It is very common
‘To be infected with a herpes simplex virus is a state of normality, not an abnormality,' states Professor George Kinghorn - sexual health specialist.

- Genital herpes is caused by either herpes simplex type 1 or herpes simplex type 2.
- In the UK, seven out of ten people have caught one of them by the age of 25.
- Only one person in five has symptoms, so most people do not know that they have caught anything.
- These are relatively harmless viruses which do not affect future health or fertility.

Herpes simplex belongs to a family of viruses which includes chickenpox and glandular fever: they all remain in the body and may cause further symptoms at varying intervals. This is why they are sometimes called ‘incurable’. In fact, if symptoms reappear, perhaps at times of illness or stress, they are cleared – or ‘cured’ - again by the immune system.

Herpes simplex infections do not usually spread through the body, and are usually limited to one area. This leaflet mainly deals with infections in the genital area.

The two types
Both types 1 and 2 can cause the skin conditions known as facial cold sores, genital herpes or whitlows (on fingers or hands). About half the cases of genital herpes are caused by type 1 and some facial cold sore infections are caused by type 2. The only practical difference is that type 1 may recur more often if it is a facial infection and type 2 is more likely to recur if caught on the genitals.

The symptoms of genital herpes
The time between infection and symptoms starting may be between 2 days and 2 weeks.

First of all there may be tingling and/or itchy sensations in the genital area. The glands in the groin may become swollen and sensitive and there may be ‘flu-like’ symptoms. There may also be pains in the nerves near the developing blisters or ulcers.

Small blisters or ulcers appear - there may be many, or just one. After 24 to 48 hours, these burst leaving small, red, sometimes painful sores which on ‘dry’ skin crust over. These heal in 3 to 10 days.

Most people have mild symptoms or even no symptoms when they are first infected so they will not realise that they have caught anything. This means it can be many years before noticeable symptoms appear - and that the first sign of herpes simplex can appear during a faithful, long-term sexual relationship although it may have been caught before the relationship started. Some people never have symptoms at all.

Is it genital herpes?
Anyone who thinks that they have been infected should go to a Sexual Health Clinic (clinic) as soon as sores appear. A swab will be taken from the sore. You cannot be diagnosed when there are no symptoms. You can find your nearest clinic at http://www.fpa.org.uk/find-a-clinic

Visits are confidential: clinics do not pass on personal information without patients’ permission.

After diagnosis, the HVA website and helpline can help with advice and support from non-judgmental people with personal experience of the condition. See contact details above.

Treating the first infection
A primary genital herpes infection will usually clear in two to three weeks. Antiviral tablets can shorten the duration and reduce the severity of the first episode.

Aciclovir, in tablet form, is the most commonly used antiviral drug for this purpose. Aciclovir may be obtained free of charge from sexual health clinics.

Aciclovir creams are available but tests show that they have little effect. They may cause irritation if used on mucous membrane (inner ‘wet’ skin).

What can I do?
- Pain and inflammation can be reduced by taking painkillers such as ibuprofen, paracetamol or soluble aspirin.
- A local anaesthetic e.g. Instillagel 2%, lidocaine 5% ointment or Xylocaine 10% spray can be applied. Dab (or spray) on as required to relieve pain. (These items are available from a pharmacy without prescription.)
- Keep the area clean: washing gently once a day is sufficient. Some people find that a warm salt water solution (one teaspoon to one pint water) is soothing. Avoid scented soaps/gels or deodorants.
- Wash hands before touching blisters/sores when applying medication to avoid infecting the broken skin with bacteria. This can cause an additional infection and delay healing.
- Keep the area cool: apply a well-wrapped ice pack for up to 90 minutes. DO NOT put ice directly on the skin – ensure that the pack is wrapped in a cloth.
- Women who find urinating painful can try doing it in the bath or shower, or sitting on the edge of the bath and pouring water over the area. This will dilute the urine and ease stinging. An anaesthetic (see above) can be applied before urinating. It takes a few minutes for the area to become numb.

Leave the area alone as much as possible - let the skin heal. Symptoms will heal with or without treatment.

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Recurrences
Around half of those diagnosed only have symptoms once or twice. Others have occasional recurrences. These usually get milder and less frequent with time and may stop altogether. A person with frequent outbreaks may be able to work out what causes them so as to prevent them. Common causes are tiredness, illness, stress, menstruation and too much alcohol.

Most people find that their body deals with the infection without medicine, or that changes to lifestyle will improve the effectiveness of their immune system.

If outbreaks are frequent or annoying, treat the first warning symptoms immediately with high dose aciclovir: 800 mg three times a day for two days. This is expected to prevent an outbreak from developing. Treatment is much less helpful once a sore has appeared. Some people prefer to take daily antiviral tablets to prevent outbreaks and these can be taken for six months or more.

How is it caught and passed on?
It is caught by skin contact with the affected area: rubbing directly against the patch of skin when virus is present.

Transmission is very likely if there are spots or blisters, not very likely when there are no symptoms. It is caught on the genitals by having sex with someone when the virus is active on their genitals or by receiving oral sex from someone with a facial cold sore. It is not caught from towels, sheets, cups, cutlery or other objects; nor from baths, swimming pools or blood.

It is easier for infection to occur on the thin skin that is found on the lips and genital/anal region. ‘Normal’ or ‘dry’ skin is too thick to allow easy entry. However when normal skin is damaged, perhaps by eczema or sunburn, virus may get in. If there is broken skin on the fingers, you could catch finger infections (‘herpetic whitlows’)

Do not allow a sexual partner to come into contact with the affected area from the time when symptoms or warning signs start through until any sores have fully healed. Warning signs can be itching, stabbing pains, tingling, burning or aching. Transmission risk is low outside of these times. Condoms can help to prevent transmission if they are put on before there is any skin contact with the affected skin area and as long as they cover the relevant area. Condoms should always be used with a new partner.

Can the virus be passed on when there are no symptoms? What is ‘asymptomatic shedding’?
Virus can be present on the skin when there are no visible symptoms. This is called ‘viral shedding’ or ‘asymptomatic shedding’. If enough virus is being shed when direct skin contact occurs, a partner may become infected, but minute levels do not necessarily result in transmission. Many people will be aware of an itch or tingle in the affected area at these times - and so can avoid sexual contact.

Shedding decreases with time and after two years, people who have few recurrences hardly shed any virus.

• In people with genital infection, asymptomatic shedding occurs on average for 2 per cent of the time for people with type 2 infection and 0.7 per cent of the time for those with type 1.

• If there are very few recurrences, there will be minimal asymptomatic shedding.
• People with frequent recurrences may be infectious in the week before and after a recurrence.

It is common for people to catch it from someone who is unaware of having it, since such a high proportion of people don’t realize that their minor symptoms such as spots, sores, pimples or patches of red skin are herpes simplex. These symptoms are much more infectious than invisible ‘shedding’.

Can it be caught again? Can a partner be reinfected?
Most people only catch one herpes simplex virus type once. When two people have different types, they might catch the extra type on a different part of the body, but symptoms are likely to be mild. If they have the same type it is rare for the partner to be reinfected on a different part of the body, and if this happens the symptoms are usually so mild they are not noticed.

Herpes myths: pregnancy and “www information”
Herpes, like all sexual infections, has been stigmatised and as a result there a number of myths about this common viral condition.

Recurrences of genital herpes are not considered a problem for pregnant women and do not affect the baby while it is in the womb. It is rare for herpes simplex to affect a baby during birth and the chance of this happening is often exaggerated. Guidelines from expert doctors state that women with genital herpes do not need a Caesarean-section even if they have an outbreak at term. The Herpes Viruses Association has detailed leaflets including “pregnancy and childbirth” and “transmission”, that can be requested as part of a subscription package.

And in the end:
Herpes simplex suffers from an unnecessary stigma. It is caught by most people and many do not even notice.

The Herpes Viruses Association says “Information on websites, or in books and leaflets, may seem worrying or frightening. If you see an article or website about genital herpes that is scary, contact us for the facts.”

PLEASE NOTE: Information about recurrences and transmission of the virus to different sites on the body assumes that you have a normal immune system. People who have defective or suppressed immune systems may have extra problems with many infections including herpes simplex. In these cases doctors take extra steps to help them.

Sources checked 28-7-2013: BASHH Guidelines 2007. Full list of references available on request. Issued 16-10-13 All you need to know about genital herpes - version 1. Revision date: no later than 16-10-2016