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Herpes Simplex

What are Herpes Simplex Virus infections?

“Cold sores” and “Fever Blisters” are terms that usually refer to an infection in the skin caused by the herpes simplex virus (HSV). Most people get HSV infections 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, sharing eating utensils, towels, etc.. The sores most commonly affect the lips, mouth, nose, chin or cheeks and occur shortly after exposure. Patients may barely notice any symptoms or need medical attention for relief of pain. There are two main types of HSV, HSV1, that mainly causes cold sores/fever blisters, and HSV2 that usually causes genital sores. You can spread either type of HSV by touching an unaffected part of the body after touching a HSV sore. Most people get HSV2 infections following sexual contact with an infected person, often resulting in sores on the buttocks, penis, vagina or cervix. Sexual intercourse is the most frequent way, but not the only way, of getting the infection. Genital HSV affects anywhere between 5 and 20 million people, or up to 20 percent of all sexually active adults in the US.

What is the difference between primary and recurrent HSV infections?

There are two kinds of HSV1 and HSV2 infections – primary (the very first episode) and recurrent (subsequent episodes). Although most people when exposed to the virus get infected, only 10% will actually develop sores or blisters when this infection occurs. The sores of a primary infection appear 2 to 20 days after contact with an infected person and can last from 7 to 10 days. The number of blisters varies. Before the blisters appear, the skin may itch, burn, tingle or become very sensitive. The blisters can break, ooze and crust. Eventually, crusts fall off, leaving slightly red healing skin. The sores from the primary infection heal completely and rarely leave a scar. However, the virus that caused the infection remains in nerve cells where it remains in a resting state. Many people will not have a recurrence. Others will have a recurrence either in the same location as the first infection or in a nearby site. The infections may recur every few weeks but usually less frequently. Recurrent infections tend to be milder than primary infections. They can be set off by a variety of factors including fever, sun exposure, and a menstrual period. However, for many, the recurrence is unpredictable and has no recognizable cause.

How are HSV infections diagnosed?

The appearance of HSV is often so typical that no further testing is necessary to confirm the diagnosis. However, if the diagnosis is uncertain, a skin scraping or blister fluid from the infected skin may be sent to the laboratory for analysis.

How are HSV infections treated?

For mild cases topical agents such as Abreva and Denavir can be applied to the affected area. Oral anti-viral medications such as acyclovir (Zovirax), famciclovir (Famvir), or valacyclovir (Valtrex) are also useful in treating primary or recurrent infections. To be most effective these medications should be started as soon as possible after the onset of the infection. In patients with frequent HSV recurrences, these medications can also be taken regularly to reduce the frequency of attacks.

How can one prevent HSV transmission?

If tingling, burning, itching, or tenderness (signs of a recurrence) or rash occur in an area of the body where you had a HSV infection, then that area should not contact other people until the rash clears. With mouth HSV, one should avoid kissing and sharing lip balms, cups, etc.. For persons with genital HSV, this means avoiding sexual relations, including oral/genital contact during the period of symptoms or active lesions. Unfortunately HSV can spread even if no visible sores are present.

Other serious implications of HSV infections.

HSV may infect the eye causing pain and light sensitivity, a discharge, and a gritty sensation in the eye. Without prompt treatment, scarring of the eye may result. Patients with a suspected HSV eye infection should be seen immediately by an ophthalmologist. People with atopic dermatitis (eczema) can have severe outbreaks called *eczema herpeticum*, that spread over large areas of the skin and should be treated emergently. **A woman who has genital HSV at the time of childbirth** may transmit the virus to her baby as it passes through the birth canal. If the birth occurs during the mother's first episode of genital HSV, the baby may suffer severe damage. Women who know that they have had genital HSV or think they might have it during their pregnancy should tell their physicians so the baby can be protected. Pregnant women should avoid sexual contact with a partner who has active genital HSV. The use of condoms is recommended for those who do not abstain, but they are not always effective in preventing HSV transmission. **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. No special precautions need to be taken by the woman who has inactive HSV (genital or non-genital) at the time of delivery. **HSV can be more severe and potentially life threatening in people with cancer, an organ transplant, or anyone whose immune system is significantly compromised.**

You can find more information on HSV at: <http://www.dermnetnz.org/index.html>

