

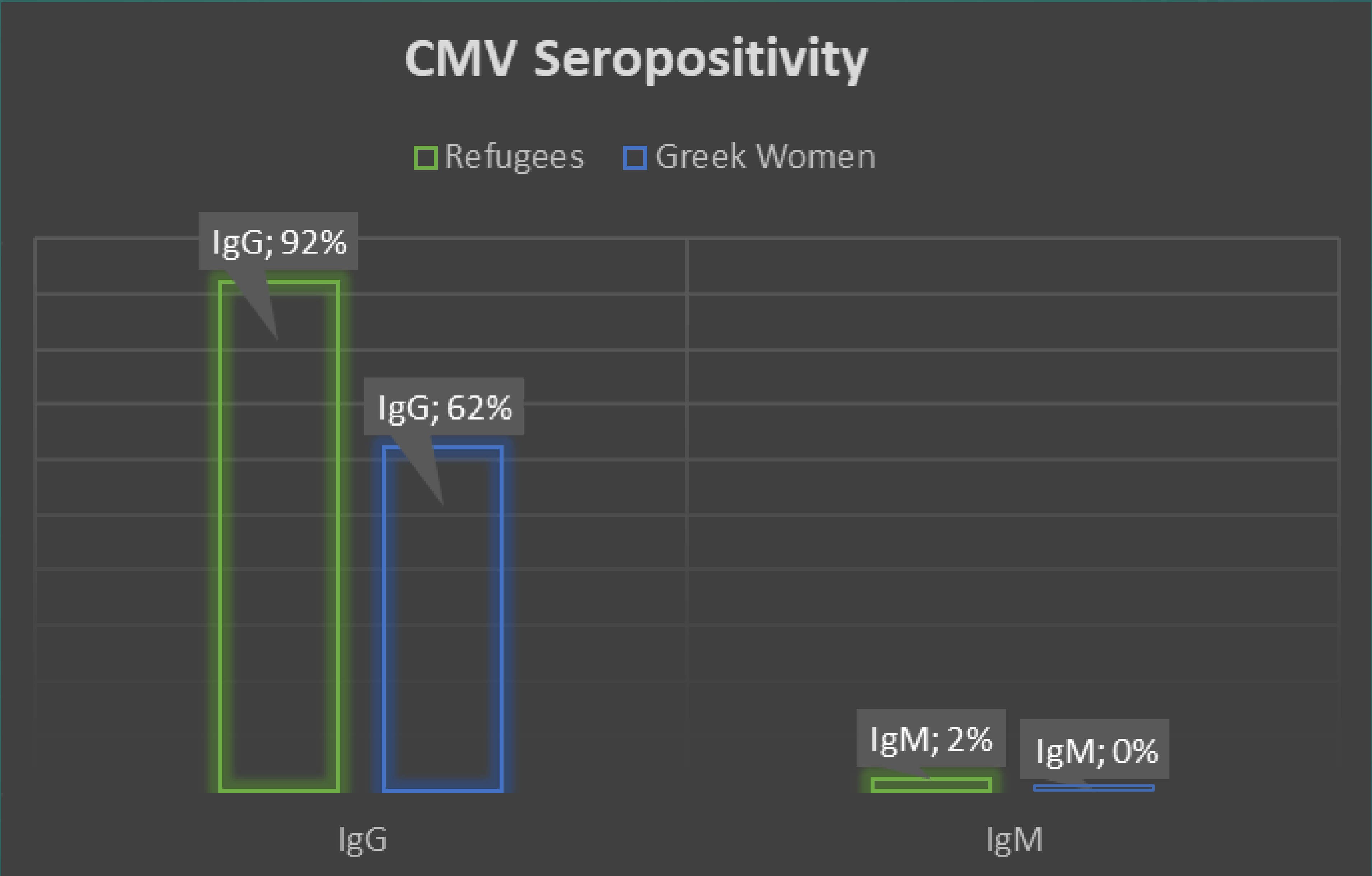
SEROPREVALENCE OF CYTOMEGALOVIRUS INFECTION AMONG PREGNANT IMMIGRANT AND REFUGEE WOMEN

Zacharis Konstantinos¹, Chrysaopoulou Eleni¹, Anagnostaki Ismini¹, Chondros Spyridon¹, Tsapadikou Vasiliki-Kalouda¹, Barbarousi Asimina¹, Anagnostaki Maria-Emmanouela², Kravvaritis Stavros¹, Charitos Theodoros¹, Fouka Anastasia¹

1. Department of Obstetrics and Gynaecology, General Hospital of Lamia, Lamia, Greece 2.Trainee in Internal Medicine, Psychiatric Hospital of Attica, Chaidari, Athens, Greece

Objective: Cytomegalovirus (CMV) is one of the most frequent causes of congenital malformations in a developing fetus or newborn. Maternal-fetal transfusion may occur via primary or secondary infection. The aim of this study was to evaluate the seroprevalence of CMV among pregnant immigrant and refugee women from a refugee camp nearby a secondary hospital in the region of Central Greece. A comparative study with a random sample of pregnant Greek women was also performed.

Design-method: Retrospective cohort study including 100 women from the maternity ward of a Greek secondary hospital, between 2019 and 2022. IgG and IgM CMV seroprevalence was recorded for 50 immigrant and refugee women and 50 Greek women. Statistical method used was chi-squared test.



Results: In the immigrant and refugee group, IgG CMV seropositivity was 92% and IgM rate was 2%. On the other hand, in the group of Greek women IgG seropositivity rate was 62% and none of the pregnant Greek women were seropositive for anti-CMV IgM. IgG CMV seropositivity was significantly higher among immigrant and refugee women compared to Greek women ($\chi^2=12.705$, $df=1$, $p<0.001$), while there was no significant difference in IgM CMV seropositivity

Conclusions: CMV IgG seropositivity is higher among women with a history of refugee experience. Review of related literature reveals that despite the fact that incidence of CMV is high, seropositivity rates vary due to differences in socio-economic development and sanitary conditions. Immigrant and refugees are vulnerable to infections, including CMV, due to poor living conditions or overcrowding in refugee camps.