

Herpes Simplex

Since the mother's infection is not active, the infant is not at risk.

The newborn can also be infected by exposure to the virus from non-genital lesions. If the mother or a person working in the nursery has active blisters on the lips or hands, the baby can become infected. Family members and friends with active HSV should not handle the newborn child.

- **HSV And The Seriously Ill** — HSV can be life-threatening to the person who has cancer, the person who has had an organ transplant or anyone who has some other major illness because their immunity to infections has been reduced.



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The herpes simplex virus (HSV) can cause blister-like sores almost anywhere on a person's skin. It usually occurs around the mouth and nose or the buttocks and genitals.

HSV infections can be very annoying because they can reappear. The sores may be painful and embarrassing. For some chronically ill people and newborn babies, the viral infections can be serious but rarely fatal.

There are two types of HSV — Type 1 and Type 2.

Type 1 — Studies show that most people get Type 1. It affects the lips, mouth, nose, chin, or cheeks during infancy or childhood. They usually catch it from close contact with family members or friends who carry the virus. It can be transmitted by kissing, or by using the same eating utensils and towels. A rash or cold sores on the mouth and gums appear shortly after exposure. Symptoms may be barely noticeable or may need medical attention for relief of pain.

Type 2 — It most often appears following sexual contact with an infected person. It has reached epidemic numbers, affecting anywhere between five and 20 million persons in the United States, or up to 20 percent of all sexually active adults.

What Is Herpes?

Herpes is a name used for some 50 related viruses. Herpes simplex is related to the viruses for infectious mononucleosis (Epstein-Barr Virus) and for chicken pox and shingles (*varicella zoster virus*).



Herpes Simplex

Herpes Simplex Type 1

Called fever blisters or cold sores, HSV Type 1 infections are tiny, clear, fluid-filled blisters most often seen on the face. Type 1 infections may also, less often, occur in the genital area. Type 1 may also develop in wounds on the skin. Nurses, physicians, dentists and other health care workers sometimes contract a herpetic sore after HSV enters a break in the skin of their fingers.

There are two kinds of infections — primary and recurrent. Though most individuals contract the virus, only 10 percent or so will actually develop a primary infection. The primary infection lasts from seven to ten days and appears two to twenty days after direct exposure to an infected person.

The number of blisters varies, from one to a whole cluster. Before the blisters appear, the soon-to-be-affected skin may itch or become very sensitive. The blisters then break by themselves or as a result of minor injury, allowing the fluid inside the blisters to ooze. Eventually, crusts form and fall off, leaving slightly red skin.

Though the primary infection heals completely, rarely leaving a scar, the virus that caused it remains in the body. It migrates to nerve cells where it remains in a resting phase.

Many people will not experience another infection or recurrence. Others will have a recurrence, either in the same location as the first or in a nearby location. The infections may recur every few weeks or less frequently.

Recurrent infections tend to be milder than primary infections. They may be set off by a variety of stress factors including fever, sun exposure and menstruation. However, for many the recurrence is unpredictable and has no recognizable cause.

Herpes Simplex Virus Type 2

Infection with herpes simplex virus Type 2 usually is below the waist, on the buttocks, penis, vagina or cervix, two to twenty days after contact with an infected person. Sexual intercourse is the most frequent means of contracting the infection. Symptoms of both primary and repeat attacks can include a minor rash or itching, painful sores, fever, aching muscles and a burning sensation during urination. HSV Type 2 can also occur in locations other than the genital area.

As with Type 1, sites and frequency of return bouts vary. The initial episode can be so mild that a person does not realize that he or she has a herpetic infection. Years later, when there is a recurrence of HSV, it may be mistaken for an initial attack. This can lead to unfair accusations by a sexual partner.

After the initial attack, the virus moves to nerve cells near the brain or spinal cord, remaining there until set off again by a menstrual period, fever, physical contact, stress or something else.

Pain or unusual tenderness of the skin may begin between one to several days before both primary and recurrent infections may develop. This is called a prodrome.

How Are the HSV Infections Diagnosed?

The appearance of HSV is often so typical that no further testing is necessary to confirm an HSV infection. However, if the diagnosis is uncertain, as it may be in the genital or cervix areas, a specimen may be taken and sent to the laboratory for analysis. Several laboratory techniques are available for diagnosis including the staining of a smear, tissue culture and blood tests for antibodies. More than one of these tests may be required to confirm the presence of herpes. Genital herpes can be mistaken for other diseases, including syphilis. A small number of women with genital herpes don't know they have it because it occurs on the cervix which is not sensitive to pain.

How Are Herpes Infections Treated?

There is no vaccine that prevents this disease from occurring. A new oral anti-viral medication, *acyclovir*, has been developed for severe or frequently recurring infections. Low doses of *acyclovir* are sometimes helpful in reducing the number of herpes attacks in people with frequent outbreaks.



Primary infection with Herpes Simplex Type 1

Over the years many treatments for herpes simplex have been featured in the newspapers. According to results of scientific studies, however, only *acyclovir* has been proven effective or worthwhile.

How Do You Prevent Transmission?

Between 200,000 and 500,000 persons "catch" genital herpes each year and the number of Type 1 infections is many times higher. Prevention of this disease, which is contagious before and during an outbreak, is important.

If tingling, burning, itching, or tenderness — signs of a recurrence — occur in an area of the body where you had a herpes infection, then that area should be kept away from other people. With mouth lesions, one should avoid kissing and sharing cups or lip balms. For persons with genital herpes, this means avoiding sexual relations and oral and/or genital contact during the period of symptoms or active lesions. Towels should not be shared nor clothing exchanged.

Other Serious Implications Of HSV

- **Eye Infections** — HSV may infect the eye and lead to a condition called *herpes keratitis*. It feels like there is something in the eye. There is also pain and sensitivity to light and a discharge. Without prompt treatment, scarring of the eye may result. Fortunately, there are drugs available that are quite effective in eliminating infection and preventing severe scarring in the cornea.

Any patient with a suspected eye infection from herpes should be seen immediately by an ophthalmologist.

- **Infections in Babies** — A pregnant woman who has genital herpes at the time of delivery may transmit the virus to her baby as it passes through the birth canal, touching the affected area. If the birth occurs during the mother's first episode of genital herpes, the baby may suffer severe damage. Women who know that they have had genital herpes or think they might have it during their pregnancy should tell their physicians so preventive measures can be taken.

Pregnant women should avoid sexual contact, especially late in the pregnancy, with a partner who has active genital herpes. The use of condoms is suggested for those who will not abstain. There is no evidence at the present time to suggest that infection of the infant with HSV Type 1 carries a different risk than infection with HSV Type 2.

No special precautions need to be taken by the woman who has inactive herpes (genital or non-genital) at the time of delivery.