

## **What is Genital Herpes?**

Genital Herpes is caused by infection with Herpes Simplex virus (HSV). There are two strains of the virus, HSV-1 and HSV-2, both of which can cause genital herpes. Genital infection with the virus does not always result in symptoms, but if it does, these usually consist of blisters and sore areas on the skin surface.

## **How common is it?**

Four out of five adults have HSV-1 and about one in five has HSV-2. All will shed the virus from time to time, either from the mouth or genital area; however, most people, (about three-quarters), carrying the herpes simplex virus don't realise it.

## **How can I tell if I have genital herpes?**

In most people, symptoms are mild or nonexistent. If symptoms do occur, they typically include itching/burning/tingling of the skin, followed by redness and small blisters which break open to form little sores. The first outbreak can last two or three weeks and often feels like 'flu' with muscle aches, headaches, swollen glands, and burning on passing urine.

Sometimes there are no further outbreaks. Generally, HSV-1 is less likely to cause recurrences than HSV-2. Recurrences result in fewer blisters/ sores, they are much less painful and healing takes only a few days. For very many people, the frequency of recurrences declines with time.

## **How is it transmitted?**

Herpes is transmitted by direct contact, including genital-to-genital, mouth-to-mouth, mouth-to-genital and genital-to-mouth contact. Herpes is most infectious during outbreaks, from the first signs of burning/tingling until the skin has completely returned to normal. Sometimes the virus can be active, but not cause visible sores or other signs of infection. This is called "asymptomatic shedding". On average, research has shown that this happens about 4-15 days in a year. Although there is much **less** virus on the surface of the skin than when visible sores occur, it is still possible to transmit herpes to a partner if direct contact occurs at this time.

Regular use of condoms may help to reduce transmission of the virus in between recurrences; however, even condoms don't guarantee complete protection, as occasionally the virus is shed from an area not covered by the condom. Contraceptive foams containing nonoxynol-9 may offer some additional protection, because this substance kills the herpes virus.

## **What treatment is available?**

During an outbreak, keep the affected area as cool and dry as possible. Bathe the area in tepid salty water or take a cool shower. If it's practical, leave the sores exposed to the air as much as possible; this prevents irritation from clothing and helps the sores to dry out. If passing urine is painful, do it in the bath.

Although there is no drug available to kill the virus outright, aciclovir is a prescription drug which helps greatly in shortening first outbreaks; it may also be taken daily by the very small group of people who experience frequent, prolonged or severe outbreaks of genital herpes. See your Sexual Health Clinic for more details of currently available treatments.

## **How can I prevent outbreaks?**

Keep a record of when you have herpes outbreaks, as you may begin to see a pattern of trigger factors. Many people find that recurrences occur when they're run down, under stress, around menstruation or when the skin gets irritated due to friction or tight clothing. Sunlight (or sunbeds) may also induce an outbreak. If you do see a pattern of trigger factors, try to adjust your lifestyle to avoid them.

### **What should I tell my partner?**

If you choose to tell your partner, make sure that you yourself are clear about the facts and feel confident. Put genital herpes into perspective - it is identical to cold sores in the mouth area, basically a nuisance skin condition caused by a virus which is carried by a high proportion of the population. You may wish to talk the facts over with a health adviser or clinic doctor first, just to get it clear. Genital herpes does not affect the baby in the womb.

### **What about pregnancy?**

However, if you have a recurrence of herpes during labour, there is a small chance (research suggests that this is less than 5%) of passing the virus to the baby during delivery. As this can be prevented by Caesarian section, it is sensible to tell your midwife or obstetrician if you have had genital herpes in the past.