

Herpetic Whitlow. A Form of Cross-Infection in Hospitals.

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Herpetic Whitlow. A Form of Cross-Infection in Hospitals

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Abstract : 54 cases of septic lesions occurring on the fingers of nurses working in a neurosurgical unit were noted. Each lesion started as an area of irritation developing into a vesicle, which coalesced with other vesicles, commonly under the nail, and was very painful. No pus formed. After 10 days, the pain suddenly disappeared and the lesion dried up. The lesions resisted all forms of treatment. They sometimes recurred at the original site, from 1 month to 3 years later. There was no history of trauma or constitutional upset. On culture, fluid from the vesicles was either sterile or

organisms which were contaminants. (The lesion could be mistaken for a St one when it became infected, secondarily, with this organism, which was al same phage type as the staphylococci in the nurse's nose.) When vesicular inoculated into human amnion tissue cultures it produced changes characte simplex virus, and the presence of the virus was confirmed by neutralizatio immune sera. A rise in neutralizing antibody in the nurses' serum was also (and all but 2 of the cases from which virus was isolated appeared to be prim as no antibody was present before the lesion occurred. 49% of the nurses be susceptible. There was no serological evidence of sub-clinical infection. Only 1.2% of patients in the neurosurgical unit were salivary carriers of herp could not account for all the infections. However, virus was isolated from th secretions of 4 of 63 (6.5%) patients who had undergone cranial surgery ar clinical signs of herpes. It seemed that the nurses were infected when, with they attached catheters to tracheotomy tubes in these patients, in order to bronchial secretions. Once the source of virus was recognized the wearing gloves proved to be sufficient protection against infection. *Janice Taverner*.

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