

HERPES SIMPLEX INFORMATION & GUIDANCE

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This policy etc. covers: (Please tick ✓ relevant box below)

Healthcare Standards (CORE)	C4a	Monitor	
Healthcare Standards (DEVELOPMENTAL)		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Other (Please specify)	"Hygiene" Code (Health Act 2006)		

Note: This policy has been assessed for any equality, diversity or human rights implications.

Controlled document

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1. GENERAL INFORMATION

Herpes simplex virus (HSV) infection most commonly presents as vesicles in and around the mouth (cold sore) or in the genital area, the infection may affect the fingers (Herpetic whitlow). Disseminated skin lesions may occur in the immuno-compromised. Rarely, the virus causes encephalitis.

There are two types of the virus:

Type 1 (HSV-1) commonly causes cold sores and is responsible for around half the cases of genital infection.

Type 2 (HSV-2) is responsible for the remainder of genital infections.

Following primary infection with HSV, the virus migrates to the sensory neurones of the dorsal root ganglion where it remains for life. Under certain circumstances the latent virus may become reactivated leading to cold sores at the site of the original infection.. Additional information should be obtained from paediatrics or obstetrics for the management in pregnancy or neonates.

2. TRANSMISSION

The virus is highly infectious and is transmitted by direct contact with active lesions, saliva or genital secretions. Infection may also be transferred on unwashed hands.

3. PERIOD OF COMMUNICABILITY

Aciclovir suppress symptomatic and asymptomatic viral shedding, by about 80-90% (National Guidelines 2007).

4. INFECTION CONTROL MEASURES

There is no need for isolation in a single room unless the patient has extensive infection e.g. eczema herpeticum. The most important infection control measure is to use gloves when dealing with lesions, secretions or discharges and hand hygiene must be undertaken after glove removal and patient contact.

5. INFECTED STAFF

A. Oro-facial

The risk of transfer to patients is small but can be further reduced by the following:

- I. Early use of topical aciclovir.
- II. Avoidance of direct hand contact with the lesions.
- III. Infected staff should not work in areas with highly susceptible patients, ie newborn and highly immunosuppressed and they should contact Occupational Health. They can be redeployed to work in lower risk areas.

B. Herpetic whitlow

Staff with Herpetic whitlow must not have direct patient care until lesions are healed. In exceptional circumstances they may resume work after 4 days of topical aciclovir providing the lesions are dry. Gloves must be worn for any patient contact until the lesion is completely healed.

Reference:

National Guideline for the Management of Genital Herpes (2007) Clinical Effectiveness Group (British Association for Sexual Health and HIV

www.cdc.org