

Herpes Dermatitis

I thought that you could only get herpes on the mouth or genitals?

No, actually herpes can also cause dermatitis (skin infection). Herpes can also cause conjunctivitis (eye infection), which can develop into keratitis (corneal infection).

What causes herpes dermatitis?

Both *Herpes simplex* and *Herpes zoster* can cause dermatitis. When *Herpes simplex* is found as a dermatitis it is known as herpes gladiatorum. With *Herpes zoster*, the syndrome is known as shingles. Generally shingles occurs in middle (or later) age.

Who gets herpes dermatitis?

Herpes gladiatorum has been found in wrestlers and rugby players. It is thought that people with prior herpes exposure (such as cold sores) may have a reduced risk of this infection. In a survey conducted in 1984 – trainers reported that about 3% of high school wrestlers developed herpes skin infections in a one year period. People with eczema will have herpes dermatitis in the area of their eczema.

What are the symptoms?

Lesions occur most often on the head and neck, but may occur anywhere. In a primary infection, the patient may have fever, weight loss, and regional lymphadenopathy (painful, swollen lymph nodes) as well as feel listless. In some cases, the same wrestler can have many sites involved. Lesions can appear to be isolated, singular vesicles (and be diagnosed as “folliculitis”), or can appear as a pustule (and be diagnosed as “impetigo”). The only way to know for sure is via laboratory diagnosis.

What is the incubation period?

The incubation period is from 2-12 days.

When is it communicable?

Open herpes lesions are communicable until 5 full days of oral (not topical) antiviral treatment has been given. When antivirals are not used, the lesions are infectious until all of the lesions are crusted over and no new lesions are appearing. This can take days to weeks to occur.

How is it transmitted?

Transmission is primarily through skin-to-skin contact. Recent studies have also shown that it can be transmitted through contact with infected objects, especially shared equipment that touches the skin.

How is it diagnosed?

A swab of the lesion is taken for Herpes DFA, culture, or PCR. Use a cotton or Dacron swab, and transport it in M4 media or a small amount of sterile saline. Refrigerate (wet ice) during storage and transport. Bacterial cultures will not identify the presence of herpes.

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