



What is *Herpes*?

Human herpesvirus is a family of viruses that include herpes simplex virus I and II as well as varicella (which causes chicken pox), EBV (which causes mononucleosis) and others. As you can see, they cause many different diseases but this handout will deal with herpes simplex virus (HSV) infections.

What does herpes simplex virus do?

HSV has a type I and type II. The traditional belief was HSV I caused infections above the waist and HSV II caused genital herpes infections. Eighty five percent of adults have evidence of HSV I infection probably acquired during childhood (without symptoms) and about 25% of adults in the U.S. have had HSV II. However, we now know that either virus (I or II) can be isolated from an initial or recurrent infection in either location. Both can cause a bunch of diseases including mouth (cold sores), eye, skin (rashes or whitlow), meningitis, and blood infections. HSV II can be passed on to a newborn baby at the time of birth.

What are the symptoms?

Signs of the disease usually appear between a few days or two weeks after exposure. Up to 70% of genital herpes is passed on to an intimate partner while the infected person has no symptoms and no visible lesions. Skin and mouth infections resemble small, grouped blisters (vesicles) in the infected area that may be accompanied by stinging or tingling. Neurologic involvement is very rare and can look like a flu that progress to include headaches, fevers, behavior disturbances and possibly seizures.

How is it treated?

Most herpes infections resolve in 1-2 weeks when vesicles crust and heal over. However, the virus is carried in the body forever. In a small number of people the blisters then reappear later in life.

Reappearances may be monthly or just once every 10 years.

The initial infection can be treated with oral antiviral pills like acyclovir (Zovirax), valcyclovir (Valtrex), or famcyclovir (Famvir). They do not cure the infection but can shorten the course and severity of symptoms. Use of acyclovir cream (\$\$\$) is of questionable benefit. Treatment of recurrent infections has been shown to only shorten duration of symptoms by one day. Therefore, it is usually reserved for severe recurrences. For persons who get more than 5 - 6 recurrences a year, daily viral medication has shown to be effective and safe in preventing recurrences over long periods of time.

Prevention

1. Avoid direct contact with obvious skin or mouth lesions.
2. Use barrier protection (condoms) during sexual intercourse with partners who have had genital herpes. For monogamous couples, spread to an uninfected partner occurs in about 10% of the time each year.
3. Always use sunscreen when in direct sunlight (skiing, sailing, etc.).
4. **Potentially pregnant** women should always **let their obstetrician** know if they have had genital herpes.
5. Although transmission is rare, persons with active lesions should not handle newborns.
6. Children with simple oral herpes or cold sores may attend school or childcare without restriction.

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