Herpes ("Cold Sores" or "Fever Blisters")

What Are They?
They are common infections in children and adults caused by viruses. There are two types of herpes virus—HSV type 1 (usually found in the mouth) and HSV type 2 (usually found on the genitals).

What Are the Symptoms?
Children often become infected with this virus in early childhood and many have no symptoms. When symptoms do occur, they may include fever, runny nose and painful lesions (fever blisters or cold sores) on the lips or in the mouth. The blisters or cold sores usually form scabs and heal within a few days.

Herpes infections in children are generally caused by HSV type 1 and, while uncomfortable, are rarely serious. People who have severe eczema or immune system problems may have more severe infections with herpes.

Once a person is infected, these viruses remain in nerve cells, and herpes tends to recur at the same places on the body again and again.

Who Gets It and How?
Cold sores are spread by direct contact with the lesions or saliva of an infected person. Spreading the virus within families is common. HSV type 1 is most common in young children, whereas HSV type 2 (due to its sexual transmission) is more common in adults.

Diagnosis is usually made based on the distinctive appearance of the blisters or sores.

When Should People with this Illness Be Excluded?
• Only exclude a child with open blisters or mouth sores if the child is a biter, drools uncontrollably, or mouths toys that other children may in turn put in their mouths.

• Exclude staff with open, oozing sores that cannot be covered. Do not exclude children or staff with genital herpes or skin blisters (in locations other than the mouth or finger) that can be covered.

Allow returns as follows:
• Children with oozing mouth blisters can return when blisters are crusted over.

How Can I Limit the Spread of Herpes?
Make sure all children and adults in the facility use good hand washing practices.

• Do not allow children to share toys that can be put in their mouths, as the virus may be present even though sores are absent or not noticeable.

• After a child has mouthed a toy, remove it from the play area and put it in a bin for toys to be disinfected at day’s end.

• Do not kiss the child or allow the child to kiss others where direct contact with the sore may occur.

• Use gloves if applying medicated ointment to the sore.