You are being provided with this fact sheet:

☐ because you or your child may have been exposed to cold sores. If you believe
your child has developed cold sores, contact your health care provider. Notify your child
care provider or preschool if a diagnosis of cold sores is made.

☐ for informational purposes only.

What is herpes simplex virus?
Herpes simplex virus (HSV) type 1 causes infections of the mouth, nose, and lips, also known as cold
sores or fever blisters. It is very common; approximately half of people in the United States are infected.
Children often become infected with this virus in early childhood and many have no symptoms. (Herpes
simplex virus type 2 is most commonly associated with genital sores.) Once a person is infected with the
virus, it stays in the nerve cells for life, occasionally causing symptoms.

What are the symptoms of HSV type 1 infection?
Sometimes a person can be infected with HSV type 1 and have no symptoms. When symptoms do occur,
they may start with pain or tingling at the site where sores will develop. The most common symptom is
blisters that turn into sores, ooze, and then crust over. Sometimes sores may also be associated with a
runny nose and fever*. Most people infected with HSV type 1 may never show symptoms, but can still shed
the virus and pass it on to others.

How is HSV type 1 spread?
The virus is spread through direct contact with the drainage from the sores or saliva of the infected person,
such as through kissing or sharing an object that touches the mouth, such as a mouthed toy or drinking
glass. It can be spread even when there are no symptoms, but is much more likely to spread when there
are sores present.

Who is at risk from HSV type 1?
Many healthy people become infected with HSV without major problems. People with HIV or a weakened
immune system suffer more complications from HSV.

How is HSV type 1 diagnosed?
Cold sores are usually diagnosed by a clinical exam. Blood tests can detect the presence of antibodies to
the virus.

How is HSV type 1 treated?
There are antiviral medications used to shorten the period of symptoms or reduce the shedding of the
virus. Not all medications are licensed for use with children. Generally, cold sores are left to run their
course without any treatment.

-more-

Child Care Health Outreach Program
3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ www.snohd.org ■ tel: 425.252.5415
How can HSV type 1 be prevented?

- Avoid sharing cups, toothbrushes, eating utensils, or toys that go in the mouth.
- Remove mouthed toys promptly from the children’s play area until they can be cleaned and sanitized. If the infected child puts toys in the mouth, take steps to ensure these toys are not shared with others until they have been cleaned and sanitized.
- Reduce sun exposure.
- Practice proper handwashing technique.

Exclude from group setting?

In a child care or school, most children with cold sores do not need to be excluded unless the child:

- has mouth ulcers and blisters and does not have control of drooling.
- meets other exclusion criteria.
- has an open sore and it is the first time being infected (recurrent infections do not require exclusion).
- the cold sores of a person with diagnosed HSV type 1 infection should be covered whenever possible with a bandage, clothing, or other dressing.

* Fever is defined as a temperature above 101°F (38.3°C) by any method or above 100.4°F (38.0°C) for infants younger than 2 months old.

References:

American Academy of Pediatrics
- Managing Infectious Diseases in Child Care and Schools, 4th ed.

World Health Organization (Website)