

Active Oral Herpes Simplex - Guideline for Staff and Parents

Good hand washing and hygiene are vitally important to prevent the transmission of the Herpes Virus to vulnerable neonates.

Rationale:

1) To prevent transmission of the herpes simplex virus to infants on the neonatal unit and so to reduce incidence of herpes encephalitis and possible increase in morbidity and mortality.

Prognosis:

Mortality rate of untreated disseminated disease is 85%; among those with untreated encephalitis it is about 50%. Without treatment, at least 65% of survivors have severe neurologic sequelae.

Death is uncommon in neonates with local disease. However, without treatment, many will progress to disseminated disease or CNS disease that may be unrecognised; about 30% develop neurologic impairment, which may not manifest until 2-3 years.

Definition of active lesion: A weeping vesicular lesion until completely dry.

Treatment for Staff:

- For those having numerous episodes of cold sores, the use of oral preventative antiviral medication may be useful for health care workers, prescribed by their GP. This is a long term suppressive therapy and is generally effective and well tolerated.
- Use of anti-viral cream and/or tablets as soon as lesion appears. Cream needs to be applied at least 5 times a day to be effective. (Staff having frequent episodes should try to keep a supply of medication for such episodes).
- Consult your GP/Occupational Health if you have persistent or ongoing problems with cold sores.

Nursing and Medical Staff:

Staff should come to work when they have an active lesion if they are well enough but should take the following precautions

1. Immediate use of topical antiviral cream (and/or oral tablets).
2. Minimal handling of babies, as work load allows.
3. If handling babies, good hand washing technique prior to touching baby and use of gloves to handle babies in all nurseries.
4. Avoid touching cold sore – if you do, wash hands immediately.

Parents:

- Parents should be advised of the risks of a weeping lesion.
- They should be advised that they may visit their baby, but must exercise good hand washing, and must avoid any facial contact with their baby i.e. kissing.
- Advise them of effective treatments, listed above.

Any other visitor with a lesion should not be allowed access to the unit.

References:

- 1) Neonatal Herpes Simplex Virus (HSV) Infection (2009) Mary.T Caserta MD Merck Manual Professional
- 2) Protocol: Herpes Simplex Infection in Pregnancy and Neonate – 2010
http://www.clinical-virology.org/WordDocs/HSV_pregnancy2010.doc
- 3) Factsheet on Herpes Infections: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947381274
- 4) Herpes Simplex – Information Leaflet http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947367180
- 5) Guidelines for the management of women presenting to the labour ward with active herpes simplex. ASPH – Women and Family Services Directorate Maternity Unit.

Guideline details:

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Comments and advice received from Consultant Microbiologists, Infection Control Nurse, Occupational Therapy Nurse and Neonatal Clinical Management Group

Ratified 13.06.2011 by Dr. Reynolds, Neonatal Consultant

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