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

Author(s): STERN, H.; ELEK, S. D.; MILLAR, D. M.; ANDERSON, H. F.
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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 vesicles 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 Staphylococcal one when it became infected, secondarily, with this organism, which was always of the same phage type as the staphylococci in the nurse's nose.) When vesicular fluid was inoculated into human amnion tissue cultures it produced changes characteristic of herpes simplex virus, and the presence of the virus was confirmed by neutralization tests using immune sera. A rise in neutralizing antibody in the nurses' serum was also observed, and all but 2 of the cases from which virus was isolated appeared to be primary, as no antibody was present before the lesion occurred. 49% of the nurses seemed to be susceptible. There was no serological evidence of sub-clinical infection. Only 1.2% of patients in the neurosurgical unit were salivary carriers of herpes, and they could not account for all the infections. However, virus was isolated from the bronchial secretions of 4 of 63 (6.5%) patients who had undergone cranial surgery and who had no clinical signs of herpes. It seemed that the nurses were infected when, with bare hands, they attached catheters to tracheotomy tubes in these patients, in order to remove bronchial secretions. Once the source of virus was recognized, the wearing of rubber gloves proved to be sufficient protection against infection. Janice Taverne.

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