

Attachment 3: Herpes Simplex

Infections due to herpes simplex virus (HSV) Type I and Type II can be encountered in patients. 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.

Obstetrical Patients

- 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.
- Patients with proven or clinically suspected genital herpes at delivery should be managed as follows:
 - 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 using contact precautions during the labor, delivery, and postpartum period.
 - Personnel should practice strict hand hygiene when entering room
 - A mother may visit her baby in the NCCC if her lesions are inactive or if possibly active lesions are covered. 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.
 - Fetal scalp monitors should be avoided when possible in infants of women suspected of having active genital herpes infection during labor.
 - The patient with a positive PCR for herpes simplex, but with no apparent lesion, should be housed in a private room.
 - The mother who has a positive history for genital herpes infection and has no active herpes simplex lesions or a positive genital PCR 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.
- The obstetrical patient with active non-genital herpes infection (e.g., oral, ocular, disseminated, or cutaneous) should be managed and instructed as follows:
 - The patient should practice strict hand hygiene before handling the newborn, particularly during the first month of the infant's life.
 - Prior to handling the baby, the patient 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.
 - A mother with cold sores or stomatitis should not kiss or nuzzle her infant until the lesions have cleared.
 - The mother should avoid touching the lesions, the mask or the dressing when holding the baby.
 - The mother should thoroughly wash hands after any contact with the lesions.
 - Breastfeeding is acceptable if no lesions are present on the breast and if active lesions elsewhere on the mother are covered.

Newborn

- Newborns with suspected or proven herpes simplex virus infection should be cared for as follows:
 - Infant should be kept in a private isolation room or may room-in inside the mother's private room
 - Contact Precautions are followed.
 - **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.**
 - Newborns whose mothers have active non-genital herpes infection at term are not at risk during delivery and are not subject to isolation precautions at birth.