

Genital Herpes

What is genital herpes?

Herpes is a very common infection caused by two different herpes simplex viruses, HSV-1 and HSV-2. Both types of herpes virus can infect the oral area, the genital area or both. The infection causes symptoms that come and go. There is no cure for herpes, but the symptoms can be treated with medication.

When the infection is on or near the mouth, it is called **oral herpes**. Oral herpes causes sores on the mouth or lips called “fever blisters” or “cold sores.” Oral herpes is usually caused by HSV-1.

When herpes infection is on or near the sex organs, it is called **genital herpes**. Genital herpes is usually caused by HSV-2.

How many people get genital herpes?

About 1 out of 4 adults in the United States has HSV-2 genital herpes. Each year, about 500,000 to a million new infections occur. Many people with genital herpes do not know they have it because they have never had or noticed symptoms.

How is genital herpes transmitted?

Genital herpes is spread by direct skin-to-skin contact, most often during vaginal or anal sex. Genital herpes is most contagious when herpes sores are open and have not yet healed. **But herpes can be spread even when there are no sores.** If a person with oral herpes gives oral sex, his or her partner can develop genital herpes. (This is probably how some cases of genital herpes are caused by HSV-1 rather than HSV-2).

The only way to spread herpes is through skin contact. You cannot get herpes from toilet seats, towels, hot tubs, or swimming pools.

What are the symptoms?

Most people with genital herpes have no symptoms or don't notice them. Sometimes people think the symptoms are something else (like jock itch, bug bites or yeast infection). Symptoms may last several weeks, go away and then come back later. **The frequency and severity of symptoms vary from person to person.**

- **First outbreak** - When there are symptoms, the first outbreak of genital herpes usually appears within 2 to 20 days after infection. The most common symptom is a cluster of sores (or “lesions”) that appear on the penis, vagina, cervix, anus, buttocks or (rarely) elsewhere on the body. They start as small pimples or blisters that soon become open, painful sores. The sores usually heal in about 2 to 3 weeks, although the virus stays in the body.

During this time, people may also feel:

- pain or discomfort around the genitals, buttocks or legs
- swollen lymph nodes in the groin

- itching or burning while urinating
 - constipation or difficulty urinating
 - flu-like symptoms (fever, chills, headache or body aches)
 - Symptoms of the first outbreak are usually more severe than later outbreaks.
- **Latent infection** - After the first outbreak, the virus becomes inactive and does not cause symptoms. This period is called latent infection. Later on, the virus can “wake up” and cause sores again. No one is sure what causes the virus to activate. Some people report that stress, other illness, sex or menstruation can trigger outbreaks, but research is not consistent.
 - **Recurrent outbreaks:** An additional flare-up of genital herpes is called a “recurrence” or “outbreak.” New sores usually heal sooner and do not feel as painful as the first outbreak. In general, recurrences are most common in the first year after infection. Everyone has his or her own unique pattern of recurrences. Genital herpes caused by HSV-2 is much more likely to recur than genital herpes caused by HSV-1. Recurrences may be more frequent for people with weakened immune systems. Although a person may not know the exact cause of an outbreak, he or she may feel clues that an outbreak is coming. These signs often include itching, tingling, numbness or tenderness where the lesions will appear. Sometimes there can be pain near the buttocks, back of legs or lower back. The warning signs may start a few hours to a day before the sores appear. Lesions can re-appear anywhere on or near the genitals, often at the same place as before.
 - **Recurrences without symptoms** Often the virus can become active again without causing usual symptoms like blisters, itching or pain. This is called “asymptomatic shedding” or “subclinical shedding.” It is most frequent in the first year of infection, but it continues on and off for several years. **Herpes is often spread during these times since people may not know their virus is active again.**

What happens if I have genital herpes?

Most outbreaks are mild, and many people don't have symptoms that often. Some outbreaks can be more severe. Genital herpes can be well managed with medication, stress management and healthy diet. Genital herpes infections almost never cause long-term damage in healthy adults. People with suppressed immune systems can have longer and more severe outbreaks. Those outbreaks can still be reduced with treatment. Genital herpes does not cause cervical or any other type of cancer.

The emotional impact of the disease can be difficult. Some people feel depressed or worried about repeated outbreaks, giving herpes to someone else, and developing new sexual relationships. However, with proper treatment and open communication, most people with herpes have healthy, enjoyable sex lives.

How do I avoid getting genital herpes?

The only sure way to avoid herpes and other STDs is to not have sex (abstinence). If you do have sex:

- Talk with your partner(s) about herpes and other STDs. Work out a plan to reduce risks.
- Use male or female condoms the right way and every time you have sex (see “Between Outbreaks” section below).
- Don’t have sex if you see sores or bumps on your partner’s genitals.
- Have sex with one partner who has sex with only you (mutual monogamy)
- Have sex with fewer people. More partners = more risk.
- **If your sex partner has genital herpes** - Do not have sex—even with a condom— when he or she is having a herpes outbreak. Stop having any sexual contact as soon as your partner feels warning signs of an outbreak. Don’t start having sex until seven days after the last sore has completely healed. Between outbreaks, always use a condom.

How do I avoid giving herpes to someone else?

You can still enjoy sex while being careful about herpes. Knowing your outbreak patterns can help. Before you have sex, talk with your partners—even if you aren't having an outbreak--and plan to use condoms. Talk about the risks and decide on a safety plan.

- **During an outbreak:** Stop any sexual contact as soon **as you feel warning signs** of an outbreak. Even before the sore appears, the virus is active and can be spread. Avoid any vaginal, anal or oral sex and any type of sexual touch (like mutual masturbation or rubbing) – even with a condom. The virus can spread from sores or areas of the skin not covered by a condom. Wait for seven days after all sores heal before having sex again. Especially during the first outbreak, touching a herpes sore can spread the virus from one person to another or from one part of the body to another. Don’t touch the sores. If you do, wash your hands with hot, soapy water before you touch anything else.
- **Between outbreaks: Even if you do not have symptoms, you can still spread herpes.** Using condoms between outbreaks can reduce – but not eliminate – the risk of transmission. While condoms can’t protect against all skin contact, they at least protect the most likely areas for infection. Condoms also help reduce the risk of getting other STDs.
- **Take anti-herpes drugs** - Daily use of valacyclovir has been shown to reduce the risk of giving herpes to partners. However, this is not 100% effective. Even people on treatment need to use condoms and avoid sex if herpes sores appear. Using condoms and taking medication is safer than either method alone.

How can I find out if I have herpes?

Herpes can look like other diseases, so the only way to be sure is to get tested. Even if you don’t have symptoms, a blood test can tell if you have HSV-1 or HSV-2. It can usually detect herpes antibodies 4 – 6 weeks after infection. Testing before that time

may not give an accurate result. Over 90% of people who become infected test positive within 3-4 months. A positive test means that you are infected with HSV and can spread the virus to others.

If you have sores, your provider can swab the sores and perform a viral culture test for the virus. Yet this method is not always reliable. If the sores are starting to heal, the test might be negative even if you do have herpes. A blood test is the best way to know. If you do have herpes, it is very important to tell each of your sex partners so they can also be tested.

How is herpes treated?

There is no cure for herpes, but there are three medications (valacyclovir, famciclovir, acyclovir) approved to treat herpes. Your healthcare provider can suggest the best one for you. These drugs can speed the healing of sores during an outbreak. When taken daily, they can also reduce the number of outbreaks and sometimes stop them altogether. This is called "suppressive therapy."

Research shows that taking valacyclovir daily can also reduce the chance of giving herpes to someone else between outbreaks, but there is still some chance. Even when taking medication, you still need to take additional steps to protect sex partners. Do not use over-the-counter creams or ointments for herpes. They can stop the healing process and make outbreaks last longer.

During an outbreak, there are different ways to relieve pain.

- Take warm baths or hold ice packs on the sores for several minutes.
- Wear loose cotton clothes to prevent chafing.
- Keep the area dry with baby powder or cornstarch.
- Take aspirin, acetaminophen, or ibuprofen to relieve pain and fever.

How does herpes affect pregnancy?

Women who get herpes **before** becoming pregnant have a low risk of passing the virus to the baby. The risk is higher if the mother gets herpes during her final trimester. Women should be very careful not to contract herpes during pregnancy.

Most mothers with genital herpes have normal vaginal deliveries and give birth to healthy babies. If a mother delivers during her first herpes outbreak, contact with the mother's herpes sores can cause the infant to develop serious infections. The baby can be treated to prevent or reduce long-term damage. If a woman has symptoms at the time of delivery, a Caesarean section can be done.

For more help

- Washington State HIV/HEPC/STD hotline - (800) 272-AIDS (2437) - Testing and treatment resources and information.
- American Social Health Association STI Resource Center - (919) 361-8488 - STI/STD information.

- Centers for Disease Control National STD/HIV Hotline - (800) CDC-INFO (232-4636) Spanish (800) 344-7432, TTY (800) 243-7889 - General information on many health topics including STDs and HIV.

More information

- [Herpes Resource Center](#) (American Social Health Association)
- [Genital Herpes fact sheet](#) (Centers for Disease Control)
- [Herpes information](#) (Planned Parenthood)

