

FACIAL HERPES

What is Facial Herpes?

Facial herpes is very common and is also known as cold sores, fever blisters, sun blisters, oro-facial herpes, *herpes labialis* and *herpes febrilis*. Facial herpes is characterised by groups of fluid-filled blisters that appear on red swollen areas of the skin or on the mucous membranes. A burning sensation is often present just before the skin lesions develop. The areas can be tender and painful. The blisters heal without scarring but they have a tendency to return.

These episodes are caused by a very common virus infection known as herpes simplex virus (HSV), of which there are two types:

1. HSV-1, the most common type, which usually causes facial herpes.
2. HSV-2, which usually causes genital herpes.

Although cross infection can occur it is more common from the face-to-genitals route (causing genital HSV-1) than from the genitals to the facial area.

How Do You Catch It?

Facial herpes is spread by close physical contact between an infected person and somebody who was previously uninfected. Infection is most commonly acquired during infancy or childhood as a result of contact with relatives (for example kissing or hugging). The source does not always have typical facial herpes symptoms at the time of transmission. For instance, virus is often shed from the lips before blisters appear and it is also possible to shed infectious virus particles without noticeable symptoms.

Most people will have come into contact with the virus between the ages of 3–5, but only one in three of these will have a first episode with symptoms.

What Does the Virus Do?

The HSV virus invades the cells of the epidermis, the outer layer of the skin, causing fluid-filled blisters to appear. The virus travels from the epidermis along the nerve paths to the trigeminal ganglion, a bundle of nerves close to the inner ear, where it lies

hidden until it is reactivated. Potential triggers include a fever (for example, a common cold), UV radiation (exposure to sunlight), extreme tiredness or lowered immune function.

The initial infection

When a person is infected with herpes for the first time, the episode is called a *primary infection*. The primary infection can progress in different ways. Some people only have very mild symptoms or none at all but others can experience considerable discomfort. Sores can develop inside the mouth as well as outside it and this is commonly called *gingivostomatitis*. Initially, this can take the form of painful sores affecting the mouth, gum, throat and lips, which may last for more than 14 days if left untreated. Gingivostomatitis should be treated with antiviral medicine. Most patients also require painkillers or even local anaesthetics, applied direct to the site, to ease the discomfort so that they can eat and drink.

This first outbreak starts 1–3 weeks after the virus has invaded the skin and subsides within a few weeks.

Recurrences

The virus remains hidden in the nerves for the rest of the person's life and becomes active again from time to time. Some people have few or no outbreaks while others have regular recurrences. They seem to become less frequent with age.

An outbreak has four stages:

1. A tingling feeling in the skin.
2. Slight swelling and then development of a number of fluid-filled blisters, which are often painful.
3. The blisters burst and form clusters, leaving fluid-filled sores.
4. The sores eventually dry, scab over and heal without scarring after 8 to 10 days.

The virus can spread until the sores are completely covered by scabs and the infection will usually be external.

Sites of infection

Most commonly, herpes simplex affects the lips or nasal region, causing cold sores. Recurrences may affect the eye region or even involve the eye itself. Eye infection with HSV is also known by several other names, including: *herpes keratitis*, *herpes conjunctivitis* and *herpes stromal keratitis*. Deep infection of the eye is very rare, but can cause a syndrome called acute retinal necrosis. In children, the virus can infect the mouth and throat. The infection may be accompanied by a fever and general aches and pains.

What triggers facial herpes?

The factors which can trigger outbreaks differ from person to person. Menstruation, trauma, fever, exposure to sunlight, extreme weather conditions or anything that lowers the immune system, such as a cold, flu or general illness, can cause reappearance in some people. In others, there is no definite cause.

Transmitting facial herpes

People who experience an episode of herpes, either facial or genital, should consider themselves infectious from the start of the episode to the healing of the last ulcer. During this time the virus can be transmitted to other people and in rare cases, can be transferred to other areas of the body. Increasingly, genital herpes (genital HSV-1) is being caused by face-to-genital transmission. Remember, most of us acquire facial herpes in the first 5 years of our lives.

To help prevent transmission, you should **avoid**:

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- Kissing anyone or sharing drinking utensils when you have a cold sore present.
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- Having oral sex when you or your partner have facial or genital sores.
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- Sharing towels and face flannels.
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- Using saliva to wet contact lenses if you have sores around your mouth.
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Precautions

Hygiene is important for people infected with this virus. Try to avoid direct contact with the sores but if this does occur, wash your hands with soap and water and dry thoroughly. Avoid picking at the sores as this can spread the virus to other parts of the body or result in a bacterial infection of the sores. Avoid the use of harsh detergents on the skin.

The body's defences can be strengthened by a healthy lifestyle. Try to eat a varied diet, exercise regularly and get enough sleep. Using a sunblock may help to prevent a recurrence in some cases.

How to diagnose facial herpes

Accurate diagnosis of facial herpes is made most easily and accurately at the time of an active herpes infection. A combination of the patient's medical history and the appearance of the sores will usually be sufficient to identify facial herpes. A swab of the lesion or a specialised blood test can be used to confirm it.

Possible complications

The sores may become infected by bacteria. If the condition spreads to the eyes, in severe cases, it can damage vision.

In patients who suffer from atopic dermatitis, in rare cases, the cold sores can spread to larger parts of the body.

Massive cold sores can be a sign that another disease, pneumonia or HIV, for example, has weakened the body's defences.

Treatment

Facial herpes may be treated, and sometimes even prevented, with an antiviral drug, valaciclovir, which is available as tablets (you need a doctor's prescription). There are also over-the-counter cold sore treatments your pharmacist can advise you about. Painkillers and a pain relieving mouthwash may also ease the symptoms. The treatment should be started as soon as the first symptoms appear. Each episode can be treated with tablets or cream to speed the healing process. If episodes are very frequent or problematic, taking antiviral tablets daily may help prevent outbreaks.

Andrea says: "One thing I would like to reinforce: Please do not define yourself as 'someone with herpes'. Everyone has a disease or some health issue (some of which are so much worse than herpes), at some point. Herpes may be one of them, but it is not the end of the world and does not define who you are. I see it as a skin problem and we have a role to play in not dramatising the infection. There is effective treatment and herpes is not life-threatening."

Conclusion

- Herpes is not the end of the world and does not define who you are. It is “cold sores” – no more, no less.
 - Herpes is a skin problem, not a life-threatening infection, and is manageable and treatable.
 - Having accurate up-to-date information is key to understanding and coming to terms with having herpes.
 - Knowledge is power and over time it allows feelings about the virus to be integrated and normalised.
 - Getting herpes in perspective and winning the war in your mind neutralises the ‘stigma’ attached to a diagnosis.
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For further information

We recommend you read **Herpes Myth vs Facts** on www.herpes.org.nz, or email info@herpes.org.nz to have a copy posted.

If you want further information regarding herpes treatment, or herpes support groups, you can:

- See your own doctor
- See a doctor at your local sexual health clinic
- Ring the Herpes Helpline **0508 11 12 13** tollfree from a landline or 09 433 6526 from a mobile
- Visit the herpes website www.herpes.org.nz

“Ringing the Herpes Helpline was the most useful thing I did.”

– MJ

Find out more at

www.herples.org.nz

For further information ring
Herpes Helpline **0508 11 12 13** tollfree from a landline
or 09 433 6526 from a mobile

New Zealand Herpes Foundation

Sexually Transmitted Infections Education Foundation

Copies of this booklet are available from:
STIEF, PO Box 2437, Shortland St, Auckland 1140, New Zealand

Email: info@herpes.org.nz

www.herples.org.nz

Helpline Tollfree **0508 11 12 13** Phone: 09 433 6526



View our consumer website with information about
sexual health and all sexually transmitted infections:

www.justthefacts.co.nz

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