



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Oxiris Barbot, MD  
*Commissioner*

## 2019 Health Alert #28 Neonatal Herpes Infection Reported Following Ritual Jewish Circumcision

*Please Share this Alert with All Obstetrics, Pediatrics, Pediatric Infectious Disease, Dermatology, Emergency Medicine, Infection Control, and Microbiology Laboratory Staff*

- A baby with neonatal herpes has been reported to the Health Department following direct orogenital suction (DOS) during ritual Jewish circumcision.
- Educate caretakers of infants who will have out-of-hospital circumcision that may include DOS about signs and symptoms of herpes infection in newborns.
- Inquire about DOS when evaluating male infants with suggestive symptoms in weeks following out-of-hospital circumcision, and consider infection with herpes simplex virus (HSV) as well as other oral pathogens.
- Hospitalize and treat with intravenous acyclovir all newborns suspected of having HSV infection
- Distribute/make available to all expectant or new parents the Health Department brochure "[Have a Safe Bris for Your Baby.](#)" Also available in [poster](#) format.

September 17, 2019

Direct orogenital suction (DOS) during ritual Jewish circumcision (also known as *metzitzah b'peh*) is a practice during which a mohel (religious circumciser) uses his mouth to suck blood away from the penile circumcision wound. DOS can transmit herpes simplex virus (HSV) to newborn males which can cause severe infection, resulting in brain damage, and death.

A child diagnosed with neonatal herpes following ritual Jewish circumcision was reported to the Health Department in early September 2019. This is the first case of neonatal herpes related to DOS during ritual Jewish circumcision reported to the Health Department since March 2017. The infant was circumcised on the eighth day of life by a mohel who performed DOS. Ten days later, the infant developed a rash on his genitals, groin, and buttocks. A specimen taken from one of the child's lesions tested positive for herpes simplex virus type 1 (HSV-1) by polymerase chain reaction (PCR). The infant was hospitalized to complete a 14-day course of intravenous acyclovir and is doing well. The location of the lesions, timing of signs and symptoms within one incubation period for HSV-1 after the circumcision, and laboratory identification of HSV-1 are consistent with transmission during DOS.

In this case, the child's caretakers were not aware of the signs and symptoms of neonatal herpes nor the risk of herpes transmission associated with DOS, resulting in a delay in the child presenting for care. Signs and symptoms may include: a vesicular or pustular rash (following DOS, these lesions typically appear on the genitals, groin, buttocks and ankle (related dermatomes)); fever; poor feeding; irritability; and lethargy. Fever and rash are not always present so, a historical exposure such as DOS should raise suspicion for an atypical presentation of neonatal herpes.

Since April 2006 (when neonatal herpes reporting became mandatory in NYC), there have been a total of 164 laboratory-confirmed babies with neonatal herpes. Of these cases, 19 (12%) developed their infections following ritual Jewish circumcision. This is the first case of neonatal herpes related to DOS during ritual Jewish circumcision reported to the Health Department since March 2017.

Parents who choose ritual Jewish circumcision for their son may not be aware that DOS will be performed or that it carries a risk for HSV transmission to their newborn. The NYC Health Department works to educate parents in communities where DOS may be practiced. In 2017, the Department distributed brochures entitled

“Have a Safe Bris for Your Baby” and companion posters to NYC health care providers, including obstetrician/gynecologists and pediatricians. Hospitals where infants with DOS-related neonatal herpes have been born or admitted are asked to distribute the pamphlet to pregnant women admitted for labor and delivery, and to display the poster prominently in prenatal, and labor & delivery areas. Despite these efforts, parents of many babies infected in this way have not reported seeing the pamphlet or poster. Providers serving communities where DOS may be practiced should educate parents about the signs of possible herpes infection following circumcision, as well as about the risk of DOS.

#### Obtaining copies of “Have a Safe Bris for Your Baby” brochure or poster

Hospitals and health care providers should distribute “Have a Safe Bris for Your Baby” to expectant parents and/or new parents who visit your office or facility. Call 311 to order free copies of the pamphlet or poster in English or Yiddish. For electronic copies, please visit the [Safe Bris](http://nyc.gov/safebris) webpage: [nyc.gov/safebris](http://nyc.gov/safebris)

#### Diagnosis, Reporting, and Specimen Collection

For detailed guidance regarding diagnosis, reporting, specimen collection, and specimen shipping and handling, please refer to Health Alert #2 (January 28, 2014) at:

<https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/alert2-12814.pdf>

#### **Key Points for Providers:**

1. When evaluating male infants with suggestive symptoms in the weeks following out-of-hospital circumcision, providers should inquire whether direct orogenital suction (*metzitzah b'peh*) was performed and consider infection with HSV or other oral pathogens.
2. Herpes-infected neonates may not present with the classic finding of grouped vesicular skin lesions and may be afebrile.
3. Babies suspected of having HSV infection should be immediately admitted to the hospital and treated presumptively with intravenous acyclovir.
4. Distribute the Health Department's pamphlet “Have a Safe Bris for Your Baby,” to expectant parents and/or new parents who visit your office or facility.
5. Health care providers diagnosing herpes infection in infants <60 days of age are mandated to report the infection to the NYC Health Department within 24 hours of diagnosis.
6. Providers evaluating infants <60 days of age with suspected HSV infection are required by law to collect specimens from one or more vesicles (if present) or from any skin lesions suggestive of herpetic disease, and to send these swab(s) to the New York State Wadsworth Center Laboratories for diagnostic testing using molecular methods.

Questions about the pamphlet may be directed to Dr. Diana Sanchez at (347) 396-7311. Questions about diagnosis, reporting, and specimen collection may be directed to Dr. Julia Schillinger at (347) 396-7296.

Sincerely,

*Julia A. Schillinger*

Julia A. Schillinger, MD, MSc

Director of Surveillance

Bureau of Sexually Transmitted Infections

*Susan Blank*

Susan Blank, MD, MPH

Assistant Commissioner

Bureau of Sexually Transmitted Infections