

Herpes Simplex Demystified

By Ruth Werner, LMP, NCTMB

Author's note: I would like to thank Lippincott, Williams & Wilkins for the use of the pictures in this article. These photographs appear in *A Massage Therapist's Guide to Pathology*, 2nd ed., Ruth Werner, Lippincott, Williams & Wilkins, 2002.

The original citations for these photos are: 1) Herpes [reprinted with permission from Rassner G. *Atlas of Dermatology*, 3rd ed. Philadelphia, PA: Lea & Febiger: 1994:42.] 2) Herpes Whitlow [reprinted with permission from Goodheart HP. *A Photoguide of Common Skin Disorders: Diagnosis and Management*. Baltimore, MD: Williams & Wilkins; 1999:90.

As a person who has been involved in massage education for 20 years, I know that one of the things students and therapists fear most is the threat of contagious skin diseases; however, as with all things fearful, the best defense is knowledge. In that spirit, I offer this month's topic: herpes simplex. The good news about herpes is you probably already have it; the bad news is it's possible to get it in new places. My hope is that by reading this material you will feel better prepared to protect yourself and your clients from this tough, sturdy virus.

Definition of Herpes Simplex - The word herpes comes from the Greek root herpein, meaning "creeping thing," or serpent. It is an interesting description for this family of viruses that, once introduced into the body, are never fully expelled. They can become inactive, but infections may recur at any time, often when the immune system is sluggish or overtaxed. Herpes viruses include: herpes simplex, Epstein-Barr virus (associated with mononucleosis), varicella zoster (chickenpox and shingles), cytomegalovirus, which typically becomes active when people are immune-suppressed, and others.

Herpes simplex is occasionally discussed as Type I and Type II viruses: Type I has traditionally been associated with oral lesions (the euphemisms for these are "cold sores" or "fever blisters," probably because they tend to occur when the immune system is overtaxed), while Type II virus has been associated with genital herpes.

Examinations of oral and genital lesions show significant crossover between Type I and Type II virus; both have the same treatment options, so the delineation between them has little significance.

Estimates of the incidence of herpes simplex vary. Up to 60 percent of all sexually active adults may carry genital herpes; that number is probably around 80 percent for oral herpes. About 30 million outbreaks of the virus occur in the U.S. every year. Men and women are affected equally.



Herpes Simplex: Oral Herpes Etiology - Herpes simplex is spread through mucous secretions. A person's first outbreak, which usually occurs two to 20 days after exposure, is called primary herpes. All subsequent outbreaks are called recurrent herpes. Recurrent herpes usually occurs in the same place as the primary lesion, because the virus has taken up residence in the affected nerve root. A primary herpes outbreak is often unnoticed.

Most cases of oral herpes are picked up during infancy or early childhood, and the new carrier may never be aware of his or her infection. In rare cases, however, the primary infection may be very extreme, accompanied by fever, swollen glands and many painful sores that may last from two to six weeks.

Signs and Symptoms - Herpes simplex has a fairly predictable presentation: the affected area may experience some pain or tingling a few days before an outbreak (the "prodromic" stage), then a blister or cluster of blisters appears on a red base. The painful, itchy blisters erupt and ooze virus-rich liquid all around the area. The blisters scab over after a week or 10 days, ending the most contagious phase of the disease. Altogether the outbreak lasts about two to three weeks.

Many of us are familiar with oral herpes; these lesions are typically on the lips, but may be elsewhere on the face or even inside the mouth. (Most sores that occur inside the mouth are not herpes, however.)

Genital herpes is not limited to appearing only on the genitals; these lesions may appear virtually anywhere between the knees and the waist, affecting the sacrum, the buttocks and the thighs - all places massage therapists may work.

Two other herpes simplex patterns are worth noting: herpes Whitlow and herpes gladiatorum. Herpes Whitlow appears on the hands, especially the nail beds. Herpes gladiatorum is named for its habit of appearing virtually anywhere on the bodies of wrestlers: friction burns and contaminated wrestling mats are probably the mode of transmission for this group.



Herpes Whitlow Communicability - The herpes virus is famous for its communicability. Unlike many pathogens, it can remain dormant and healthy outside of a host body for hours at a time. Exactly how long is a matter of some debate. This means that the face pad that an infected client used may now pass the virus to another client. Used face cloths and towels may also harbor the virus. Even leaving aside the possibility of infecting other people, herpes is notorious for spreading to other parts of the body.

While it doesn't happen often, touching a cold sore and then touching the eye can result in a painful and dangerous herpetic infection of the cornea (herpes keratitis). One of the most dangerous aspects of a herpes infection is that a patient could be shedding the virus during the prodromic stage, with no visible lesion. This means that all it takes to catch herpes from another person is skin-to-skin contact with live virus. No sore or break in the skin is necessary.

While exposure to herpes is almost a given for adults in this country, herpes antibodies provide only limited protection against the establishment of new sites of infection. This is why massage therapists, even those who know they have been exposed, must work to prevent contracting herpes simplex at a new portal of

entry.

Treatment - Herpes is a viral infection, which means there's little to do for it but wait for it to be over. Antiviral drugs may shorten the duration of an infection, but they don't prevent future outbreaks. Prevention is the main thrust for treatment of this condition; this means isolating towels, bedding and clothing, and avoiding sexual contact while lesions are present. Keeping as healthy as possible between outbreaks is an important way to reduce the frequency and severity of herpes episodes.

Massage?

The good news about herpes is that the social stigma that used to be attached to this infection has been largely lifted. Many people no longer feel a need to hide this part of their medical history. If a client has a history of herpes, it's important to explain why it's a bad idea to receive a massage during an outbreak, and to request that he or she reschedule if prodromic symptoms or blisters are present. Even after a lesion has scabbed over, herpes is at very least a local contraindication. Because this virus can survive outside of a host, consider the sheets of any client with herpes as "hot": isolate them in a closed container and either have them professionally laundered or add extra bleach to their wash cycle.

Sometimes it is impossible to avoid working with a client who has an active cold sore. This might be a good time, however, to avoid not only this person's face, but also his or her hands. Those of us who get occasional outbreaks of herpes know how hard it is not to touch the blisters, even when we try to be conscientious about good hygiene.

For next time: What's it to be, readers? Right now warts are at the top of my list, but flu season is upon us, and last year's outbreak of avian flu around the globe may create an interesting season. Or do you have something else you want to find out about? Let me know: What's on your table?

Blessings,

Ruth Werner, LMP, NCTMB

Click [here](#) for more information about Ruth Werner, LMP, NCTMB.



Page printed from:

http://www.massagetoday.com/archives/2004/11/13.html?no_b=true