

Herpes Simplex Virus

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Condition

HSV-1 and -2 are DNA viruses from Herpesviridae family, causing life-long chronic latent infection. Virus may reactivate from time to time. Both are transmitted by contact with an infected area of the skin, during viral re-activations periods, while facial or genital sores are present. Normally HSV is not transmitted via blood or bone marrow.

Individual at risk

Recipient

Guidance at RECRUITMENT

ACCEPTABLE

Guidance at CT

ACCEPTABLE

Guidance at WORK-UP

Generally accepted, but would be preferable to postpone the collection if active face or genital sores are present. After recovery – usually 2 weeks - collection should be possible (better, when cold sore is dry and not tingling, otherwise the virus may still be replicating). Aciclovir or other antiviral locally may be used to shorten the recovery time.

If recipient has started conditioning, treat donor with aciclovir, inform transplant centre and proceed with collection.

Justification for guidance

In healthy individuals HSV 1 & 2 infection and viral reactivation causes only slight local lesions – sores. If transmitted to immunocompromised patient, HSV may cause severe infectious complications, including meningitis or respiratory infections.

There may be HSV viraemia during primary HSV infection or reactivation. Hence it is preferable to delay donation (where possible) until lesions are healing. Most recipients will routinely receive prophylactic aciclovir which should afford them some protection.

References

Whitley RJ, Roizman B. Herpes simplex virus infections. Lancet 2001; 357: 1513–1518. [\[1\]](#)

Juhl D, Mosel C, Nawroth F, Funke AM, Dadgar SM, Hagenstrom H, Kirchner H, Henning H. Detection of herpes simplex virus DNA in plasma of patients with primary but not with recurrent infection: implications for transfusion medicine? Transfus Med 2010 Feb; 20(1):38-47 [\[2\]](#)

Styczynski J, Reusser P, Einsele H, de la Camara R, Cordonnier C, Ward K N, Ljungman P and Engelhard D for the European Conference on Infections in Leukemia. Management of HSV, VZV and EBV infections in patients with hematological malignancies and after SCT: guidelines from the Second European Conference on Infections in Leukemia. Bone Marrow Transplantation (2009) 43, 757–770 [\[3\]](#)

Notes

In case the partner has an active sore, donor has to be advised to avoid direct contact within the WU and collection period.