

Genital herpes

Information for patients

Genital herpes is caused by two viruses called Herpes simplex, types 1 and 2 (HSV-1 and HSV-2). The viruses are very similar and both can cause blisters or ulcers. When these occur on the face they are known as 'cold sores' and when they occur on the genitals they are called 'genital herpes'. However, both viruses can rarely be caught on other parts of the body, including on the fingers (herpetic whitlow). This means that genital herpes and cold sores on the face can be caused by either Herpes simplex 1 or 2.

Most people who catch herpes don't develop any sores and so don't realise they've been infected. In people who do develop sores, the first illness can last from a few days to several weeks. Some people start with flu-like symptoms, followed by tiny bumps on the skin, which turn into blisters or ulcers. The ulcers then slowly heal. In most people symptoms appear between two days and two weeks after catching the virus. However, some people develop sores months or even years after catching the virus.

After infecting the skin cells, the herpes virus travels up the nerve to the nearest nerve ganglion (a sort of nerve 'junction box' near the spinal cord) where it stays. Here, it is out of reach of the body's natural defence mechanism (the immune system). In those people who develop sores on their skin, some of the virus travels back down the nerve and then onto the skin. This is usually the same area of skin where the virus was first caught, although if the virus goes down a different branch of the nerve it can cause sores in a slightly different patch of skin.

A person who has caught herpes may also have caught other infections and so it makes sense to have a full screen at a sexual health clinic. Some family doctors also offer this service.

How common is genital herpes?

Herpes infection is very common. In the UK, most people (about 70%) will have been infected with either type 1 and/or 2 by their 25th birthday. In some countries the number of people infected is much higher than in the UK.

How do you catch genital herpes?

Herpes spreads by skin to skin contact, through touching or rubbing. This can happen during any kind of sex: vaginal, anal and oral. If a person has skin sores there is a high risk of them passing on the virus. In almost all cases herpes is only found on one area of a person's body. If your partner's herpes is in the skin of his penis, you can only catch the virus by contact with this part of his penis. Similarly, if your partner's herpes is in the vulval skin, you can only catch the virus by touching that part of her vulva. Many cases of genital herpes occur when a person has infection around their mouth and kisses their partner's genitals. Herpes cannot be caught from towels, swimming pools, saunas or from toilet seats.

What would I notice if I had genital herpes?

Most people with herpes infection don't realise they have it. This may be hard to believe if you have painful sores, but only 1 person in 5 with herpes knows that they have it.

If you do get symptoms these can start with a flu-like illness. An area of skin on the genitals then becomes red and bumps develop, which change into blisters or spots. These then break open to leave painful ulcers. Some people get swollen glands in their groin. After several days

the ulcers may develop crusts and after a few weeks the skin heals completely. It is very rare for herpes to leave scars, although dark-skinned people may sometimes be left with pale patches in the affected area of skin.

How do I get tested for genital herpes?

The doctor or nurse will take a swab from a sore. The sample is then tested in the laboratory.

There is a blood test for herpes simplex but it is not usual for clinics to do it for people who have no symptoms. This is because herpes is not usually a dangerous condition and people who have no symptoms do not need treatment (remember that about 70% of the population carry the virus by the age of 25 years). However, the herpes blood test can be helpful in certain rare situations. You can discuss this with your doctor.

How is genital herpes treated?

It's not always necessary to treat it.

First episode

A course of antiviral tablets may be helpful and make the sores less painful and help them to heal more quickly. However, if you've had the sores for more than six days, the treatment probably won't help as your immune system will have started to kill the virus in the skin.

Painkillers such as paracetamol and anti-inflammatory tablets can be used to ease any pain. Ensure you stay well hydrated. You should keep the sores clean by bathing them with salt water every day. If the sores are near your urethra (from where you pass urine or pee) it may be painful to pass urine. Sitting in a warm bath when you pass urine may help to reduce the pain.

Your doctor may give you lidocaine anaesthetic gel to numb the skin and make peeing more comfortable. You can buy lidocaine gel from the chemist without a doctor's prescription.

Will my genital herpes come back?

In some (but not all) people, the herpes sores come back episodically (recur). However, such recurrences are usually much less severe and painful and of a shorter duration than the first episode. Recurrent genital symptoms can occur more often with type 2 infections than with type 1.

How is recurrent genital herpes treated?

Recurrent episodes

Most people find that recurrences don't happen very often. If herpes does come back, it usually causes only minor symptoms and heals up quickly. If your recurrences do not cause you any trouble then it is not necessary to take medication for them.

Some people find it helpful to take episodic antiviral treatment if they get recurrent painful episodes of genital herpes. Your doctor may give you tablets to keep at home, which you can start taking at the beginning of a recurrence.

If recurrences are very frequent and severe you may instead consider taking a preventative treatment daily to reduce or prevent recurrences. Speak to your doctor if this is something you would like to consider. Some people take this preventative treatment to reduce their risk of passing on the virus.

What happens if my genital herpes is left untreated?

First episode genital herpes will heal up even if you have no treatment. However, this will take longer than it would have done if you started treatment soon after developing sores.

What about my partner?

Testing for genital herpes is not a routine part of a sexual health screen, so if your partner has never had any signs of genital herpes, it is not essential for them to attend a sexual health clinic. However, if your partner is pregnant or thinking of getting pregnant, or if your partner thinks they may have had genital herpes, or is worried about your diagnosis, they should attend the clinic for advice.

How do I tell my partner that I have genital herpes?

Telling your partner about your herpes diagnosis has been shown to reduce the chance of passing on the virus.

Your partner could already have herpes but not know it and may have got this from a previous partner. Over three-quarters of the people with the herpes virus have so mild an infection that they do not realise they have it.

Overall, the risk of genital herpes transmission (both types) is estimated at 5-10% each year. The transmission risk with HSV-1 is lower than that for HSV-2.

Some people can feel upset, angry, frightened or embarrassed about discussing sexually transmitted infections with their current or former partner(s). There are some resources at the end of this leaflet which may offer helpful tips on how to discuss herpes with your partner.

When can I have sex again?

Same sexual partner

If you and your partner have the same virus you cannot pass it back to each other. You can start having sex again when you feel comfortable about it.

New sexual partner

If you are planning to have sex with a new partner and have just had your first episode of herpes, you should wait until your skin has fully healed. Delaying sex in this way makes it much less likely that you might pass on the virus to your partner. However, it is still sometimes possible to infect your partner even when you have no sores on the skin. Using condoms every time you have sex makes it less likely you will pass the virus on.

It has been found that people who tell their partners that they have genital herpes are less likely to pass on the infection. The clinic doctor or sexual health adviser can give you advice about the best way to tell a partner. There are also some resources at the end of this leaflet which may offer helpful tips on how to discuss herpes with your partner.

Can I pass the virus on if I have no symptoms?

If your partner has not been infected with HSV in the past, it is possible for you to pass the virus on to them even if you have no blisters or sores. This is because of 'asymptomatic shedding' (when small amounts of virus are on the skin). The risk is much greater in the first few months after you catch herpes. Asymptomatic shedding happens less over time and is rare after two years. However, after this time it is more common in people who have frequent recurrences. Using condoms offers some protection to your partner.

Can I catch herpes again?

This is very unlikely. Most people only catch herpes once, in one part of their skin. However, there is a risk of infecting other parts of your own skin by touching or scratching herpes blisters or sores and then scratching the skin somewhere else on your body. This risk is greatest when herpes sores develop for the first time.

Catching type 1 herpes does not protect people from catching type 2 (and vice versa). However, if someone does catch the other type of herpes virus, that person often has few (if any) symptoms.

Genital herpes in pregnancy

Genital herpes usually only causes problems in pregnancy if the mother catches the virus for the first time during that pregnancy.

Having recurrent genital herpes during pregnancy does not harm the baby. Antibodies produced by the woman's immune system against the virus offer some protection for the baby. Doctors may advise the woman to take antiviral medication from 36 weeks of pregnancy until the baby is born, to prevent a recurrence at the time of delivery. A woman who has a genital herpes recurrence (even if she is in labour at the time) can usually have a normal vaginal delivery. It is useful to inform your Obstetric team if you have a past history of genital herpes.

However, women catching herpes for the first time in pregnancy, especially late pregnancy, run an increased risk of passing the virus to their baby. Depending on the timing of the infection, the mother and/ or baby may be prescribed antiviral treatment and the mother may be advised to deliver by caesarean section. If you have any concerns regarding genital herpes in pregnancy, please discuss further with your clinician today.

Further information

Please see details below for further useful organisations regarding further information and support around a genital herpes diagnosis:

The Herpes Viruses Association (HVA)

The HVA is a patient support group which for many years has helped and advised people with herpes infection.

HVA Helpline: **0845 123 2305** (*weekdays only*)

HVA e-mail: info@herpes.org.uk

HVA Website: www.herpes.org.uk

This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). Its contents are based on the 2014 UK National Guideline for the Management of Anogenital Herpes and also 'Management of Genital Herpes in Pregnancy' produced jointly by BASHH and the Royal College of Obstetricians and Gynaecologists (2014).

More information

www.bashh.org/guidelines



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