

**MSAD # 13 / RSU #83  
Health Alert**

**Herpes Simplex Virus – Oral (Cold Sores)  
Important Notice to Parents**

Herpes Simplex Virus (HSV) causes a recurrent, life-long viral infection. Of those infected, 70 percent have no symptoms. Symptoms occur as single or grouped vesicles (blister) usually located around mucous membranes, the lips (cold sores), throat, inside the mouth or on the skin. Herpetic whitlow is a condition caused by HSV that consists of one or more vesicular lesions on the fingertips (also called digital, finger or hand herpes). Fever can occur along with the vesicles.

There are two types of HSV. Type 1 HSV (orales) has primarily been associated with infections of the oral area but can cause genital disease. Oral infections are extremely common in children, and by adulthood 80 percent of Americans have antibodies to Type 1 HSV. Type 2 HSV (labialis) is most commonly associated with genital disease but can also cause oral disease. The two types have the same infectiousness or risk to others.

Complications include conjunctivitis, keratitis (inflammation of the cornea), herpes infection of existing eczema or meningitis. Infection in the newborn can be severe.

Types 1 and 2 HSV are both transmitted by direct contact with infected skin and secretions during periods viral shedding, regardless of symptoms. HSV lesions are most infectious while they are in the vesicular stage. The virus may be transmitted from the mouth or skin during contact sports such as wrestling, resulting in localized skin lesions (herpes gladiatorum, commonly called Wrestler's Herpes).

The incubation period is from as few as 2 days to as long as 20 days.

Skin lesions are infectious until firmly crusted over and healed. The virus can be shed from the site of infection at any time. Sores need not be present to transmit herpes. The virus can be shed for at least 1 week during primary infections, less (perhaps 3–5 days) during recurrences. Infectiousness is greatly reduced when lesions have crusted.

Spread of HSV from oral lesions is difficult to prevent since these lesions are not easily covered with bandages. Direct contact with infected lesions should be avoided if possible and gloves should be worn if direct hand contact to lesions is necessary. Individuals should not to share items that may be contaminated with saliva such as lipstick and beverage containers. Frequent hand washing will also help control the spread of HSV.

Students with uncovered lesions on exposed surfaces pose a small potential risk to contacts except during certain sports. It is recommended that students with skin lesions be excluded from contact sports such as wrestling. It is encouraged that children less than the age of 3–4 years remain at home when cold sores are present, especially during the initial episode. It is difficult to prevent young children from spreading the virus by fingers and/or mouth contact.