



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?

There are two herpes simplex viruses that cause skin infection. They are called herpes simplex type 1 and type 2. They can be transferred from person to person by direct skin to skin contact with the affected place when enough virus is present. This is often a lesion or sore but transmission may also occur at other times, perhaps when there is only an itch or tingle in the area. The most common places of infection are the mouth (known as 'cold sores'), followed by the genital area (genital herpes) and the hands. Most people are only infected in one area and are unlikely to transfer the infection to other parts of their bodies.

Infection may be followed by symptoms, such as sores or blisters, within a few days but some people will not notice anything for months or years. Others are carriers who never have symptoms. The virus remains dormant in the sensory nerves close to the place of original infection.

Reactivation may result in more blisters nearby, on skin that is served by the same nerves (dermatome). The frequency of recurrences varies from person to person. For some people symptoms appear several times a year, in others rarely or never.

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. Herpes cannot be caught from towels, swimming pools, saunas or from toilet seats. However, it can be passed on through sharing sex toys, or other intimate items such as razors, when there is an active lesion.

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. Symptoms may recur at the same place or nearby.

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 will have been caught through sexual activity. It is therefore important that you attend your local Genito-Urinary Medicine (GUM) or Sexual Health clinic. This is because other sexually transmitted diseases may be present and should be tested for as well.

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 outbreak 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). If frequent recurrent symptoms are a problem, antiviral medication can be taken daily to prevent them. 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.

A baby may become infected with herpes during childbirth if it comes into contact with a lesion when the mother is newly infected. For mothers with recurrent symptoms, infection risk is low and a vaginal birth is normally recommended. Antiviral medication can be taken by the mother to prevent an outbreak at the time of delivery. She may wish to discuss this with her obstetrician.

Self Care (What can I do?)

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

- Get enough sleep.
- Have a healthy diet.
- 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 drying the area.
- Do not use a communal towel.

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

- Elderly.
- Very ill.
- Eczema sufferers, especially children, may develop widespread infection and should seek urgent medical attention.
- Persons with a compromised immune system due to medicines or illnesses that affect the immune system such as HIV infection.

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 antiviral cream on the affected skin surface.
- Antiviral tablets may be required if the infection is severe or recurs frequently. Occasionally, if a patient is very unwell, antiviral treatment may be given via a drip.

Where can I get more information about herpes simplex?

Links to patient support groups:

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

<https://www.aad.org/diseases/a-z/herpes-simplex-overview>

<http://www.dermnetz.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

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

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