



HERPES SIMPLEX

What are the aims of this leaflet?

This leaflet has been written to help you understand more about herpes simplex. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is herpes simplex?

Herpes simplex is an infection of the skin with the herpes simplex virus. There are two types of herpes virus, called herpes simplex type 1 and herpes simplex type 2. Herpes infection is caught from another person through contact with mouth, eye or genital secretions or through direct contact with an active lesion. Herpes simplex type 1 usually infects the mouth or eye and herpes simplex type 2 usually infects the genital area. After the virus infects the person, whether it shows on the skin or not, it goes to local sensory nerves and lies hidden (dormant) until reactivation (recurrence of the herpes infection). Reactivation can occur after a few weeks or even years, when the virus travels to the skin supplied by the nerve and appears as a blister or rash on the skin. The commonest areas to be affected by herpes simplex are the lips (as cold sores), and the genital area (as genital herpes). Genital herpes infection is usually a sexually transmitted disease.

Is herpes simplex hereditary?

No. You catch it through direct contact with an affected area of a person's skin or mucosa when the virus is active. When the infection is active on your skin, do not let that area touch another person's skin. It is uncertain whether the virus can be transmitted by sharing towels, etc, but when there is an active infection it is advised that sharing of towels, razors, flannels, etc, should be avoided.

What does herpes simplex feel like and what does it look like?

The very first infection is often unnoticed as it may only produce a short-lived redness of the skin. Sometimes, however, a first infection can make a person feel very unwell with a temperature, swollen lymph glands and soreness and blisters in the mouth, on the lips or elsewhere on the skin.

The virus may lie dormant in the nerve endings for some time but when it becomes active again, the first symptom is a burning or stinging pain at the affected site, followed by pink bumps and small blisters. The blisters quickly dry and crust over, and the areas usually heal within a few days. Repeated attacks usually occur at a similar site.

If herpes simplex virus infects the eye, it causes pain, discharge and sensitivity to light, and can cause scarring.

How is herpes simplex diagnosed?

Usually the clinical appearance of the skin affected by herpes simplex is enough to make a diagnosis. A surface swab can be taken by a nurse or doctor to confirm the diagnosis. The result usually takes a few days. If you think you may have herpes in the genital area, it is very important that you should attend your local Genito-Urinary Medicine (GUM) or Sexual Health clinic. This is because other sexually transmitted diseases should be excluded.

Can herpes simplex be cured?

Symptoms clear in 7-10 days, with or without treatment, though the virus will remain in a dormant state in the body. In a majority of patients, recurrent symptoms are mild and infrequent, or do not happen at all. For a minority, troublesome recurrences can usually be prevented by using oral anti-viral drugs or adopting lifestyle changes.

Factors that may increase the risk of virus reactivation are:

- Other infections, such as colds or 'flu'.
- Getting tired and run down.
- Sunlight on the affected area.
- A skin injury, such as an operation or a graze, at the place where the virus shows itself at the surface.

How can herpes simplex be treated?

Many mild cold sores need no specific treatment; but the general rule in treating herpes simplex is that all treatments work best if they start as soon as possible. It may be hard to know what is happening during a first infection; but in future episodes it is easier to spot the first signs of the virus becoming active, and so to start treatment early.

At the start of an episode of infection - when the area of skin is uncomfortable, tingling or painful - you may need to take a painkiller. Starting treatment with a drug to counteract the virus can help to lessen the severity of the attack and/or shorten it. The anti-viral treatments (aciclovir, famciclovir or valaciclovir) can be taken as tablets, which have few side effects. Be sure to follow the correct dose (some of these treatments need to be taken up to 5 times a day). Recurrent infections can be treated with long-term antiviral treatment, though it may not stop the attacks altogether. Aciclovir and famciclovir are also available as creams, but these do not work as well as the tablets. Other soothing skin treatments are listed below.

It would be sensible to seek medical advice if you are not sure of the diagnosis or if the treatments you have tried do not seem to help. To avoid delay in treating recurrences, your doctor may give you an extra course of tablets to be kept in reserve and used at the first sign of a flare up. Once you have started this, you will need to order another course for the next episode. If the infection involves the eye it is important to seek medical advice promptly.

Genital herpes can be passed on to a baby during delivery as it passes down the birth passage when there is an active lesion at the time of birth. Women who have genital herpes should let their obstetrician know during the antenatal period so that measures can be taken to protect the baby.

Self Care (What can I do?)

If you have recurrent attacks of herpes simplex, you may be able to avoid things that seem to trigger an attack, or make certain lifestyle alterations:

- Avoid getting stressed or run down.
- Avoid anything else that you have noticed seems to bring on an attack.
- Keep healthy and get enough sleep.
- Avoid sunlight on the affected area if you find it triggers outbreaks.
- Avoid sunbeds.

- Use UV protection.

Try also to avoid spreading the infection to someone else. If the infection is active on your skin:

- Do not let that area touch another person's skin.
- Use tissues when washing to dry the area, and dispose of them by bagging or burning, to prevent others from becoming infected.
- Do not use a communal towel.

People are at particular risk of developing a severe herpes simplex infection if they are:

- Elderly.
- Very ill.
- Eczema sufferers, especially children, may develop widespread infection and should seek urgent medical attention.
- Immunodeficient people either because of medicines such as steroids, or because of illnesses such as AIDS.

The following treatments may help:

- Apply a cool wet compress or wash the area gently with salt water. Dry thoroughly but gently.
- Use a greasy moisturising cream on the skin, e.g. petroleum jelly.
- Use an anti-viral cream on the affected skin surface.
- Antiviral tablets may be required if the infection is severe, recurs frequently. Occasionally antiviral treatment may need to be given by injection if the patient is unwell.

Where can I get more information about herpes simplex?

Links to patient support groups:

<http://www.herpes.org.uk>

<http://www.aad.org/pamphlets/index.html>

<http://www.dermnetnz.org/viral/herpes-simplex.html>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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