

Genital Herpes

WHAT IS GENITAL HERPES?

Herpes is an infection caused by either the Type 1 (HSV-1) or Type 2 (HSV-2) herpes simplex virus. Although the two viruses are closely related and either may be found at various body sites, each has a preferred location. Generally, HSV-1 causes infections on the lip, mouth or facial areas. HSV-2 is usually found in the genital area.

HOW COMMON IS GENITAL HERPES?

It is estimated that 50-80% of American adults have HSV-1 and 21% have HSV-2 herpes simplex virus. More than two-thirds of these people have positive blood tests for HSV with no history of symptoms or outbreaks.

WHAT HAPPENS WHEN SOMEONE IS INFECTED WITH GENITAL HERPES?

Many people who have this virus are not aware of the infection. However, if symptoms occur during the primary outbreak, they can be quite pronounced. The primary episode usually occurs 2-20 days after exposure to an infected person. Flu-like symptoms, including fever, headache, swollen glands and single or clustered painful blisters, erupt from the infected site. The blister opens to form ulcers, a sore, or lesion. The primary outbreak usually lasts longer and causes more discomfort than subsequent outbreaks. Blisters usually heal within 10-21 days. Some people never have another outbreak while others have them frequently. After the initial outbreak, the virus moves away from the skin surface and travels along the nerve pathways to nerve roots at the base of the spine. Once there, it goes into an inactive phase. The virus may reactivate if the immune system is lowered, such as with illness and stress. Lesions reappear at the same site as the original infection, but usually are much less severe. If the infection is caused by HSV-1, the (first year) recurrence rate is 50%. The HSV-2 (first year) recurrence rate is 80-90%.

HOW IS GENITAL HERPES TRANSMITTED?

The herpes virus is transmitted when a person makes direct contact with a lesion or secretions of an infected person. The virus enters the body through the skin or mucous membranes of the genital area. Transmission occurs primarily through vaginal, anal and oral-genital sexual contact. The herpes virus is quite fragile and cannot survive long outside the body. Transmission through inanimate objects such as toilet seats is unlikely. Precautions include not sharing towels, underwear, or other objects that come into contact with genital lesions. Latex condoms or latex squares can reduce the risk of transmitting the virus, but lesions may be in areas not covered by the barriers.

A person is considered infectious during the prodromal phase right before the outbreak of the lesions and throughout the time until the lesions are completely healed. The prodromal phase is often marked by itching, tingling or burning at the site of the upcoming outbreak. The infected person is generally contagious during the prodrome and when lesions are present. Patients with genital herpes often shed virus in

outbreaks, particularly in the first year or two after acquiring HSV-2. During times of asymptomatic shedding of virus, an individual is capable of unknowingly passing the virus to others.

It is possible to transfer the virus from the original site to another part of the body. For example, touching a lesion with your fingers then rubbing your eyes could spread the virus to your eyes.

HOW IS GENITAL HERPES DIAGNOSED?

Herpes can be diagnosed by examination and appearance of the lesions in most cases. There are two main laboratory methods to diagnose the virus: a culture and a blood test.

A swab of an open lesion is needed for the culture. The sample is sent to a lab to be grown in a Petri dish. Typing of HSV-1 or HSV-2 may be done with the culture. This sample must contain active herpes virus or it will produce a false negative test result; therefore the specimen must be obtained while the lesion is in the early stage of development.

When a person is exposed to a virus, the body responds by developing antibodies against it. These antibodies remain in the body and help lessen or prevent the severity of reoccurrences. A blood test checks for these antibodies to the virus, not the virus itself. It can take two weeks to three months after exposure to HSV for antibodies to be detected in the blood. Since many adults have antibodies to HSV-1, testing for this virus may not be helpful in establishing a clinical diagnosis. A positive blood test specific for HSV-2 often implies past exposure to the anogenital area. Blood tests for HSV-2 can be helpful to the clinician if a patient presents with an ulcer on the genitals, when the culture test is negative. Blood tests for HSV-2 are not recommended in the genital area as a general STI screen in low risk populations.

HOW IS GENITAL HERPES TREATED?

1. Currently there is no cure for the herpes virus. Treatment can provide some relief of the symptoms and speed healing.
2. Keep the area clean and dry.
3. Use cotton underwear and loose fitting clothing.
4. Warm baths with Epsom salts or Domboro solution, both drying agents, may relieve discomfort and help dry the lesions.
5. Avoid antibacterial creams or ointments because they hold in too much moisture and delay healing.

6. Avoid scratching or picking at the lesions. This can spread the blisters or make the outbreak worse. Use good hand washing techniques.
7. Antiviral medications can slow the replication of the virus and speed the healing. These prescription drugs are started as soon as the symptoms of an outbreak are felt. For frequent outbreaks, suppressive or continuous therapy can reduce recurrences. A healthy lifestyle will help keep the immune system healthy to prevent recurrences. Balanced rest, exercise, and nutrition, avoiding excess alcohol and smoking, and managing stress will reduce outbreaks.
8. Give yourself time. Being diagnosed with genital herpes requires adjustments.

HOW CAN RISK OF TRANSMISSION TO A NEW PARTNER BE REDUCED?

1. Do not have sexual contact when you have any symptom or outbreak of genital herpes, including prodromal symptoms.
2. Use a condom made of latex or polyurethane whenever you have sexual contact. But be advised: condoms may not cover all sites of viral shedding, so they do not provide 100% protection.
3. Use a condom or latex barrier when receiving/performing oral/genital or oral/anal sex. Abstain from any oral sexual contact if there are any mouth or lip sores present.
4. When entering a new relationship after a recent initial attack of HSV-2, continuous antiviral medication may reduce asymptomatic shedding of virus in between attacks and decrease the risk of spread to a susceptible partner by 50%.

WHAT ABOUT PREGNANCY AND HERPES?

Genital herpes can cause potentially fatal infections in infants if the mother is shedding the virus at the time of delivery. If a woman has active genital herpes at delivery, a cesarean section is usually performed.

HOW CAN I TALK TO MY PARTNER ABOUT HERPES?

Before you approach your partner, deal with your own emotions. You may feel angry, embarrassed, or guilty. You may also feel depressed, have a fear of rejection by your partner, or concern about spreading the infection to others. A positive attitude will help you cope with herpes and trying to protect your partner is something to be proud of. Learn as much as you can about herpes so you will be prepared to answer their questions.

POINTS TO REMEMBER

- Try to emphasize the positive fact that you are being honest, even though it is hard. Let your partner know you are telling the truth because you care.
- Be prepared for the possibility of rejection at first.
- Remember that your partner will feel as emotional and confused, as you did when you were first diagnosed. Expect a lot of questions.
- Explain that medical treatment is available, and that safer sex reduces the risk of passing the infection.

References:

Centers for Disease Control and Prevention, 2002. Guidelines for the Treatment of Sexually Transmitted Diseases.

Resources:

National Herpes Hotline (1-919-361-8488) STI Hotline (1-800-227-8922)

Websites:

[Centers for Disease Control and Prevention \(CDC\)](#)

[Herpes Web](#)