GENITAL HERPES

What causes genital herpes?
Genital herpes is an infection caused by the herpes simplex viruses. These viruses come in two types. The herpes simplex virus type 2 (HSV2) is the most frequent cause of genital herpes. Herpes simplex virus type 1 (HSV1) is usually associated with cold sores around the mouth but it is becoming a more common cause of genital herpes, likely due to orogenital exposure.

Is genital herpes a common problem?
This is a common problem and a worldwide epidemic. Twenty percent of the sexually active adults in North America are infected with HSV2 and up to 40% are infected in parts of Africa. It is the most common sexually transmitted disease. Almost 50 million American adults and adolescents have genital herpes and there are about 500,000 new cases a year making it one of the most contagious diseases. It is more common in women than in men.

How does genital herpes spread?
It is spread through contact with a partner who is usually completely unaware of their own genital or oral herpes simplex virus infection. These people do not have any obvious infection at the time they spread it to the next person. Unfortunately most patients with HSV2 do not know that they have the infection, as they often do not recognize the symptoms. They think the irritation is from sanitary napkins or toilet paper or soap, lack of lubrication, too tight jeans or thong underwear or recurrent urinary tract infection, vaginal dryness or shaving or even symptoms of hemorrhoids.

What will I see or feel if I have genital herpes?
This will depend on whether this is your first outbreak or if it is a recurrent infection. First outbreaks are referred to as primary and are not common on the vulva. With primary infections the skin of the area becomes red and swollen and covered with groups of blisters of varying sizes. These will rapidly break open leaving small, raw ulcers that can be very painful with burning and irritation. It can be so severe that passing urine becomes painful. The lymph nodes in your groin may be swollen and you may have a fever with muscle aches, headaches and flu-like symptoms that will resolve in a week or so.

Symptoms of recurrent infection are milder and do not last as long. There may be a fever but usually there is tingling and irritation at the site of the infection, which is usually close to the original infection. There often are just a few blisters that will break down into sore ulcers that will heal. This episode lasts just a few days to one week – much shorter than the primary infection discussed above. You may have a minor fever or “flu-like” symptoms. Many of these recurrent outbreaks are minor, non-specific and are often
mistaken for the various problems listed above. It is the repeated pattern that is the best clue to the diagnosis.

**What will start an outbreak?**
This depends on each person. The most common factors that trigger herpes are:
- Stress and fatigue
- Illness (especially a viral infection)
- Menstrual period (and perhaps the rubbing from pads and tampons)
- Surgery (a different kind of stress)
- Irritation in the vulvar area

**How often does genital herpes recur?**
HSV2 recurs in 90% of people in the first year after primary infection. Patients can have 5-8 recurrences or even more that first year. With time these recurrences become less frequent. HSV1 will recur about 60% of the time but much less frequently as time passes.

**If I have oral herpes simplex – cold sores – will I be susceptible to genital infection, and if so will it be any worse?**
If you had recurrent cold sores due to HSV1 you will have some reduction in the symptoms and the signs of HSV2 in the genital area. It does not stop you from getting HSV 2.

**How is genital herpes diagnosed?**
The diagnosis is made by your care-giver recognizing changes seen on the skin, then by performing a viral test to confirm the diagnosis as recommended. Unfortunately HSV infections can be hard to diagnose. Sometimes the lesions are not typical or even obvious. Many patients see their care-giver after the lesions have disappeared. A swab of your lesion can be taken in the first 1-2 days and that fluid tested (a viral culture) to make the diagnosis. There are blood tests that can be done that will confirm that you have had the infection. This test is called type specific serology for HSV. It is useful if there is a suspicion that you may have HSV without an outbreak, if you are planning to get pregnant, if you are at risk of acquiring HIV or if you have a new sexual partner.

Being tested for HSV is important if you are having recurrent symptoms in the genital area, if you are at risk of infection and to make sure you that will not infect your partner.

**Who is at risk for genital herpes?**
Anyone who is sexually active is at risk. Women are more at risk of contacting HSV2 from an unprotected, infected sexual partner than are men. So are patients who are immunosuppressed, particularly those with HIV disease or any other patient whose immunity has been weakened by illness such as cancer or by certain medications.

**How is genital herpes treated?**
There is no cure for genital herpes but it can be suppressed. That is done with the use of anti-viral drugs such as acyclovir, valacyclovir and famciclovir. These are oral medications. They can help the sores heal faster and if taken daily can control recurrences. This suppressive therapy (to stop recurrences) is recommended if you have more than six outbreaks a year, or they are painful recurrences or to prevent transmission to a sexual partner. This should be discussed with your healthcare provider.

**What should I tell my new partner if I have genital herpes?**
Honesty is the best practice. If the new partner is told and preventive measures are taken then your partner can be protected. This can be a difficult discussion, but an important one. If your partner is unsure as to whether or not they have had herpes simplex, blood tests can be drawn and advice given through your caregiver.

**What if someone with genital herpes is pregnant? What will happen to the baby?**
Genital herpes infections during pregnancy can cause problems with miscarriage, prematurity and damage to a baby, but most women give birth to healthy babies. The risk for the baby is highest if there is a primary infection acquired in pregnancy. If you are planning to have children and you have herpes, discuss this with your care-giver.

**How can I protect myself from herpes?**
1. Do not have sexual contact with someone who has open sores around their mouth or on their sexual organs.
2. Use latex condoms for sexual activity and use a spermicide containing Nonoxynol-9. Limit your number of sex partners.
3. Taking anti-viral medication can reduce the risk of spread from person to person but does not eliminate all the risk.

**What can I do? Having genital herpes is so upsetting.**
Most people feel very upset and frustrated when they find they have this chronic viral infection. You are not alone. It really is a common problem. No one is at “fault”. It usually is passed from person to person when no one realizes it is happening. Having good information will help you manage your problem and make you feel better about your self. Talk to a trusted friend or a caregiver. Tell your partner about your problem.

There are very good herpes resources

1. [www.ashastd.org](http://www.ashastd.org)
2. [www.herpesalliance.org](http://www.herpesalliance.org)

International Society for the Study of Vulvo-vaginal Disease
Patient Information Committee, June 2006