COMMENTARY

A Case Series: Herpes Simplex Virus as an Occupational Hazard

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This paper brings up a topic that is seldom discussed in dentistry, occupational hazards relative to infectious diseases, and, more specifically, the risk of herpes simplex transmission during patient care. I must admit that I do not agree with many of their conclusions; I feel that they are overly cautious, a possibility the authors acknowledge relative to some of their recommendations. But for 1 out of 140 dentists who are reading this, the clinical sequel they describe in the article has become painfully true.

I say that 1 out of 140 dentists has experienced this occupational hazard as a result of a dental procedure, because that is our approximate increased risk of getting herpetic whitlow over the nondental population. The paper notes that the incidence of herpetic whitlow in the general population is 1.7%. The risk of it in the dental health care provider population is 2.4 or 0.7% higher than the general population.

The paper presents three case reports of herpetic whitlow, a herpes simplex infection on a keratinized skin surface, and one case of opthalmic herpetic keratitis, a herpes infection in the eye. It also provides a nice summary update on oral herpes simplex infections in general.

The paper lists a variety of specific precautions that the authors feel are appropriate when dealing with patients with active oral herpetic lesions. I certainly think that it is appropriate to use proper personal protective barrier techniques, but we should already be using universal precautions, which include proper personal protective barriers, because we should be treating all patients as though they are infectious. As you can see from the case reports, all of them, in some way, breached the appropriate universal precautions protocols. To me, this means that our current infection control protocols are adequate but that accidents happen. They usually happen because we are careless or are not being mindful about what we are doing.

The take-home lesson for me is to be attentive at all times when doing dentistry. It is easy to identify a patient as infectious if they have obvious or known risk factors, but we fool ourselves if we think we can identify all infectious patients. There are known and predictable occurrences of viral shedding without clinically apparent oral herpetic lesions, so universal precautions and staying alert are always appropriate.

But my dental practice is not the same as your dental practice, and you have to do what you feel is appropriate to protect yourself, your employees, and your patients from a variety of occupational hazards that exist in dentistry. Based on your specific needs, considerations, and experience, you may elect to follow the suggested additional protocols outlined in this paper, when you have a patient with an active oral herpes lesion.

The bottom line is that this paper provides an opportunity for all of us to educate ourselves about a specific concern and, at the same time, reflect on our safety procedures in general to ensure that we have a long, successful, and happy practice lifetime.

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