



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide:

Parent information leaflet: Latent EBV infection and EBV reactivation

What is EBV?

Epstein–Barr virus (EBV) is a very common virus. Most people catch it at some point in childhood or adolescence. EBV belongs to the herpesvirus family.

- In younger children, EBV infection often causes few or no symptoms.
- In teenagers and adults, it can cause **glandular fever (infectious mononucleosis)** with fever, sore throat, swollen glands, and tiredness.

What does “latent EBV” mean?

After the first (primary) infection, EBV is **not fully cleared** from the body. Instead, it becomes **latent**, meaning:

- The virus stays “asleep” inside certain white blood cells.
- This is normal and expected.
- Latent EBV usually causes **no symptoms** and needs **no treatment**.

This is similar to other herpesviruses (for example, chickenpox virus can later reactivate as shingles).

What is “EBV reactivation”?

Sometimes EBV can “wake up” again. This is called **reactivation**.

- In most healthy children and adults, reactivation is **mild** or causes **no symptoms at all**.
- Reactivation is more likely to be clinically important in people with **weakened immune systems** (for example, after organ transplant, chemotherapy, certain immune conditions, or strong immunosuppressant medicines).

Reactivation does **not** necessarily mean your child has a new infection from someone else; it is often the child’s own virus becoming active again.



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What symptoms might happen with reactivation?

Many children have none. If symptoms occur, they can overlap with many other common viral illnesses:

- Tiredness/low energy
- Mild fever
- Swollen glands (neck/under jaw)
- Sore throat
- General aches or “flu-like” feeling

Less commonly, EBV activity can be associated with:

- Enlarged spleen or liver
- Yellowing of the skin/eyes (jaundice)
- Significant or persistent fevers

If your child has strong symptoms, your clinician will also consider other causes (other viruses, bacterial throat infection, iron deficiency, thyroid issues, etc.), depending on the situation.

How is EBV tested, and what do results mean?

There are two common types of tests:

1) Antibody blood tests (serology)

These show whether EBV infection happened recently or in the past.

- **VCA IgM** (often indicates recent/primary infection)
- **VCA IgG** (usually indicates past infection)
- **EBNA IgG** (usually appears later and indicates past infection)

A typical pattern for *past infection* is **VCA IgG positive + EBNA positive**, with **VCA IgM negative**.

2) EBV PCR (viral load)

This measures EBV genetic material in blood. It is most useful when the immune system is suppressed (for example, transplant monitoring). In healthy children, PCR can be difficult to interpret because low-level detection does not always mean disease.



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Important: A test suggesting “reactivation” can sometimes reflect the immune system’s antibody pattern rather than an illness that needs treatment. Your clinician will interpret results alongside symptoms and examination.

Is latent or reactivated EBV contagious?

- **EBV spreads mainly through saliva** (kissing, sharing drinks/bottles, toothbrushes).
- During primary infection and sometimes during reactivation, EBV can be present in saliva.
- Because EBV is so common and people can shed it without symptoms, it is hard to prevent completely.

Practical steps:

- Avoid sharing cups, bottles, and toothbrushes.
- Encourage good hand hygiene.
- No need for isolation at home if the child is otherwise well enough for normal activities.

How is it treated?

There is **no specific antiviral treatment** needed for latent EBV, and most reactivation episodes in healthy children need only supportive care:

- Rest and pacing activity
- Fluids
- Paracetamol (acetaminophen) or ibuprofen as appropriate for comfort/fever

Antibiotics do **not** treat EBV (unless there is a separate bacterial infection).

Steroids are **not routine** and are reserved for specific complications (for example, significant airway swelling), decided by a clinician.

Activity and sports (spleen safety)

EBV (especially primary glandular fever, and occasionally significant reactivation) can cause the spleen to enlarge. A rare complication is **splenic rupture**, usually linked to impact sports.

If your clinician suspects spleen enlargement, they may advise:

- Avoid contact sports/rough play for a period (often several weeks), guided by symptoms and examination (and sometimes ultrasound, depending on local practice).



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If your child has been told their spleen is enlarged, follow the specific advice given.

When should we seek urgent medical help?

Seek same-day medical review (GP/urgent care) or emergency help if your child has:

- Breathing difficulty, drooling, or trouble swallowing fluids
- Severe tummy pain (especially left upper abdomen), shoulder-tip pain, or fainting (possible spleen issue)
- Yellow skin/eyes (jaundice), very dark urine, or pale stools
- Severe headache, neck stiffness, confusion, or seizures
- Persistent high fever, marked lethargy, or signs of dehydration
- Significant bruising/bleeding, or a widespread rash with illness

When should we arrange a routine follow-up?

Contact your GP/clinician if:

- Symptoms (especially fatigue, fevers, or gland swelling) persist beyond 2–4 weeks
- Your child is missing lots of school or daily activities
- There are recurrent episodes of significant symptoms
- Your child has an underlying immune condition or takes immunosuppressant medicines

Reassurance

- **Latent EBV is normal** after infection and is present in most people.
- **Reactivation is common and usually harmless** in otherwise healthy children.
- Ongoing or severe symptoms deserve review to check for EBV complications and other possible causes.

Enclosed is a link to further parent information:

Parent information on supportive measures during viral illness:

<https://drwmuller.com/information-for-parents-carers/>

See: Infection: Acute infection - what can I do?

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Date: 11/01/2026