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## Herpes simplex labialis causes

Infection with herpes simplex virus, commonly known as herpes, can be caused by either herpes simplex virus type 1 (HSV-1) or herpes simplex virus type 2 (HSV-2). HSV-1 is mainly transmitted through oral to oral contact to cause infection in or around the mouth (oral herpes). However, HSV-1 can also be transmitted through oral-genital contact to cause infection in or around the genital area ( genital herpes). HSV-2 is almost exclusively transmitted through genital contact with the genitals during sex, causing infection in the genital or region (genital herpes). Both oral herpes infections and genital herpes infections are mostly asymptomatic or unrecognized, but can cause symptoms of painful blisters or ulcers at the site of infection, from mild to severe. Herpes simplex virus - type 1 (HSV-1) Herpes simplex virus - type 2 (HSV-2) HSV-1 is a highly contagious infection that is common and endemic worldwide. Most HSV-1 infections are acquired in childhood and the infection is lifelong. The vast majority of HSV-1 infections are oral herpes (infections in or around the mouth, sometimes called orolabial, oral labial or oral-facial herpes), but part of the HSV-1 infections are genital herpes (infections in the genital or region). In 2016, an estimated 3.7 billion people under the age of 50, or 67% of the population, had HSV-1 infection (oral or genital). The estimated prevalence of infection was highest in Africa (88%) and lowest in America (45%). As regards HSV-1 genital infection, it is estimated that in 2016 there were between 122 and 192 million people aged 15–49 worldwide, with prevalence varying considerably from region to region. It is estimated that most genital HSV-1 infections occur in the Americas, Europe and the Western Pacific, where HSV-1 continues to be acquired until adulthood. Oral herpes infection is mostly asymptomatic, and most people with HSV-1 infection are not aware that they are infected. Symptoms of oral herpes include painful blisters or open ulcers called ulcers in or around the mouth. Ulcers on the lips are commonly referred to as cold sores. Infected people often experience tingling, itching or burning sensation around the mouth, before the appearance of ulcers. After the initial infection, blisters or ulcers can be repeated regularly. The frequency of relapses varies from person to person. Genital herpes caused by HSV-1 may be asymptomatic or may have mild symptoms that go unrecognized. When symptoms appear, genital herpes is characterized by 1 one or more genital or blisters or ulcers. After the initial genital herpes episode, which can be severe, symptoms may recur. However, genital herpes caused by HSV-1 usually does not retreat frequently, unlike genital herpes caused by herpes simplex virus type 2 (HSV-2; see below). HSV-1 is mainly transmitted through oral to oral contact to cause oral herpes infection, through contact with HSV-1 virus in ulcers, saliva and surfaces Mouth. However, HSV-1 can also be transmitted to the genital area through oral genital contact to cause genital herpes. HSV-1 can be transmitted from oral or skin surfaces that appear normal and if no symptoms are present. However, the greatest risk of transmission is when ulcers are active. Individuals who already have HSV-1 oral herpes infection are unlikely to subsequently be infected with HSV-1 in the genital area. In rare cases, HSV-1 infection can be transmitted from a mother with genital HSV-1 infection to a child during childbirth to cause neonatal herpes (see below). In immunocompromised people, such as those with advanced HIV infection, HSV-1 may have more severe symptoms and more frequent relapses. Rarely, HSV-1 infection can also lead to more serious complications such as encephalitis (brain infection) or keratitis (eye infection). Neonatal herpes can occur when a child is exposed to HSV (HSV-1 or HSV-2) in the genital tract during childbirth. Neonatal herpes is rare, occurring in an estimated 10 out of every 100,000 births worldwide, but is a serious condition that can lead to permanent neurodustic disability or death. Women who have genital herpes before they become pregnant are at very low risk of transmitting HSV to their children. The risk of neonatal herpes is greatest when the mother first acquires HSV infection in late pregnancy., partly because HSV levels in the genital tract are highest at an early stage of infection. Recurrent symptoms of oral herpes can be unpleasant and can lead to some social stigma and psychological stress. With genital herpes, these factors can have a significant impact on quality of life and sexual relationships. However, over time, most people with both types of herpes adapt to live with the infection. Antiviral drugs such as acyclovir, famciclovir and valacyclovir are the most effective drugs available to people infected with HSV. These can help reduce the severity and frequency of symptoms, but can not cure infection. WHO guidelines for the treatment of genital herpes Simplex Virus HSV-1 is most contagious during an outbreak of symptomatic oral herpes, but can also be transmitted when no symptoms are felt or visible. People with active symptoms of oral herpes should avoid oral contact with others and share objects that have contact with saliva. They should also refrain from oral sex to prevent the transmission of herpes to the genitals of the sexual partner. Individuals with symptoms of genital herpes should refrain from sexual activity while experiencing any of the symptoms. People who already have HSV-1 infections are not in danger of getting it again, but they are still at risk of getting herpes simplex virus type 2 (HSV-2) genital infection (see below). Consistent and correct use of condoms can help prevent the spread of genital herpes. However, condoms can only reduce the risk of infection as outbreaks of genital herpes may occur are not covered with a condom. People who already have HSV-1 infections are not in danger of getting it again, but they are still at risk of developing HSV-2 genital infection (see below). Pregnant women with symptoms of genital herpes should inform their health care providers. Prevention of getting a new genital herpes infection is especially important for women in late pregnancy because it is when the risk of neonatal herpes is greatest. Further research is underway to develop more effective methods of preventing HSV infection, such as vaccines. Several candidate HSV vaccines are currently being studied. HSV-2 infection is widespread worldwide and is almost exclusively sexually transmitted, causing genital herpes. HSV-2 is the main cause of genital herpes, which can also be caused by the herpes simplex type 1 virus (HSV-1). HSV-2 infection is lifelong and incurable. Genital herpes caused by HSV-2 is a global problem, and an estimated 491 million (13%) people aged 15 to 49 years around the world lived with the infection in 2016. More women are infected with HSV-2 than men; in 2016, it is estimated that 313 million women and 178 million men are living with the infection. This is because sexual transmission of HSV is more effective from men to women than from women to men. The prevalence of HSV-2 infection was estimated to be the highest incidence in Africa (44% in women and 25% in men), followed by America (24% in women and 12% in men). Prevalence also increased with age, although adolescents accounted for the highest number of newly infected people. Genital herpes infections often have no symptoms or mild symptoms that go unrecognized. Most infected people do not realize that they have an infection. Typically, about 10-20% of people with HSV-2 infection report a previous diagnosis of genital herpes. However, clinical studies after humans closely for a new infection show that up to a third of people with new infections may have symptoms. When symptoms appear, genital herpes is characterized by one or more genital or blisters or open ulcers called ulcers. In addition to genital ulcers, symptoms of new genital herpes infections often include fever, body aches, and swaying lymph nodes. After the initial genital herpes infection with HSV-2, recurrent symptoms are common, but often less severe than the first outbreak. The frequency of outbreaks tends to decrease over time, but can occur for many years. People infected with HSV-2 may feel mild tingling or shooting pain in their legs, hips and buttocks before the appearance of genital ulcers. HSV-2 is transmitted mainly during sex, through contact with genital surfaces, skin, ulcers or fluids of someone infected with the virus. HSV-2 can be transmitted from the skin in the genital or region, which looks normal and is often transmitted in the absence of symptoms. In rare cases, HSV-2 infection can be transmitted from mother to child during childbirth to cause herpes (see below). HSV-2 and HIV interact. HSV-2 infection increases the risk of developing a new HIV infection approximately threefold. In addition, people with HIV infection and HSV-2 are more likely to spread HIV to others. HSV-2 is one of the most common infections in people living with HIV, occurring in 60-90% of HIV infected people. HSV-2 infection in people living with HIV (and other immunocompromised individuals) may have more severe presentation and more frequent relapses. In advanced HIV disease, HSV-2 can lead to more serious but rarer complications, such as meningoencephalitis, esophagitis, hepatitis, pneumonia, retinal necrosis or disseminated infection. Neonatal herpes can occur when a child is exposed to HSV (HSV-2 or HSV-1) in the genital tract during childbirth. Neonatal herpes is rare, occurring in an estimated 10 out of every 100,000 births worldwide, but is a serious condition that can lead to permanent neurodustic disability or death. Women who have genital herpes before they become pregnant are at very low risk of transmitting HSV to their children. The risk of neonatal herpes is greatest when the mother acquires HSV infection for the first time in late pregnancy, partly because HSV levels in the genital tract are highest at an early stage of infection. Recurrent symptoms of genital herpes can be painful, and infection can lead to social stigma and psychological anachmony. These factors can have a significant impact on quality of life and sexual relationships. However, over time, most people with herpes adapt to live with the infection. Antiviral drugs such as acyclovir, famciclovir, and valacyclovir are the most effective drugs available for people infected with HSV. These can help reduce the severity and frequency of symptoms, but can not cure infection. WHO guidelines for the treatment of genital herpes Simplex Virus Individuals with genital HSV infections should refrain from sexual activity while experiencing symptoms of genital herpes. HSV-2 is the most contagious during an outbreak of ulcers, but can also be transmitted when there are no symptoms or visible. People with symptoms suggesting genital HSV infection should also receive HIV tests, and people in environments or populations with high HIV incidence could benefit from more targeted HIV prevention efforts, such as pre-exposure prophylaxis. Consistent and proper use of condoms can help reduce the risk of genital herpes spreading. However, condoms provide only partial protection, since HSV can be found in areas that are not covered by a condom. Medical male circumcision can provide men with lifelong partial protection against HSV-2, in addition to HIV and human papillomavirus (HPV). Pregnant women with symptoms of genital herpes should inform their health care providers. Preventing the acquisition of new genital herpes infection is especially important for women in late pregnancy because it is when the risk to neonatal herpes is More research is underway to develop more effective methods of preventing HSV infections, such as vaccines or topical microbicides (compounds that can be used inside the vagina or rectum to protect against sexually transmitted infections). As well as raising awareness of HSV infection and its symptoms, better access to antiviral drugs and increased efforts to prevent HIV for those with genital HSV symptoms are needed worldwide. In addition, the development of better therapeutic and preventive interventions, in particular hsv vaccines, is needed. WHO and partners are working to accelerate research to develop new strategies for preventing and controlling genital and neonatal infections of HSV-1 and HSV-2. This research involves the development of HSV vaccines and topical microbicides. Several candidate vaccines and microbicides are currently being studied. Studied.