

HERPESVIRUS HOMINIS (Types 1 and 2)

ANIMAL GROUP AFFECTED	TRANSMISSION	CLINICAL SIGNS	FATAL DISEASE ?	TREATMENT	PREVENTION & CONTROL
Pongidae, Hylobatidae, Cebidae, Callitrichidae Aotidae, Lemuridae, Scandentia.	Aerogenously, contact.	Mostly silent, occasional -ly recurrent labial herpes, coryza, conjunctivitis, salivation, ataxia, dermatitis, death	Rarely in Pongidae, more often in sakis, Callitrichidae and tree shrews.	Nucleoside analogues, Trisodium phosphonofornate	<i>in houses</i> Avoidance of contact to people suffering from clinically apparent recurrent herpes; <i>in zoos</i> the same

Fact sheet compiled by Manfred Brack, formerly German Primate Center, Göttingen/Germany.	Last update 22.11.2008
Susceptible animal groups Pongidae, Hylobatidae, Cebidae, Callitrichidae, Aotidae, Lemuridae, Scandentia.	
Causative organism <i>Herpesvirus hominis</i> types 1 and 2.. Indigenous <i>H. hominis</i> type 2-like alphaherpesvirus in wild living chimpanzees and gorillas	
Zoonotic potential So far, no retransmission to man has been reported.	
Distribution World – wide.	
Transmission Between human beings primarily aerogenously, transmission to nonhuman primates by direct contact to persons clinically affected by recurrent herpes simplex.	
Incubation period In children (gingivostomatitis) : 3 – 5 days.	
Clinical symptoms In man usually silent infections, occasionally recurrent herpes simplex, in perinatal infections fatal disease, in CNS-infections herpes-encephalitis; In nonhuman primates species - specific differences were observed: in pongids and <i>Ateles</i> sp. the course is similar to human infections with occasional oral / pharyngeal ulcers, in <i>Hylobates</i> sp. CNS-symptoms (Ataxia, myoclonus, encephalitis) predominated, in <i>Aotus trivirgatus</i> a fatal disease characterized by coryza, ulcerative dermatitis, conjunctivitis, and incoordination resulted, which in <i>Pithecia pithecia</i> was accompanied by oral and perioral ulcerations. Infections of Callitrichids resulted in rapidly fatal perioral vesicles and ulcers, whereas in <i>Lemur catta</i> lethargy, salivation, incoordination, debilitation and abortus were observed. Finally in tree shrews the virus caused conjunctivitis, keratitis and death.	
Post mortem findings In pongids and <i>Ateles</i> sp. vesicular lesions at arms, chest, legs, soles, and face, in neonatal infections focal myocardiac-, pulmonary-, hepatic-, splenic-, adrenal- or CNS-necroses with Cowdry type A intranuclear inclusion bodies. In <i>Hylobates</i> spp. excoriations, vesicles or ulcers at labial commissures, nonsuppurative encephalitis. In <i>Aotus trivirgatus</i> focal necroses in all organs including the brain, in <i>Pithecia pithecia</i> and callitrichids oral and labial ulcerations and inclusion body encephalitis.	
Diagnosis Virology: immunoperoxidase, in situ hybridization, Serology: neutralization, immunofluorescence.	
Material required for laboratory analysis Materials from vesicles or other lesions for virological tests, serum or whole blood for serology.	

Relevant diagnostic laboratories

1. Local medical laboratories.
2. Konsiliarlaboratorium für HSV,VZV
Klinikum der Friedrich Schiller Universität Jena
Institut für Antivirale Chemotherapie
Winzerlaer Straße 10
07745 JENA
Tel.: 03641 6573 00
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Treatment

Nucleoside analogues or Trisodium phosphonoformate (see *H.simiae*), Acyclovir reported as non- effective in *Pithecia pithecia*.

Prevention and control in zoos

Restriction of people suffering from recurrent herpes simplex from contact with nonhuman primates

Suggested disinfectant for housing facilities

Lipid solvents, soap, UV-light, heat.

Notification
Guarantees required under EU Legislation
Guarantees required by EAZA Zoos
Measures required under the Animal Disease Surveillance Plan
Measures required for introducing animals from non-approved sources
Measures to be taken in case of disease outbreak or positive laboratory findings
Conditions for restoring disease-free status after an outbreak
Experts who may be consulted

1. Prof. Dr. P. Wutzler, Konsiliarlaboratorium Jena,
2. Frau Prof. Dr. I. Färber, “ “ ,
3. Dr- A. Sauerbrei, “ “ ,

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