



# Herpes Viruses Association

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## **“Stop scaremongering baby deaths,” says Herpes Viruses Association**

Death from neonatal herpes is rare and screening mothers is unlikely to help.

The tragic deaths of several babies from neonatal herpes infections have been widely reported this year.<sup>[1]</sup> Despite scary headlines, it is rare for babies to be affected: nature has ensured that new-born babies are protected. Most medical professionals never see a case of a baby with herpes in their entire career.

### **Herpes is a highly unusual cause of neonatal death**

Neonatal herpes infections are serious but rare. Total UK infant mortality from all causes is about one third of 1% in the first year. Death from herpes simplex infections affects 0.0016 of babies,<sup>[2]</sup> - a tiny proportion of these deaths.

### **Herpes is common, often undiagnosed – for most it is a minor skin condition**

Herpes simplex infections are common. Two thirds of the world’s population carry HSV type 1, mainly on the face, but it may also cause genital herpes.<sup>[3]</sup> HSV type 2 causes around half the cases of genital herpes and some facial infection. Only around one third of genital herpes infections are diagnosed and this is not considered a cause for concern.<sup>[5]</sup>

### **Herpes is stigmatised so makes for good headlines <sup>[1]</sup>**

Genital herpes is feared. One US survey rated it the most stigmatised medical condition after HIV. [See <https://herpes.org.uk/how-herpes-got-its-stigma/> ]

Babies who die from more common problems – such as the virus that causes Kawasaki syndrome - are ignored by the media because the word ‘herpes’ can’t be put in the headline.

### **Expert says: “Majority of mothers with herpes have no need to worry.”**

Dr Emily Clarke is a consultant in genitourinary medicine and HIV at the Royal Liverpool University Hospital and a member of the British Association for Sexual Health and HIV (BASHH) Herpes Special Interest Group. She is one of the team who wrote the UK and European guidelines for genital herpes.

Dr Clarke said “Every infant death is a tragedy but I would like to emphasise that the vast majority of mothers with herpes have no need to worry. Their babies are protected by the

mother's antibodies which form within 3 months of the mother catching herpes and are passed on to the baby throughout pregnancy." [6]

### **Mothers with herpes are needlessly stressed by scare stories – but their babies are protected**

Newspaper stories of dead babies have the effect of panicking the mothers who know that they have herpes - and yet these are the ones who have least to worry.

### **What to do? Don't kiss babies and C-Section newly diagnosed mothers**

- When the mothers have **no herpes simplex infection** the babies are at risk if they are kissed by someone else who has a cold sore on the lip.
- If a mother catches genital herpes shortly before her baby is born and has symptoms **and is diagnosed** – the baby will be delivered by C-Section.

### **Why would testing not help?**

Bereaved parents have suggested that women should be tested for herpes during pregnancy, but this is unlikely to help. The blood tests (antibody tests) for herpes simplex are not very reliable and do not detect new cases. By the time antibodies have built up to the level that registers, the baby will have been born, so the opportunity for a C-Section will have been missed.

### **Can neonatal herpes be treated? What should doctors do?**

Testing and diagnosing takes too long. Doctors should treat possible cases on a precautionary basis with intravenous antiviral medication. If the baby does not have herpes, the medication passes harmlessly through the body.

Dr Clarke stresses: "Whilst mothers who have been diagnosed earlier don't need to worry, it is vital that mothers who show signs of a first herpes outbreak in their third trimester (especially in the last 6 weeks of pregnancy) or at term should have their babies delivered by C-section. In addition, partners who know they have herpes when the mother does not, should be careful not to pass on the infection to her in the last three months before her due date. And of course, people with cold sores should not kiss new-born babies"

### **Summary**

- Neonatal herpes infections are fortunately very rare, though tragic.
- C-Section mothers with new genital herpes symptoms at term.
- Blood tests take too long. Professionals should check patients visually.
- Friends, family members and medical professionals should not kiss babies.

- ENDS -

### **NOTES TO THE EDITOR**

The Herpes Viruses Association exists to promote better mental and physical health with regard to the family of herpes viruses. Its aims are:

1. To provide information to the public, to medical professionals and to the media.
2. To encourage the development of new treatments for herpes simplex.
3. To tackle stigma and the unnecessary trauma associated with the condition.

## References:

1. Recent media stories:
  - 13 Jul 2018 - re Mallory Gober (USA) in the Mirror, Metro and The Sun
  - 19 July 2018 - re Jack Buchanan (Australia) in the Daily Mail
  - 30 Aug 2018 - re Leo Aldcroft (Preston, UK) in The Sun, Daily Mail, Metro
2. Hollier, Lisa M; Wendel, George D; Hollier, Lisa M (2008). "Third trimester antiviral prophylaxis for preventing maternal genital herpes simplex virus (HSV) recurrences and neonatal infection". Reviews (1): CD004946
3. WHO <http://www.who.int/news-room/detail/28-10-2015-globally-an-estimated-two-thirds-of-the-population-under-50-are-infected-with-herpes-simplex-virus-type-1>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4301914/>
5. BASHH guideline [https://www.bashh.org/documents/HSV\\_2014%20IJSTDA.pdf](https://www.bashh.org/documents/HSV_2014%20IJSTDA.pdf)
5. RCOG & BASHH guideline <https://www.rcog.org.uk/globalassets/documents/guidelines/management-genital-herpes.pdf>

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