the ability to remain latent in the body and become reactivated at a later time¹

Clinical features

- Acute viral syndrome with fever
- > Sore throat
- > Lymphadenopathy
- Characteristic increase in the percentages of monocytes and lymphocytes (mononucleosis and lymphocytosis)

Incubation period

2 to 7 weeks after exposure

Route of transmission

Sharing oral secretions (saliva)

Infection precautions

Standard precautions

Literature review

- EBV has a worldwide distribution. In Australia, EBV is more common among women aged between 15 and 19 years. In developing countries, EBV is more common among children³
- Primary EBV infection during pregnancy is rare. Only 3.0 % to 3.4 % of pregnant women are susceptible²
- Only 50 % of pregnant women infected will develop clinical infectious mononucleosis
- The low frequency of maternal EBV in pregnancy makes it difficult to assess the risk to the fetus
- Early studies have reported that infants occasionally suffer damage due to maternal primary EBV infection just before conception or during pregnancy
- In other studies, EBV infection was not transmitted to the fetus and there were no adverse effects
- > The risk of intrauterine transmission of EBV infection is considered to be low, even when the mother is symptomatic clinically^{2,4,6}
- Reactivation of EBV in pregnancy may carry a small risk of a shortened pregnancy duration and lower birthweight⁷
- Infection with EBV may be associated with Hodgkin's disease and non-Hodgkin's lymphomas (particularly in the presence of HIV infection) and nasopharyngeal carcinoma

Diagnosis

ISBN number: Endorsed by:

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978-1-74243-093-5

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- Recent primary EBV infection is diagnosed by the presence of viral capsid antigens (VCA) IgG and IgM antibodies in the absence of antibodies to EBV-associated nuclear antigen which develop 3 to 4 weeks after primary infection
- Obtain serology for IgG and IgM antibodies to viral capsid antigens (VCA) soon after symptoms of infection
- About 80 % form antibodies to early antigens, which usually fall to undetectable levels by 6 months after infection
- > The presence of antibodies to early antigens at later times after acute infection has been considered to indicate possible viral reactivation

Management

- > Supportive treatment e.g. rest, fluids and analgesia if required
- Most pregnant women will have a gradual, uneventful recovery after an acute phase lasting several days to 3 or 4 weeks
- Fever usually resolves within two weeks
- Abnormal liver transaminases occur in about 10 % of cases. Symptoms of nausea and anorexia and possibly vomiting could be expected
- Significant organomegaly usually resolves within 1 to 3 months
- Recovery from severe fatigue may occur quickly, however a full recovery to a feeling of wellbeing may take several months

References

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Useful web sites

SA Department of Health: You've got what - Glandular fever

http://www.dh.sa.gov.au/pehs/ygw/glandularfever-pehs-sahealth-2009-pehs-sahealth-2009.pdf

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Centers for Disease Control and Prevention (CDC) – Epstein-Barr virus and infectious mononucleosis:

Available from URL:

http://www.cdc.gov/ncidod/diseases/ebv.htm

Abbreviations

CDC	Centers for disease control and prevention
EBV	Epstein-Barr virus
ed.	Edition
e.g.	For example
et al.	And others
96	Percent
HIV	Human immunodeficiency virus
IgG	Immunoglobulin G
IgM	Immunoglobulin M
URL	Uniform resource locator
VCA	Viral capsid antigens

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment	
1.0	26 July 04	16 Dec 08	Original version	
2.0	16 Dec 08	08 Jan 13	Reviewed	
3.0	08 Jan 13	Current		

ISBN number: Endorsed by:

978-1-74243-093-5

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