

# **HERPES SIMPLEX SURVEILLANCE PROTOCOL FOR ONTARIO HOSPITALS**

Developed by the Ontario Hospital Association and  
the Ontario Medical Association  
Joint Communicable Diseases Surveillance Protocols Committee  
in collaboration with the Ministry of Health and Long-Term Care

Approved by:  
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This protocol was developed jointly by the Ontario Hospital Association and the Ontario Medical Association to meet the requirements of the *Public Hospitals Act 1990*, Revised Statutes of Ontario, Regulation 965.

This protocol is based on current scientific and medical knowledge and a desire to ensure maximum cost effectiveness of programs while protecting health care workers. It is intended as a minimum practical standard for Ontario hospitals. However, hospitals may adopt additional strategies when indicated by local conditions.

# Members of the Joint OHA/OMA Communicable Disease Surveillance Protocols Committee

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The Ottawa Hospital  
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Communicable Disease Control  
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Ministry of Health and Long-Term Care

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St. Michael's Hospital

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# Rationale for Herpes Simplex Surveillance Protocol

Herpes simplex virus (HSV) is an extremely common cause of infection worldwide, with 50-90% of adults having antibodies. Direct contact with lesions or infected secretions is the primary mode of transmission of HSV.

Primary infection with HSV infection results from the first exposure to the virus. It may be mild or inapparent, or result in overt disease with fever, malaise and vesicular lesions in the mouth and/or pharynx. After primary infection, the virus becomes latent, and may recur as localized blisters, usually at the border of the mucous membrane with the skin, commonly referred to as “cold sores” or “fever blisters”. Genital infections, skin lesions, eye infections, generalized systemic infections and central nervous system infections may also occur. Reactivation of latent virus may also occur without lesions, resulting in asymptomatic shedding.

Primary or recurrent lesions, and secretions such as saliva and genital secretions contain the virus. Virus may be present in saliva or genital secretions in the absence of symptomatic lesions.

Health care workers are at risk of acquiring HSV infection if they contact mucous membranes of patients without wearing gloves. Infections acquired by this route result in herpetic whitlow, a painful recurring lesion on the hand or finger. Dentists, anaesthesiologists, respiratory therapists and critical care nurses are at particular risk.

Patients are also at risk of acquiring HSV from infected health care workers. For some high risk patients (e.g. newborns, burn patients, patients with chronic eczema, immunocompromised patients) infection may result in severe, life-threatening, systemic disease. Virus can be transferred from the oral area to the hands of the health care worker, and then transmitted by hands on contact with the patient. Transmission from health care workers to newborns has been documented in a delivery suite, in nurseries and in a paediatric intensive care unit.

Because HSV may be present in saliva before or without the appearance of lesions, continuing education must emphasize the mode of transmission, the importance of hand hygiene and using the appropriate barrier precautions when in direct patient contact to prevent transmission both from patients to health care workers and from health care workers to patients.

# Herpes Simplex Surveillance Protocol for Ontario Hospitals

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## 1. Purpose

The purpose of this protocol is to provide direction to hospitals to prevent transmission of herpes simplex virus (HSV) among persons carrying on activities in the hospital and patients.

Infected individuals and their personal physicians are responsible for follow-up care and therapy.

## II. Applicability

This protocol applies to all persons carrying on activities in the hospital who have direct patient contact (see Glossary) including employees, students, volunteers, undergraduate and post graduate medicine trainees, physicians and contract workers. This protocol does not apply to patients or residents of the facility, or to visitors.

When hiring contract workers or training students, the hospital must inform the supplying agency/school that the agency/school is responsible for ensuring that their personnel are educated and managed according to this protocol.

**These guidelines are for use by the occupational health service (OHS) in hospitals.**

## III. Preplacement

Screening for HSV in persons carrying on activities in the hospital is neither required nor recommended. Health care workers (HCW) must be informed of the requirement to notify the OHS of acute primary herpes simplex infection and recurrent oro-facial infection or herpetic whitlow.

## IV. Continuing Surveillance

No routine screening for HSV in persons carrying on activities in the hospital is needed or recommended. Herpes simplex infection is a recurrent viral infection; the virus may be present in saliva and on the hands of HCWs before or without the appearance of lesions. Education emphasizing the importance of hand hygiene and using the appropriate barrier precautions when in direct patient contact must be ongoing, to minimize the risk of transmission of HSV.

## V. Acute Disease

Herpes simplex virus (HSV) infections are evident as:

- oral infections (inside the mouth),
- orofacial infections (inside the mouth and on the outside of the lips, face),
- herpetic whitlow (herpes simplex infection of the fingers),
- genital infections, and
- herpes corporis (herpes simplex infection on parts of the body other than hands, face or genitals).

Persons carrying on activities in the hospital who have direct patient contact and who develop acute infections of the first three types above (oral, orofacial, herpetic whitlow) have a responsibility to inform the occupational health service as soon as they notice symptoms. Work restrictions or modifications vary with the type of herpes simplex infection and the type of patients with whom the person has contact.

### Oral/Orofacial Infection:

- Health care workers working with high-risk patients (see Glossary) may continue to work as long as they ***maintain meticulous hand hygiene, and cover the lesions (e.g., wear a surgical mask or dressing)*** to discourage hand-to-lesion contact. The health care worker should ***wear gloves for direct hands-on contact with high risk patients.*** Perform hand hygiene after removing gloves, as per Routine Practices.
- Health care workers who do not work with high-risk patients may continue to work with no special precautions, as long as they maintain meticulous hand hygiene.

### Herpetic whitlow:

- Health care workers with HSV infection of the fingers must be restricted from all direct patient contact. There is no evidence that wearing gloves will provide adequate protection for the patient, and prolonged wearing of gloves would likely aggravate the existing infection.

**Acute primary oro-pharyngeal infection:**

- Health care workers with acute primary oro-pharyngeal HSV infection should not work until symptoms have resolved.

Health care workers with genital HSV infection or herpes corporis do not have to inform the occupational health services of these conditions. There should be no risk to patients as long as they maintain good hygiene, including meticulous hand hygiene, and lesions are covered.

These restrictions are summarized in the table below.

Health care workers excluded from direct patient contact because of HSV infection, may safely be assigned to duties that involve no patient contact.

**Summary of Requirements for Work Exclusions/Precautions**

Type of HSV Infection	Excluded from Direct Patient Contact?	Precautions Used	Duration of Work Restriction or Precautions
Herpetic whitlow	Yes, exclude from all patient contact	N/A	Exclude until lesions healed
Oral and orofacial infection	If working with high-risk patients (see Glossary), no exclusion <b>if</b> precautions used	<b>Hand hygiene, gloving when touching patients, covering the lesions (e.g., wearing a surgical mask or dressing) as an additional barrier)</b> to discourage hand-to-mucous membrane contact	Use Masks and gloves until lesions healed
	If working in non-high risk areas, no exclusion.	Hand hygiene	N/A
Genital infection and herpes corporis	No exclusion.	Hand hygiene	N/A
Acute primary oro - pharyngeal infection	Exclude from work.	N/A	Until symptoms resolved.

## **Glossary**

### ***Direct Patient Contact***

Direct patient contact involves skin-to-skin contact of the type that occurs in patient care activities that require direct, personal “hands-on” care.

### ***High Risk Patients***

High-risk patients include newborn infants, immunocompromised patients and patients with extensive skin damage (e.g., burns, eczema).

## Selected Bibliography

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