



Concerning the article “Knowledge of cytomegalovirus and available prevention strategies in pregnancy: a cross-sectional study in Portugal”

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Concerning the article “Knowledge of cytomegalovirus and available prevention strategies in pregnancy: a cross-sectional study in Portugal”

Dear Editor,

We read with great interest the important study by Sidonie Monteiro and collaborators, entitled “Knowledge of cytomegalovirus and available prevention strategies in pregnancy: a cross-sectional study in Portugal” [1]. The authors aim to get information on the knowledge of pregnant women on CMV and measures to prevent infection, in Portugal. Pediatricians and neonatologists have a great concern about congenital CMV infection (cCMV) but information on its importance and primary prevention measures are up to the family doctors and obstetricians. Surely pediatricians may help teach the mothers of a first child whether she is CMV IgG negative or positive. This study proved we have a long way to achieve a good level of primary prevention of cCMV infection in Portugal. It is very difficult to perform population-based studies on the prevalence of cCMV and to know how many cases of cerebral palsy or deafness are caused by it. In Portugal, some studies tried to clarify these questions. At least one study gives information on how official guidelines are (not) accomplished, namely the preconceptional screening. In the study, by Patrícia Sousa et al. [2], performed in the North of Portugal, 73.1% of the 240 enrolled women have had preconception care ($n = 171$), in public or private services, by Obstetrician or General Practitioner. CMV screening rate for women with previously unknown status was 31.8% and, on those with previous negative IgG, only two out of four were screened. Concerning the prevalence of cCMV infection, to our knowledge, there are three studies deserving attention. The first one, from 2009, also the first to give data on this issue, was based on the study of 3600 Guthrie cards, collected all over the country; authors found a prevalence of 1.05% (0.748–1.446) [3]. The second one [4], from 2019, was a study performed on the scope of the Portuguese Pediatric Surveillance Unit (PPSU) of the Portuguese Society of Pediatrics. For 6 years, newborn infants diagnosed as having viruria in the first 3 weeks of life were referred to the investigators. The prevalence of cCMV was 6.6/100,000 live births. This study had at least two bias – the diagnosis was dependent on clinical suspicion and on doctors’ compliance with reporting. Both could fail. Yet it gave us one important information: non-primary maternal infections were associated with symptomatic congenital CMV infection in the offspring. The third study [5] which aimed to test the feasibility of using saliva pools for cCMV screening, involved 1492 newborn infants from

two hospitals and found a prevalence of 0.67% (CI95% 0.36–1.23%). One fourth study was performed during COVID-19 lockdown [6] aiming to compare prevalence with the previous one. The authors found a much lower prevalence of cCMV infection (0.078%). We can speculate that the use of masks, the kiss eviction, washing hands often, and being at home instead of being in kindergarten, may be strong reasons for this decrease. It reinforces that, primary prevention measures usually taught as important are, really, very important. Last but no less important, the national registry of cerebral palsy [7] (CP) on the scope of the PPSU, found that, between 2001 and 2012, out of the 1142 children with CP born in Portugal, 63 had a TORCH infection and that 40 out of these 63 had cCMV. So, 40/1142 children with CP (3.5%) have, had cCMV infection. The most part of these studies were conducted by pediatricians/neonatologists revealing their great concern about cCMV infection in Portugal. However, further efforts are needed to bring professional and social awareness about congenital CMV infection, in order to promote and increase primary prevention. To reach this goal, pediatricians/neonatologists, obstetricians, and family doctors should work together in the context of relevant national health institutions.

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