

RECURRENT COLD SORES (ORAL HERPES/HERPES LABIALIS) V1.0

Comments from the Expert Advisory Group

- Herpes simplex virus type 1 (HSV-1) is the cause of recurrent cold sores in more than 90% of cases. Rarely, infections may be caused by HSV type 2 (HSV-2). A cold sore is a clinical diagnosis and only in exceptional circumstances a swab is used to confirm the diagnosis. Oral HSV-1 recurrences occur when the virus reactivates from the trigeminal sensory ganglion, where it had persisted in a latent state
- HSV-1 is usually transmitted via direct contact with infected secretions entering via the skin or mucous membranes, from a person who is actively shedding the virus. Advise patients to not kiss babies or children when they have a cold sore
- Recurrent mucosal HSV-1 infection usually causes a mild, self-limiting infection of the lips, cheeks, or nose (herpes labialis or 'cold sores'). Most infections are subclinical and asymptomatic
- Primary herpes labialis lesions usually resolve within 10–14 days
- Some patients recognize that reactivation of disease is about to occur due to the onset of prodromal symptoms (e.g, pain, tingling, burning), which precede the development of vesicles
- Various antiviral strategies may be employed in the management of patients with HSV-1 reactivation disease. These include:
 - No antiviral treatment, but symptomatic treatment with paracetamol or similar may be needed.
 - Episodic antiviral therapy
 - Chronic antiviral suppressive therapy (consider referral to infectious disease clinic)

Image 1: Cold sore (herpes labialis)



Image source/Credit: [DermNet](#).

Cold sores present typically as crops of vesicles occurring mainly along the vermilion border of the lips. These vesicles rupture, ulcer, crust, and heal. They usually heal without scarring.

Management:

- Ask patient if any known trigger factors, such as ultraviolet light, stress, fever, or trauma to the area
- Advise the use of pain relief (paracetamol and/or ibuprofen, if suitable) to treat symptoms of pain, if needed.

Topical Therapy

- Topical antiviral therapy, topical anaesthetic, topical analgesic and lip barrier preparations are not recommended

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Oral Antivirals

- Do not routinely prescribe oral antiviral drug treatment for healthy people with herpes labialis
- Depending on clinical judgement, consider prescribing episodic oral antivirals for healthy people if recurrent herpes labialis lesions are severe, frequent, or persistent, particularly those with a well-defined prodrome
- Episodic treatment must be initiated quickly (i.e. during the prodromal period) to be effective
- Consider prescribing oral antivirals for people who are immunocompromised or those with moderate to severe eczema with an episode of herpes labialis
- In severely immunosuppressed patients (e.g.. after bone marrow transplant) the antiviral dose needs to be increased and the patient/carer to should be advised to inform the consultant managing the immunosuppression of the treatment plan
- Doses may need to be reduced in renal impairment

Treatment

Episodic treatment for recurrent episodes in adult patients			
Drug	Dose	Duration	Notes
1st choice options			
Valaciclovir	2000 mg every 12 hours	1 day	Take from the time of onset of prodromal symptoms, ideally before vesicles appear Dose reduction in renal impairment
OR Valaciclovir	500 mg every 12 hours In immunocompromised patients: 1000 mg every 12 hours	3-5 days. At least 5 days duration in immunocompromised patients	Take from the time of onset of prodromal symptoms, ideally before vesicles appear, if possible, until lesions have healed Dose reduction in renal impairment
2nd choice options			
Aciclovir	200 mg five times daily at approximately four-hourly intervals omitting the night time dose. In severely immunocompromised patients: 400 mg five times daily	5 days 5 days	Dose reduction in renal impairment

Patient Information

[HSE A-Z:Cold Sores](#)

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