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BCCDC Non-certified Practice Decision Support Tool
Molluscum Contagiosum

MOLLUSCUM CONTAGIOSUM

SCOPE

RNs can recommend and administer treatment for molluscum contagiosum.

ETIOLOGY

A viral skin infection caused by molluscum contagiosum pox virus.

EPIDEMIOLOGY

Risk Factors

- direct skin-to-skin contact with someone who has the molluscum contagiosum virus, or with an object that has the virus on it
- in adults, usually occurs in those who are sexually active
- can occur through contact sports
- immunocompromised
- atopic dermatitis
- residence in warm, humid climates where there are crowded living conditions

CLINICAL PRESENTATION

- sexually active and/or engaged in contact sports
- prior molluscum infection (can autoinoculate)

PHYSICAL ASSESSMENT

A head-to-toe assessment is recommended to identify all lesions. These typically appear as:

- ~10 to 20 lesions of ~2 to 5 mm diameter
- white, pink or flesh-coloured smooth bumps, often with a central depression
- cheesy or waxy, white substance can be expressed (not encouraged due to risk for autoinoculation)

- typically appears on the lower abdomen, pubic area, inner thighs, buttocks and genitals; but not usually on palms or soles
- may or may not be accompanied by pruritus
- can present with inflammatory dermatitis if there has been scratching of lesions
- can present with erythema or eczematous patches around lesions

If immunocompromised, can present differently:

- ~100+ lesions that can be more widespread, greater than 15 mm diameter, disseminated or appear as confluent plaques
- infection can be more aggressive
- can affect the eyelids, presenting as chronic conjunctivitis

DIAGNOSTIC AND SCREENING TESTS

Diagnosis based on clinical presentation and physical assessment.

MANAGEMENT

Diagnosis and Clinical Evaluation

The following clients require clinical evaluation and/or treatment:

- those diagnosed with molluscum
- current sexual partners should get assessed

Consultation and Referral

Consult with or refer to a physician (MD) or nurse practitioner (NP) all clients who:

- are severe cases
- have secondary bacterial infection
- have lesions affecting the eye area
- have pruritus that is not sufficiently managed with over-the-counter (OTC) treatments
- are not responding to liquid nitrogen (LN2) treatment

Treatment

Molluscum can be treated in pregnant clients and clients who are breast-/chest-feeding.

Treatment	Notes
First Choice	
liquid nitrogen (LN2)	<ul style="list-style-type: none"> • If using a spray canister, apply one light spray. • If using a cotton-tipped swab dipped in LN2, hold for 6 to 10 seconds on each lesion. • One treatment may be sufficient, but it could take a few once weekly treatments to completely resolve the infection.
Histofreezer®	<ul style="list-style-type: none"> • Follow package insert instructions.
Alternate Treatment	
no treatment	<ul style="list-style-type: none"> • All lesions must be covered to prevent transmission during this time. • Molluscum can resolve on its own within 6 to 12 months, but can persist for up to 3 to 5 years.

Monitoring and Follow-up

- **Repeat testing:** No
- **Test-of-cure (TOC):** No
- **Follow-up:** No; unless new lesions appear after completion of initial recommended treatment

Partner Counselling and Referral

- **Reportable:** No
- **Trace-back period:** current partner(s)
- **Recommended partner follow-up:** partner notification completed by client, providing assistance where needed. Reinforce the importance of partner follow-up, as re-infection can occur if all contacts are not assessed and treated where appropriate

Potential Complications

- secondary bacterial infections, particularly if immunocompromised
- scarring from infection, topical treatments, scratching or physical removal of lesions possible

Additional Client Education

Counsel client:

- that they are infectious so long as lesions can be seen.

- that infections are not protective (can get re-infected).
- to refrain from scratching, shaving or squeezing lesions to avoid autoinoculation.
- to refrain from sexual contact unless all lesions can be covered with bandages or clothing.
- to avoid sexual contact with current partners until partners have been assessed and treated as appropriate.
- to refrain from contact sports unless all lesions can be covered with watertight bandages or clothing. Do not share sports equipment.
- not to share personal use objects (e.g., towels, razors).
- [Standard Client Education for Sexually Transmitted Infections and Blood-Borne Infections \(STBBI\)](#)

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