


<b>Infection Control Manual</b>		
	Policy Name	<b>Herpes Simplex</b>
	Policy Number	<b>IC 0025</b>
	Date this Version Effective	<b>Sept 2012</b>
	Responsible for Content	<b>Hospital Epidemiology</b>

## I. Description

Describes practices to reduce the risk of herpes simplex infection among patients and personnel.

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## II. Rationale

Infections due to herpes simplex virus (HSV) Type I and Type II can be encountered in both patients and hospital personnel. Viral transmission can occur through contact with primary or recurrent lesions or through excretions (e.g., saliva, vaginal secretions) that contain the virus even when no lesions are obvious. Hand hygiene and barrier techniques are essential to prevent spread of the virus among patients and personnel.

## III. Policy

### A. General Hospital Patients

1. Patients with mucocutaneous, recurrent skin, oral, genital herpes will be managed with Standard Precautions (with the exceptions below – Obstetrical and Newborn Patients). Gloves should always be worn when touching lesions, saliva, semen, or vaginal secretions. Remove gloves immediately after contact and perform hand hygiene.
2. Patients with mucocutaneous disseminated infections or with severe primary infections should be placed on Contact Precautions for the duration of herpetic infection.

### B. Obstetrical Patients

1. The mother should be educated to the risks that herpes simplex virus infection may pose to the newborn and others, both while in the hospital and at home, stressing measures to prevent viral transmission.
2. Patients with proven or clinically suspected genital herpes at delivery should be managed as follows:
  - a. The patient with a lesion(s) consistent with genital herpes simplex infection, with or without a positive viral culture, is placed in a private room on Contact Precautions during the labor, delivery, and postpartum period.

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- i. Personnel should practice strict hand hygiene and wear gloves when entering the Contact Precautions room and an isolation gown when having contact with a patient or their environment who is on Contact Precautions.
    - ii. Dressings and pads should be handled carefully and with gloves and discarded in the regular trash. If the pad or dressing is heavily saturated, it should be placed in the red bag trash (regulated medical waste).
    - iii. A mother may visit her baby in the NCCC if her lesions are inactive or if possibly active lesions are covered with an occlusive dressing.
    - iv. The mother should wear clean gloves, a clean gown and use strict hand hygiene. The mother is not allowed to visit other patients or their babies.
    - v. The mother is permitted to handle and feed her infant after thorough hand hygiene with an approved antimicrobial agent. She must be provided with clean linens free from contamination with infectious material. The baby may then be brought from the nursery to the mother. The infant may room-in with the mother only by Pediatrician's order.
  - b. Fetal scalp monitors should be avoided when possible in infants of women suspected of having active genital herpes infection during labor.
  - c. The patient with a positive genital culture for herpes simplex, but with no apparent lesion, should be housed in a private room.
  - d. The mother who has a positive history for genital herpes infection and has no active herpes simplex lesions or a positive genital culture for herpes simplex at term requires standard isolation precautions for herself or the infant. She should be taught to practice strict hand hygiene after bathroom use and before handling her newborn, particularly during the first month of the infant's life.
3. The obstetrical patient with active nongenital herpes infection (e.g., oral, ocular, disseminated, or cutaneous) should be managed and instructed as follows:
- a. She should practice strict hand hygiene before handling her newborn, particularly during the first month of the infant's life.
  - b. Prior to handling the baby, she should ensure that the lesions are covered (e.g., mask or dry dressing). When lesions are dried and crusted, covering them is no longer necessary. The mother should wear clean gloves.
  - c. A mother with cold sores or stomatitis should not kiss or nuzzle her infant until the lesions have cleared.
  - d. The mother should avoid touching the lesions, the mask or the dressing when holding the baby.
  - e. She should thoroughly wash hands after any contact with the lesions.
  - f. Breast feeding is acceptable if no lesions are present on the breast and if active lesions elsewhere on the mother are covered.

### C. Newborn

Newborns with suspected or proven herpes simplex virus infection should be cared for as follows:

1. Infant should be kept in a private isolation room or may room-in inside the mother's private room.
2. Contact Precautions are followed.

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3. The newborn may be cared for by the mother under supervised conditions as described in B.2. and B.3.
4. Neonates with documented perinatal exposure should be managed with Contact Precautions, as they may be in the incubation phase of infection. Infants are considered exposed when the mother has active genital disease and the child is delivered vaginally or by cesarean section and membranes were ruptured >4 hours.
5. Newborns whose mothers have active nongenital herpes infection at term are not at risk during delivery and are not subject to isolation precautions at birth.

### **D. Patient Care Providers with Known Herpes Simplex Virus Infection**

Hospital personnel with known herpes simplex virus infection should observe the following:

1. Patient care providers with active oral herpetic lesions must be evaluated by the appropriate Occupational Health Service or Campus Health Service to determine their degree of infectivity and potential risk to patients, especially if the provider cares for high-risk patients (e.g., newborns or immunocompromised patients). If a choice must be made between inadequate patient care coverage and using knowledgeable, trained personnel with covered lesions, the latter alternative is preferred. All active lesions must be completely covered with a facemask or an occlusive dressing. Careful hand hygiene before and after patient contact must be followed. Care must be taken not to touch the lesions or to allow the lesions to touch patients. Immediate treatment with an antiviral agent is recommended since it can reduce viral shedding, local symptoms, and time of healing.
2. Personnel with active herpes simplex infections of the fingers or hands (herpetic whitlow) should be excluded from contact with patients and contact with the patient's environment until their lesions are healed. Personnel with herpetic whitlow should contact their OHS for follow-up and treatment.
3. Treatment with an antiviral agent will be considered since it can reduce viral shedding, local symptoms and time of healing.

### **E. Cardiopulmonary Resuscitation Classes**

Personnel with active oral herpes simplex infections must not participate in cardiopulmonary resuscitation classes or similar activities that would allow viral transmission.

### **F. Visitors**

1. Visitors with active oral herpetic lesions should not visit high risk patients (e.g., immunocompromised hosts, burn patients, ICU patients, infants).
2. In special circumstances, significant family members with oral herpes infections may visit if their lesions are covered with an occlusive dressing. These persons must be instructed on measures to prevent viral transmission (e.g., hand hygiene).

### **G. Implementation**

This policy will be implemented through the Director of Occupational Health, Nursing, OB-GYN, and Pediatric Services.

## **IV. References**

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### **V. Reviewed/Approved by**

Hospital Infection Control Committee

### **VI. Original Policy Date and Revisions**

Revised on Oct 2004, Dec 2006, Dec 2009, Sept 2012