

What is herpes?

Herpes is a viral skin infection caused by the herpes simplex virus (HSV). HSV infections are very common and have different names depending upon the location on the body that is affected.

Herpes most commonly affects the lips and mouth (**orolabial herpes** or "cold sores"), as well as genitalia (**genital herpes**). It can also affect fingertips (**herpetic whitlow**). In patients with active eczema, open areas can get infected with HSV (**eczema herpeticum**).

HOW DO PEOPLE GET HERPES?

Herpes is very contagious and spreads by direct contact with the affected skin or mucosa of a person who has HSV. HSV is most easily spread when someone has visible lesions affecting the mouth, genitals, or other skin sites. Occasionally, herpes can spread even if there are no visible sores, and it may also live on surfaces contaminated with infected saliva or skin.

Once HSV infects a person, the virus remains inactive in the surrounding nerves of that person. This inactive virus can reactivate and cause recurrent outbreaks in the same area that was initially infected. Stress, dehydration, sunburns, and being sick are all triggers for an outbreak.

WHAT DOES HERPES LOOK LIKE ON THE SKIN AND WHAT ARE THE SYMPTOMS?

Herpes looks like a cluster of tiny fluid-filled blisters that last anywhere between 4-10 days. It may leave a sore behind that takes longer to resolve. Symptoms related to herpes are different for each person. Some patients have painful outbreaks with many sores. Others only have mild symptoms that may go unnoticed. During the first outbreak (or primary infection), there may be fever, chills, muscle aches, and swollen nodes before the herpes lesions appear. Recurrent outbreaks (or recurrent infection) are usually less painful and the number of outbreaks tends to decrease over time.

OROLABIAL HERPES ("COLD SORES")

This is the most common type of herpes infection. It is usually caused by herpes simplex type 1 (HSV-1). The first outbreak, especially in children, can present with fever, irritability, and difficulty feeding associated with several painful mouth sores.

Recurrent outbreaks usually start with tingling, itching, burning, or a sensation of pain on the skin before the lesions appear. Small, fluid-filled blisters in clusters with red swollen skin develop shortly after. These later become crusted and heal without leaving scars. They often occur around the mouth or on the lips.

GENITAL HERPES

This type is usually sexually transmitted and most commonly caused by herpes simplex type 2 (HSV-2). It presents as sores or grouped blisters on the genitals or buttocks. A stinging or burning feeling while urinating may be associated.

HERPETIC WHITLOW

This herpes infection is more common in thumbsucking children who have oral herpes. It presents as painful, fluid-filled blisters on red and swollen skin usually involving one or more fingertips. Commonly these can look infected, since the fluid inside the blisters can look like pus.

ECZEMA HERPETICUM

This affects infants and children who have active or poorly-controlled eczema. The child will usually present with high fever and feel unwell. It starts with fluid-filled small blisters and round open areas which tend to spread to areas affected by eczema. Eczema herpeticum can be more severe than other forms of HSV and usually requires prompt care by a doctor, particularly if widespread or if it affects skin close to the eyes.

HOW IS HERPES SIMPLEX DIAGNOSED?

A diagnosis may be made based on the appearance of skin changes alone. If the diagnosis is not clear, a skin swab may be needed. Young babies may require testing of other bodily fluids to confirm a diagnosis.

HOW IS HERPES SIMPLEX TREATED?

There is no cure for HSV infection. Treatment is aimed at decreasing recurrences and shortening the duration or severity of an outbreak.

Some HSV infections are mild and treatment is not necessary. For these infections, the immune system will fight the virus naturally and skin changes resolve in 5-10 days. Your dermatologist may recommend treatment:

- » if infection is severe or recurrent
- » if the patient has a weakened immune system
- » or if pregnant with genital herpes.

HSV infections are treated with antiviral medications which fight the infection by affecting the way the virus multiplies. These medicines can be given to shorten the duration of an episode or taken daily to decrease the frequency of flare-ups. The most commonly-used medicines are acyclovir and valacyclovir. They are most effective when given by mouth or through an IV and when treatment is started early in the infection. Unless otherwise instructed, you should complete the full course of prescribed medicine and contact your doctor if not improving.

TIPS TO PREVENT SPREAD:

- » Do not touch an active site of infection.
- » Wash your hands frequently with soap and water.
- » If you have an HSV infection, limit contact with at-risk individuals including those with a weakened immune system or eczema.
- » If the lips/mouth are affected, avoid contact with the affected area (e.g. kissing) and sharing items which come in contact with the mouth (e.g. spoons and forks).
- » If another skin site is affected, avoid direct contact with others including contact sports.
- » If the genitalia are affected, please discuss prevention with your doctor.



The Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
(317) 202-0224
www.pedsderm.net

Contributing SPD Members:
Pierre-Olivier Grenier, MD
Nicholas V. Nguyen, MD

Committee Reviewers:
Irene Lara-Corrales, MD
Sheilagh Maguiness, MD

Expert Reviewer:
Anupma Wadhwa, MD

The Society for Pediatric Dermatology and Wiley Publishing cannot be held responsible for any errors or for any consequences arising from the use of the information contained in this handout.

© 2020 The Society for Pediatric Dermatology