

- HSV type 1 and 2 can cause it.

such as the eyes and fingers.

but still shedding the virus.

- Assymtomatic (common).

- Flu-like prodrome (5-7/7).

- Inguinal lymphadenopathy.

Vaginal or urethral discharge.

Always attempt to confirm Dx.

- Aciclovir 400mg TDS for 5/7.

20 min before micturation.

If recurrent:

- Aciclovir 800mg TDS for 2/7.

Oral painkillers.

test for chlamydia and gonorrhoea.

- Dysuria.

considerable distress.

or herpetic whitlow.

Asymptomatic sheddign is common.

- Infectious secretions on oral, genital or anal mucosal surfaces. - Contact with lesions from other anatomical sites - eg, eyes, skir

- Therefore, the infection is transmitted through vaginal, anal

and oral sex, close genital contact and contact with other sites

- The individual transmitting the infection may be asymptomatic

- Transmission from asymptomatic individuals in monogamous

relationships can occur after several years and can cause

- Tingling neuropathic pain in the genital area/buttocks/legs.

- Painful crops of blisters/ulcers in the genital area (including

- Normalise it else psychological problems around the Dx e.g. "It looks like

- Topical analgesia i.e. lidocaine 5% gel or ointment i.e. Instilagel etc. Apply

- Increase fluid intake to dilute urine to reduce pain during micturition.

- Vaseline or topical lidocaine may be applied to prevent pain during micturition.

- Patient should have rescue pack at home, or script to

get dispensed as soon as symptoms start.

- Aciclovir 400mg BD for 12 months.

you have a cold sore. The technical name is herpes simplex".

- Micturition whilst sitting in a bath can help prevent urinary retention.

- Saline bathing (one teaspoon of salt in one pint of warm water).

the vagina and cervix in women and the urethra in men).

