



All you need to know about genital herpes

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It is very common:

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

- Genital herpes is caused by herpes simplex type 1 (HSV-1) or herpes simplex type 2 (HSV-2).
- In the UK, seven out of ten people have caught at least one type by the age of 25.
- Only one person in three will have symptoms, (visible signs or sensation) and go to a doctor and get a diagnosis of herpes.
- Two in three who are infected with the virus do not notice that they have caught anything.
- These viruses are relatively harmless and do not affect future health or fertility.

Herpes simplex belongs to a family of viruses which includes chickenpox and glandular fever. All of these viruses remain in the body and may cause further symptoms later. This is why they are sometimes called 'incurable'. In fact, if symptoms do reappear, they are healed - or 'cured' - by the immune system.

Herpes simplex infections are normally limited to one area (a dermatome) and do not usually spread to another place on the body. The information here is mainly about infections in the genital area.

The two types

HSV-1 and HSV-2 may both be the cause facial cold sores, genital herpes or whitlows (on fingers or hands), depending on where they are caught. About half the cases of genital herpes are caused by HSV-1.

Most facial cold sore infections are caused by HSV-1 but some are caused by HSV-2. The only practical difference is that HSV-1 may recur more frequently if caught facially and HSV-2 is more likely to recur if caught on the genitals.

Incubation period

The interval between infection and appearance of symptoms is usually between 2 days and 2 weeks.

It can be many years before symptoms appear. So they can appear during a faithful, long-term sexual relationship. This can cause suspicion. But it may have been caught before the relationship started.

The symptoms of genital herpes

Most people have very mild symptoms and **some people never have symptoms at all**. These people won't realise that they have caught anything.

For those who notice symptoms: at first, there may be tingling and/or itchy sensations, or even pain, in the genital area. The glands in the groin may become swollen and sensitive and there may be 'flu-like' symptoms.

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.

Is it genital herpes?

Anyone who thinks that they have genital herpes symptoms should get diagnosed by getting a swab done at a Sexual

Health Clinic. You cannot be tested if there are no symptoms. Find your nearest clinic at <https://sxt.org.uk/> Visits are confidential: clinics do not pass on information without patients' permission.

Treating the first/primary 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 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 for first infection?

- Pain and inflammation can be reduced by taking painkillers such as ibuprofen or paracetamol.
- A local anaesthetic (numbing cream) 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, or contact the HVA, details above.
- Keep the area clean: washing gently once a day is sufficient. Some people find that a warm salt water solution (1 teaspoon salt to 1 pint of water) is soothing. Avoid scented soaps/gels/deodorants.
- Wash your hands before touching blisters/sores to avoid infecting broken skin with bacteria. Wash afterwards in accordance with normal hygiene.
- Keep the area cool: a **well-wrapped** ice pack applied for up to 90 minutes can be soothing. **DO NOT** put ice directly on skin.
- Women who find urinating (peeing) painful can try doing it in the bath or shower, or sitting on the edge of the bath while pouring water over the area. This dilutes the urine and eases stinging. An anaesthetic (see above) can be applied a few minutes beforehand to numb the area.

Leave the sore skin alone as much as possible - allow it to heal naturally. It will heal with or without treatment.

Recurrences

Some people only have symptoms once or twice. Others have occasional episodes. These usually get milder and less frequent with time and may stop altogether. Common triggers are tiredness, illness, stress, menstruation and too much alcohol. Sometimes sex is a trigger, in which case use a *silicone-based* lubricant: widely sold on the internet.

Most people find that changes to lifestyle will improve the immune response. Their body may control the infection without medicine. See <https://herpes.org.uk/> for alternative therapies.

If you find outbreaks are frequent or unacceptable, start treatment as soon as the first warning symptoms are noticed. The usual treatment is an antiviral tablet called aciclovir. Take 800 mg dose of aciclovir three times a day, for up to three days. This should prevent the outbreak from developing. Treatment is much less useful once a sore has appeared.

Some people prefer to take antiviral tablets daily to prevent outbreaks completely. This suppression treatment can be continued as long as required; aciclovir is free from sexual health clinics. If you get your prescription from a GP, you can ask them to endorse it with FS and then there will be no prescription charge. You may need to explain that this is in line with a [new law passed in 2020](#).

Do I need to talk about it with partners?

It is OK if you don't want to talk about this skin condition. There is no legal requirement to do so in the UK. But if you are getting symptoms from time to time, it is easier to say 'not tonight' if you have explained. Our 'Talking to a new partner' leaflet free to subscribers goes into this in detail: <https://herpes.org.uk/join>.

How is it caught and passed on?

It is caught by skin contact: rubbing directly against the affected patch of skin when virus is present.

Transmission is very likely if there are lumps, blisters or sores; 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 the virus to infect the thin skin of the lips, genital and anal region. 'Normal' or 'dry' skin is too thick to allow easy entry. However, when normal skin is damaged, perhaps by eczema or sunburn, the virus may get in. Some people catch finger infections ('herpetic whitlows') if they have broken skin on the fingers.

Do not allow a sexual partner to come into contact with the affected area when there are symptoms or warning signs in that area, such as itching, stabbing pains, tingling, burning or aching. Transmission risk is low outside of these times.

Condoms can help to prevent transmission if they cover the right area and if they are put on **before** there is any skin contact with the affected 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' or 'viral shedding'?

Virus could be present on the skin when there are no visible symptoms. If enough virus is present when direct skin contact occurs, a partner may become infected. Low levels of virus may not be enough to infect a partner.

Shedding decreases with time and after a year, people with 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 episodes may be infectious for about a week before and after. They may choose to take aciclovir daily - see 2nd paragraph on this page.

Genital herpes is often caught from a partner who is unaware of having it, since a high proportion of people don't realize that minor symptoms such as spots, sores, pimples, or patches of red skin might be herpes simplex. These visible symptoms are much more infectious than invisible 'shedding'.

Can herpes be caught again? Can a partner be re-infected?

Most people only catch one type of herpes simplex virus, once. If two people have different types, either of them might catch the other type, but symptoms are likely to be mild. When they have the same type of herpes simplex, we do not expect them to catch the virus again on any part of the body. But if this did happen, the symptoms would be so mild they would not be noticed.

Herpes myths: pregnancy and the internet

Herpes, like all sexual infections, has been stigmatised and there a number of myths about it.

Recurrences of genital herpes do not affect a baby while it is in the womb. It is also very rare for a baby to be affected during birth. The 2014 guideline from RCOG/BASHH (*Royal College of Obstetrics and Gynaecology / British Association for Sexual health and HIV*) states that women with genital herpes should expect a normal delivery even if they have an outbreak at term. Only women who have their first ever episode after the 28th week will be advised to have a C-section. Subscribers can get "Pregnancy and childbirth" leaflet: <https://herpes.org.uk/join>.

Blood tests off the internet do not give reliable results: three in ten negative results are wrong.

Information on websites, in books or in leaflets can sometimes be unreliable, incorrect or exaggerated, causing unnecessary anxiety. If you have any concerns, contact us for clarification - see details in page heading.

And in the end:

Herpes simplex has an unnecessary stigma. It is caught by most people and many do not notice.

The Herpes Viruses Association says "If you see an article or website about genital herpes that is scary, contact us for the facts."

The HVA (see website, helpline and email - above) can help with advice and support. Our helpliners and staff all have personal experience of the condition.

PLEASE NOTE: People with suppressed immune systems may have extra problems with many infections including herpes simplex: doctors can take extra steps to help them.



https://www.bashh.org/userfiles/pages/files/resources/hsv_pil_2015_screen_friendly.pdf
consider the above:

References - NOT sent out with the leaflet:

POLICY for REFERENCES:

We seek authoritative references from the following in this order:

- BASHH Guidelines
- Clinical Knowledge Summaries
- the International Herpes Management Forum archives - starting with the most modern and working backwards
- PubMed
- BMJ publications
- Other peer reviewed journals

1. Scoular A, Norrie J, Gillespie G, Mirr N, Carman WF. Longitudinal study of genital infection by herpes simplex virus type 1 in western Scotland over 15 years. *BMJ* 2002; **324**:1366-67.

This gives 60% with type 1

2. Vyse AJ, Gay NJ, Slomka MJ, Gopal R, Gibbs T, Morgan-Capner P, Brown DW. The burden of infection with HSV-1 and HSV-2 in England and Wales: implications for the changing epidemiology of genital herpes *Sex Transm Inf* 2000;**76**:183-187

This gives 10% with type 2

3. BASHH 2014: National Guidelines for the Management of Genital Herpes https://www.bashh.org/documents/HSV_2014%20IJSTDA.pdf downloaded 19-9-2016

4. Patel R, Cowan FM, Barton SE. Advising patients with genital herpes - Aciclovir reduces asymptomatic viral shedding but effect on transmission is unclear. *BMJ* (11-1) 1997; 314:85-6

5. Roberts, Craig M. PA-C, MS*; Pfister, John R. MS†; Spear, Scott J. MD* Increasing Proportion of Herpes Simplex Virus Type 1 as a Cause of Genital Herpes Infection in College Students *Sexually Transmitted Diseases*: October 2003 - Volume 30 - Issue 10 - pp 797-800

6. Rachel Heslop, Helen Roberts, Deralie Flower, Vanessa Jordan. Interventions for men and women with their first episode of genital herpes. *Cochrane Database of Systemic Reviews*. Pub'd: 30 August 2016 DOI: 10.1002/14651858.CD010684.pub2

7. <https://www.cps.gov.uk/legal-guidance/intentional-or-reckless-sexual-transmission-infection8>. Wald A, Zeh J, Elke TS, Ashley RLA, Corey L. Virologic Characteristics of Subclinical and Symptomatic Genital Herpes Infections *NEMJ* 1995;333:770-5

9. Foley E, Clarke E, Beckett VA, Harrison S, Pillai A, FitzGerald M, Owen P, Low-Beer N, Patel R. Management of Genital Herpes in Pregnancy. October 2014 <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/genital-herpes/> Downloaded 20-10-2106

10. van Rooijen MS, Roest W, Hansen G, et al. False-negative type-specific glycoprotein G antibody responses in STI clinic patients with recurrent HSV-1 or HSV-2 DNA positive genital herpes, The Netherlands. *Sex Transm Infect* 2015;92:4 doi:10.1136/sextrans-2015-052213

Title: PIL: All you need to know about genital herpes	Version number: 4 - small changes to wording and revised reference 7. New sentences explaining free prescriptions from GP using FS endorsement.
Leaflet author or reviser	MN
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Monitoring	MN
Piloted on service users - see their comments in 'leaflet' emails from:	JAmariLeigh: very full comments - see email 20/11/23. We have added definitions of some words. This is not the place for complementary medicine or case histories. From 260 Facebook ppl: MWarburton: Easy to read, informative. JHarrison: OK for me.
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Proofreading completed	GTisdale
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Extra resourcing needs	None
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Piloted on service users - see their comments in 'leaflet' emails from:	StacyB: 'add that disclosure is optional' DONE HeatherS: very informative (far better than any info sheet I've found available from doctors, etc.) and easy to read. Think it clearly covers all the main points you need to know without being scary!
Piloting completed	9-10-20
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Validation date	12-10-2020
Do volunteers need this information?	Yes
Responsibility for updating volunteers	MN
Volunteers all told on	

VERSION 2 - One factual change based on BASHH guidelines: one in three is aware of catching genital herpes. Clarity on childbirth as per RCOG/BASHH. Also minor wording changes. New branding guidelines

Title: PIL: All you need to know about genital herpes	Version number: 2
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Validation	Dr Stephen Higgins
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Monitoring	MN
Piloted on service users - see their comments in 'leaflet' emails from:	RPerez; PO'Sheel; EHansen; GHarrison; HHaylor;
Piloting completed	31-10-16
Proofreading completed	LGuerin
Leaflet approved on	3-11-2016
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Responsibility for updating volunteers	MN
Volunteers all told on	

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