**Infectious Disease Epidemiology Section**
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# MOLLUSCUM CONTAGIOSUM

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The cause is a poxvirus, which is the sole member of the genus Molluscipoxvirus.

## Epidemiology

Humans are the only known source of the virus, which is spread by direct contact, including sexual contact, or by fomites, carried in items such as towels. Lesions tend to disseminate by autoinoculation. The infectivity generally is low, but occasional outbreaks have been reported. The period of communicability is unknown.

The incubation period seems to vary between 2 and 7 weeks but may be as long as 6 months.

## Clinical Description

Molluscum contagiosum is a benign, usually asymptomatic viral infection of the skin with no systemic manifestations. It is characterized by relatively few (usually 2 to 20) discrete, flesh-colored to translucent, dome-shaped papules, some with central umbilication. Lesions commonly occur on the trunk, face and extremities but may be generalized.

An eczematous reaction may encircle the lesions in about 10% of patients. Patients with eczema and immunocompromised persons, including persons with human immunodeficiency virus infection, tend to have more intense and widespread eruptions.

Most lesions spontaneously regress in 6 to 9 months, but they can remain for 2 to 3 years.

## Laboratory Tests

The diagnosis usually can be made from the characteristic appearance of the lesions. Wright or Giemsa staining of material expressed from the central core of a lesion reveals characteristic intracytoplasmic inclusions. Electron microscopic examination will identify the typical poxvirus particles.

## Treatment

- Mechanical removal of the central core of each lesion usually results in resolution.
- Nondermatologists should feel comfortable using imiquimod cream. The cream is applied at night, 1 drop to each molluscum and rubbed in well, until the cream turns clear. The area is washed with soap and water. The cream can be applied 3 to 7 times/week. Molluscum within the orbital rim should not be

treated and molluscum in the genital region can easily become irritated. Lesions should be treated until they develop a scant amount of redness; weeping and crusting should be avoided.

- EMLA (eutectic mixture of local anesthetics) cream, a topical anesthetic, may be applied 30 minutes to 2 hours before the procedure.
- Cantharidin is safe and effective but can cause blistering. Cantharidin is applied in 1 small drop directly to the molluscum lesion. Areas that the patient (especially children) may rub are covered with a band-aid, because contact with the fingers should be avoided. Cantharidin should not be applied to the face or near the eyes since blistering is unpredictable. If cantharidin comes into contact with the cornea, it can scar the cornea. Cantharidin should be washed off with soap and water in 6 hours. Parents should be warned about blistering. Overall, cantharidin has a very high parent and child satisfaction rate.
- Peeling agents such as salicylic and lactic acid preparations, electrocautery, or liquid nitrogen may be successful in removal of lesions.

Although lesions can regress spontaneously, treatment may prevent autoinoculation and spread to other persons. Scarring is a rare occurrence.

**Surveillance**

Molluscum contagiosum is not is a reportable condition. However, day care center and school staff often calls the Office of Public Health for advice on prevention.

**Case Definition**

A case clinically compatible with the clinical description listed above.

**Investigation**

None

**Prevention of transmission:**

No control measures are known for isolated cases. For outbreaks, restricting direct body contact and sharing of items (eg, towels and washcloths) with potentially contaminated fomites may reduce the spread.

School exclusion is not recommended

**Hospital precaution and isolation:** Standard precautions are recommended.