

Herpes & Cold Sores

Herpes simplex is a virus in the family of viruses that cause chickenpox, shingles, cold sores and mono (mononucleosis). The main cause is the herpes simplex virus type I, and less often herpes type II. These viruses are the cause of cold sores (also called fever blisters). The initial infections usually happen in childhood. It is estimated that about 80% of all adults have had exposure to the virus, but only a few can remember their first infection.

Herpes is mainly transmitted by non-sexual intimate contact with saliva of an infected person; for example, a child kissed by an adult relative whose skin is shedding the virus but who does not yet show signs of an infection. The virus can enter your body through a break in your skin or through the tender skin of your mouth. It is extremely difficult to trace where a person got it because a current outbreak may be the result of an infection acquired months or years ago.

Herpes is usually diagnosed by inspection of the infected site. You may know when a recurrence is about to happen because you may feel itching, tingling or pain in the places where you were first infected, fever, or decreased appetite. Then small blisters emerge and go on to form ulcers and then crusts. Healing usually occurs over ten to 14 days. In some circumstances, specific laboratory tests can be used to verify the identity of the virus, but are not usually necessary. This is a chronic infection that is impossible to eradicate, but millions of individuals are living a normal life with the disease. Herpes virus infections are not curable and may recur throughout life.

Fighters cannot fight in practice or competition with herpes infections, fever blisters, or cold sores.

Treatment

While there is no cure for herpes, the drugs acyclovir, Valtrex® (valacyclovir), and Famvir® (famciclovir) can be very helpful. The treatment for first-time episodes is ten days of antiviral medications taken by mouth (but some experts would not treat cold sores unless significant). The oral medications speed up healing, can lessen the pain of infections for many people, and can also be used to lessen the number of recurrences. Because herpes can recur with little warning and the virus can be shed from the skin even without lesions, season-long suppression with oral medications is sometimes done. If you get more than one or two episodes of herpes during a season, talk to your doctor about this preventative treatment (called prophylaxis). To soothe pain take Tylenol® (acetaminophen), or Motrin® (ibuprofen). Denavir® (penciclovir) is an effective topical cream for treatment of cold sores, but should not be used in place of oral medications for wrestlers with facial herpes. Other topical creams and popular remedies are available (including moisturizing or anesthetic lip balms), but they have not been shown to be of much help. Common side effects of the antiviral medications include nausea, vomiting, and itching. Allergic reactions and side effects of the medication are possible.

DO:

- Definitely see your doctor to be sure of the diagnosis and treatment, and then getting written medical clearance when completely healed.
- Take medication as prescribed by your doctor.
- Avoid stress. Reactivation of the virus can occur with emotional or physical stress and menstruation. Therefore, stress reduction measures such as avoiding stressful situations or learning how to deal with them effectively are important.
- Use sunscreen. Sunlight (UV light) is also a recurrence trigger, and application of sunscreen may help. Apply a sunscreen-containing lip balm before going outdoors and reapply it often. Definitely avoid tanning beds and bright sunlight.
- Learn to recognize the early symptoms of tingling or itching; then avoid close contact with anyone until the sores have completely healed.

- Shower immediately after every bout or match.
- Change singlets/uniforms when possible after every bout or match.
- Wash your hands often.
- Keep the lesions clean and dry.
- Talk to your doctor about using medications like acyclovir preventatively if you have more than one or two episodes during your sport's season.

DON'T:

- Don't wrestle, fight, box or work out on mats until at least one full week of treatment with orally taken prescription medication, all lesions are dry and crusted over, eight full days have passed from the start of the outbreak, and you are cleared by your trainer or physician.
- Don't share personal items like headgear, wrestling shoes, razors, combs, brushes, hats, soaps, towels, clothing or bedding.
- Don't shave the affected area.
- Don't scratch. Scratching can lead to a secondary bacterial infection.

Never use bleach, peroxide, iodine or other chemical disinfectants. These will not cure it, may scar and may irritate the skin. This may make it look worse to the referee or doctor and delay your return to competition.

CALL YOUR DOCTOR IF:

- You have infections more than four times a year, or more than once or twice during the wrestling season.
- An infection involves a sensitive organ or tissue such as the eye.
- You see or feel any signs or symptoms of recurrence.

For More Information:

American Social Health Association: National Herpes Resource Center, www.ashastd.org/hrc/educate.html

This handout should not be considered complete nor a substitute for evaluation and treatment by a physician. Always consult your doctor first.