Travancore Medical College Hospital
A Unit of Quilon Medical Trust

AUGUST 2026
HIPC NEWSLETTER

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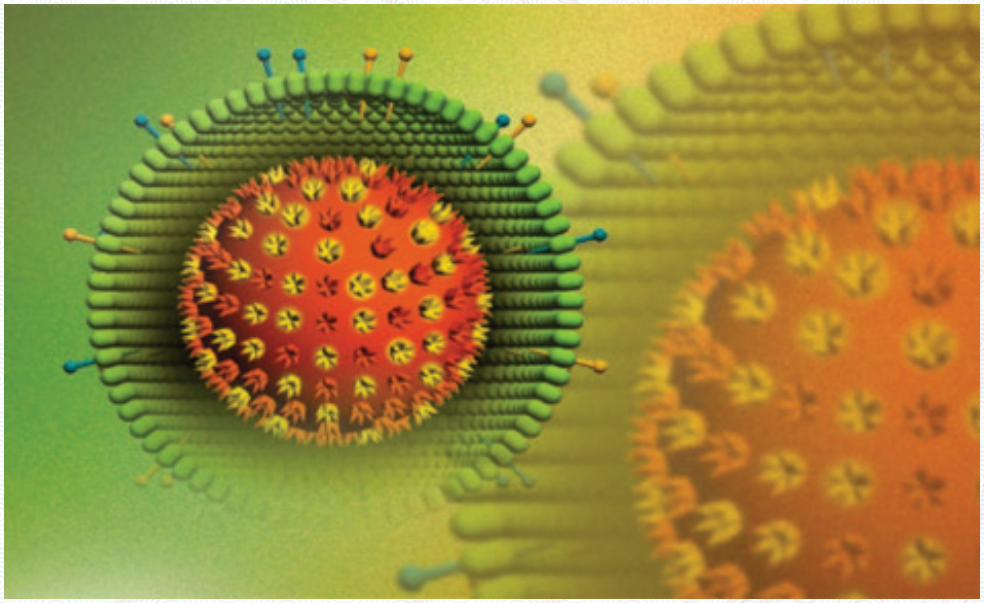
HERPES SIMPLEX VIRUS

INTRODUCTION

A herpes simplex virus (HSV) infection is a common, lifelong viral condition caused by Herpes Simplex Virus type 1 (HSV-1) or type 2 (HSV-2).It manifests as recurrent, painful mucocutaneous lesions (oral or genital) or asymptomatic viral shedding, spreading via direct skin-to-skin or mucosal contact



DEFINITION

Herpes simplex virus (HSV), known as herpes, is a common infection that can cause painful blisters or ulcers. It primarily spreads by skin-to-skin contact. It is treatable but not curable.

VIRUS CLASSIFICATION

HSV-1: Traditionally causes oral herpes (cold sores), though it increasingly causes genital infections due to changes in sexual practices.

It causes oral-facial, mucosal lesions, skin lesions were present above the waist

HSV-2: Primarily responsible for genital herpes infections, spreading predominantly through sexual contact.

Skin lesions were present below the waist and also causes neonatal herpes

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TRANSMISSION

Spreads through contact with infected lesions, mucosal surfaces, or oral/genital secretions, and can transmit even when no symptoms are present.

SYMPTOMS

- Symptoms can include painful, recurring blisters or ulcers. New infections may cause fever, body aches and swollen lymph nodes.
- Symptoms may be different during the first episode (or 'outbreak') of infection than during a recurrent episode. If symptoms occur, they often begin with tingling, itching or burning near where the sores will appear.
- Common oral herpes symptoms include blisters (cold sores) or open sores (ulcers) in or around the mouth or lips.
- Common genital herpes symptoms include bumps, blisters, or open sores (ulcers) around the genitals or anus.
- These sores and blisters are typically painful. Blisters may break open, ooze and then crust over.

- During their first infection, people may experience:
    - Fever
    - Body aches
    - Sore throat (oral herpes)
    - Headache
    - Swollen lymph nodes near the infection.

DIAGNOSTIC EVALUATION

Direct virologic testing (such as PCR or viral culture) is recommended for symptomatic lesions. Type-specific serologic blood tests are reserved for specific clinical scenarios (like atypical lesions or partner status) rather than routine general screening

Testing with Active Lesions (Swab Tests)

- **Nucleic Acid Amplification Testing (NAAT / PCR):** Preferred over viral culture due to significantly higher sensitivity for detecting HSV DNA.
- **Viral Culture:** Historically the gold standard; less sensitive than PCR, declining as lesions heal, but still useful for isolation and drug resistance testing.
- **Type Differentiation:** Swabs must differentiate between **HSV-1** and **HSV-2** to guide accurate prognostic counseling and management.

Testing without Active Lesions (Serology / Blood Tests)

- **Type-Specific Glycoprotein G (gG2/gG1) Assays:** Blood tests must be type-specific to accurately identify antibodies to HSV-2 or HSV-1. Type-common tests are not recommended.
- **Indications for Serology:** Recommended for recurrent or atypical genital symptoms with negative PCR/culture, clinical diagnoses lacking laboratory confirmation, or when a sex partner has genital herpes.
- **Exclusions:** IgM antibody blood tests are not recommended due to lack of type specificity and unreliable clinical utility. Routine population screening is discouraged

MANAGEMENT

Management utilizes nucleoside analogues such as Acyclovir, valacyclovir, famciclovir for episodic treatment or chronic suppressive therapy to reduce recurrence and transmission risk

PREVENTION

- **Abstinence during outbreaks:** Patients should completely avoid sexual activity with uninfected partners when lesions or prodromal symptoms are present.
- **Consistent condom use:** Correct and regular use of latex condoms reduces the risk of genital herpes transmission, though transmission can still occur from areas not covered by the barrier.
- **Partner counseling:** Educating couples on the natural history of HSV, viral shedding, and sexual risk factors is a core component of clinical management.

Clinical and Special Situations

- **Suppressive therapy:** Daily antiviral therapy can be prescribed to reduce the frequency of recurrent outbreaks and lower the overall risk of transmitting HSV to sexual partners.
- **Management in pregnancy:** Counseling and screening for risks of perinatal transmission are vital; suppressive antivirals are often utilized in late pregnancy to prevent neonatal infection

COMPLICATIONS

HSV-2 and HIV infection

HSV-2 infection increases the risk of acquiring HIV infection by approximately three-fold.

Severe disease

In immunocompromised people, including those with advanced HIV infection, herpes can have more severe symptoms and more frequent recurrences. Rare complications of HSV-2 include meningoencephalitis (brain infection) and disseminated infection. Rarely, HSV-1 infection can lead to more severe complications such as encephalitis (brain infection) or keratitis (eye infection).

Neonatal herpes

Neonatal herpes can occur when an infant is exposed to HSV during delivery. Neonatal herpes is rare, occurring in an estimated 10 out of every 100 000 births globally. However, it is a serious condition that can lead to lasting neurologic disability or death. The risk for neonatal herpes is greatest when a mother acquires HSV for the first time in late pregnancy

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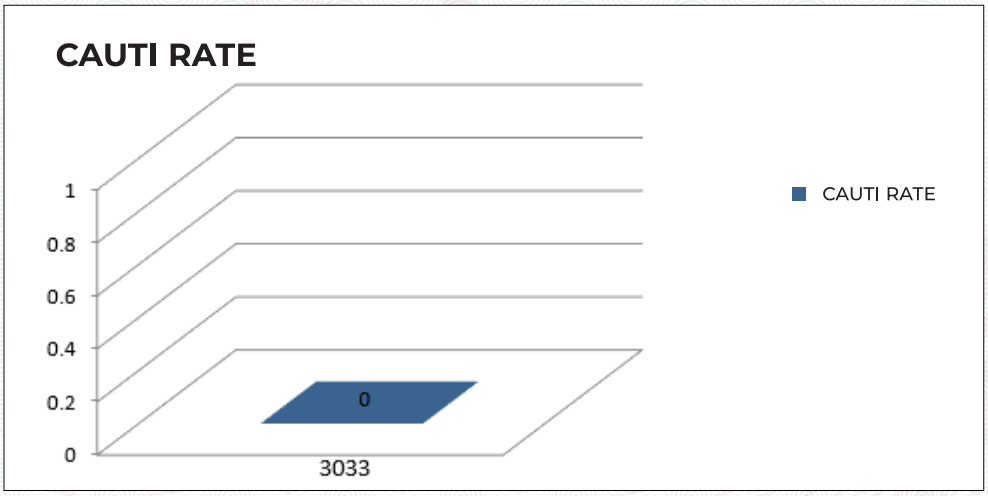
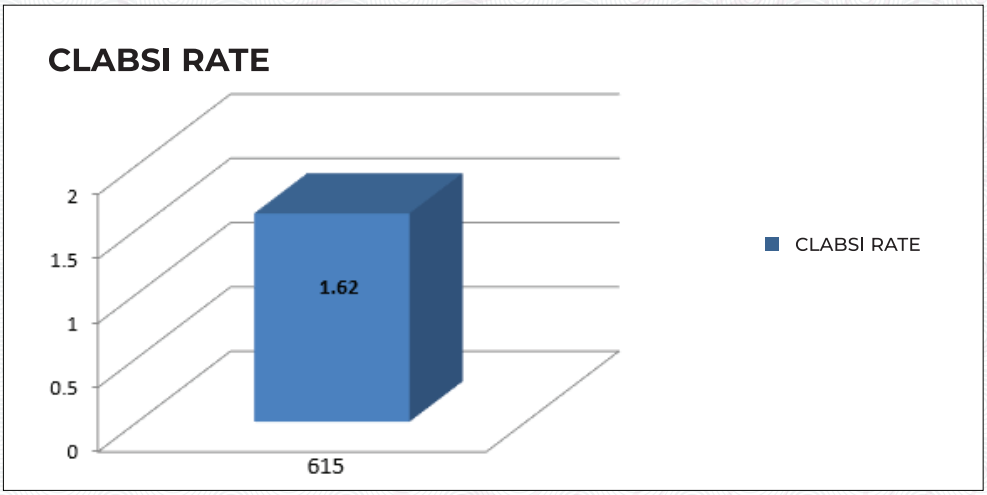
HAI DATA - JULY 2026

CAUTI RATE - JULY 2026



CLABSI RATE - JULY 2026



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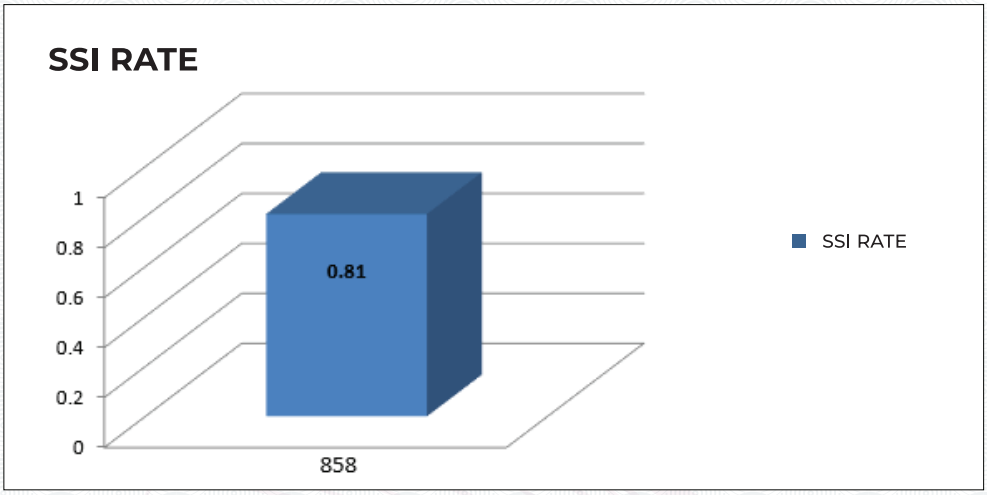
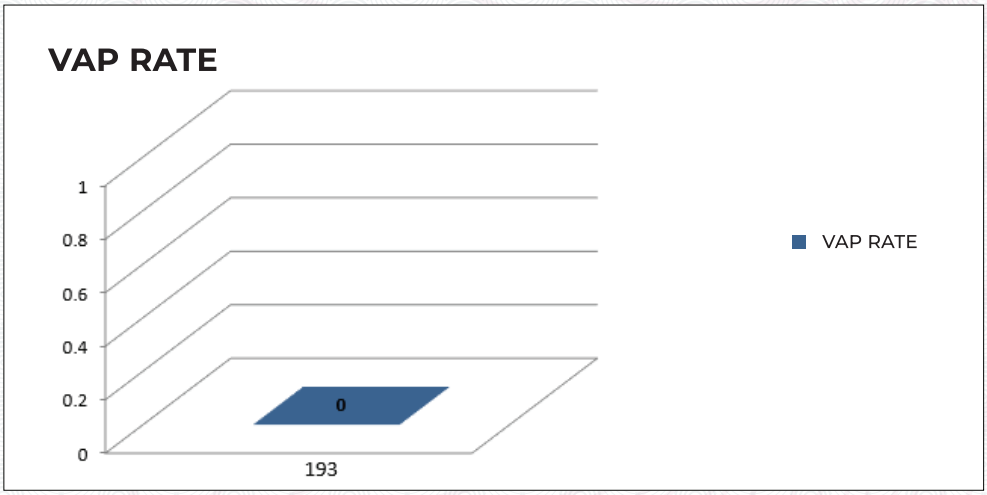
SSI RATE - JULY 2026



VAP RATE - JULY 2026



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- JULY 2026