

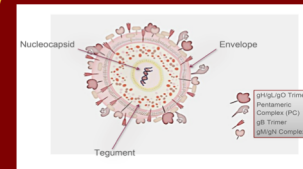


UNIVERSITY OF MINNESOTA

Driven to Discover®

The Dried Umbilical Cord is a Tenable Sample for CMV Diagnosis by Real-Time PCR

Authors: Solomon Harris, Katelyn Parsons, Jennifer Geris, Mark Blackstad, Mark R. Schleiss



Background: Congenital cytomegalovirus (cCMV) is the most common infectious disease resulting in disabilities in children. Universal cCMV screening of all newborns is increasingly being considered, but for older children retrospective diagnosis of congenital infection requires analysis of archived, stored samples from the neonatal period. Some families save the dried newborn umbilical cord as a “memento”. We were interested in determining if such a sample was a useful substrate for cCMV diagnosis.

91% OF WOMEN DO NOT KNOW ABOUT CMV

Methodology: An umbilical cord was available from an infant with cCMV identified in a universal screening study. DNA was extracted from 0.045 grams of tissue using the Qiagen DNeasy Blood and Tissue Kit. Quantitative PCR was compared using primers to the CMV UL83 gene. In addition, glycoprotein B (gB) genotyping was performed on both the urine and umbilical cord samples.

Results:

Umbilical cord was positive for CMV DNA with a viral load of $3.15E+04$ copies/ μ g (Figure 1).

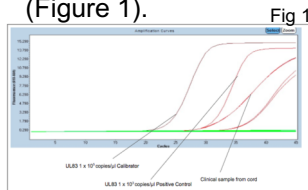


Fig 1

Fig. 1 illustrates amplification of clinical samples from Umbilical Cord. Red lines indicate a positive CMV result. Further left the red lines, the more positive.

Umbilical Cord Sample

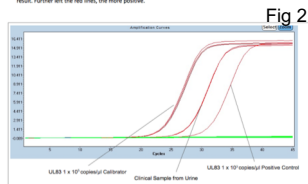


Fig 2

Fig. 2 illustrates amplification of clinical samples from Urine sample. Red lines indicate a positive CMV result. Further left the red lines, the more positive.

Urine Sample

Multiplex gB genotyping identified both the cord and urine samples as encoding gB clade 1 (gB1) (Figure 3).

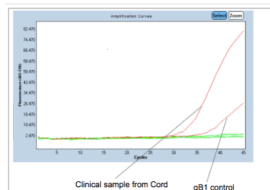
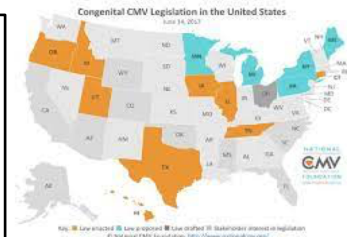


Fig 3

Figure 3 illustrates PCR amplification of a clinical sample from umbilical cord. Red lines indicate a positive result for the gB1 genotyping assay.

Conclusion 1: Umbilical cord tissue can be used to identify cCMV infection by PCR. This may have implications for infants who live in states in the USA where blood spots are destroyed shortly after birth, if the family has saved the cord sample. In addition, we show that real-time PCR can identify the CMV gB genotype.

Conclusion 2: Since the leading CMV vaccine candidate is based on the gB protein, identifying genotypes can be valuable in future vaccine studies by gauging breakthrough infections based on variant strains that don't “match” the vaccine strain variant.



Acknowledgements: I would like to thank all of the faculty at the Schleiss Lab for the opportunity to research this virus as well as their direction regarding much of my work.