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BCCDC Non-certified Practice Decision Support Tool
Molluscum Contagiosum

MOLLUSCUM CONTAGIOSUM

DEFINITION

Molluscum contagiosum is a viral skin infection caused by a pox virus.

CAUSE

Molluscum contagiosum pox virus

PREDISPOSING RISK FACTORS

- Not always considered sexually transmitted (especially in children)
- Direct contact (skin-to-skin)
- Shared towels, razors
- Touching an object that has the virus on it

TYPICAL FINDINGS

Sexual Health History

- May or may not have had sexual contact
- Partner may have molluscum contagiosum

Physical Assessment

- Usually painless red smooth bumps, sometimes with a central depression
- Bumps contain firm white waxy substance that can be expressed when compressed
- May appear on the abdomen, pubic area, thighs, buttocks and genitals

Diagnostic Tests

Diagnosis is based on clinical findings.

BCCDC Clinical Prevention Services
Reproductive Health STI Decision Support Tool – Non-certified Practice
Molluscum Contagiosum
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A research and teaching centre affiliated with UBC

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- Reduce transmission
- Prevent secondary bacterial skin infection

TREATMENT OF CHOICE

- Advise clients that they can self-treat by un-roofing the lesions (may use sterile pin or needle tip), and expelling the contents.
- Lesions may subside on their own so clients may opt not to treat.

ALTERNATE TREATMENT

- *Light* spray of liquid Nitrogen only once to each lesion. One treatment is usually sufficient. Can be administered by RN(C) (CRNBC certified practice in reproductive health – STI), nurse practitioner (NP) or physician.

PREGNANCY AND BREASTFEEDING

Molluscum can be treated in pregnant clients or clients who are breastfeeding.

PARTNER COUNSELLING AND REFERRAL

Client may notify current partners

MONITORING AND FOLLOW-UP

- Follow-up if indicated.
- Advise client to maintain good hand hygiene and keep area of treated lesions clean and dry to prevent secondary infection.
- Recommend STI screening if appropriate.

POTENTIAL COMPLICATIONS

Lesions can become irritated and inflamed from secondary bacterial infection. Refer to physician/NP.

CLIENT EDUCATION

Counsel client:

- Transmission is more likely to occur when lesions are present.
- Bumps may resolve spontaneously in approximately six to nine months
- May suggest current partners are assessed for molluscum.
- Regarding harm reduction measures (condom use) and mode of transmission (skin-to-skin contact).
- Regarding the importance of revisiting their health care provider if symptoms worsen or persist.
- Clients can self-treat: Clean the area then use a sterile pin or needle tip to un-roof lesion and evacuate. Carefully wash and dry area afterward and maintain good hand hygiene.
- Molluscum can be spread by autoinoculation (e.g., from scratching or shaving the area where lesions are present).
- Avoid use of partner/household members personal use objects such as towels and/or razors.

CONSULTATION AND/OR REFERRAL

Consult and/or refer to physician/NP for severe cases and/or if secondary bacterial infection is suspected.

DOCUMENTATION

- Molluscum contagiosum is not reportable.
- Document as per agency guidelines.

REFERENCES

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