Genital Herpes





Infection spread through sexual contact. It affects one in five adults in the United States—about 50 million people.

This pamphlet will:

- Describe the causes and symptoms of genital herpes
- Tell how you can lower your risk of getting the virus
- Explain how to live with it
- Explain how to prevent infecting others



Simple measures can ease the symptoms of herpes, and medication can promote healing.

What Is Genital Herpes?

Genital herpes is a *sexually transmitted disease* (*STD*). It is spread through close contact, most often during sexual activity.

Genital herpes is probably best known for the sores and blisters it causes. These sores appear around the genitals or lips. The place where the sores appear is the original site where the virus entered your body. In most cases, genital herpes is spread through direct contact with these sores.

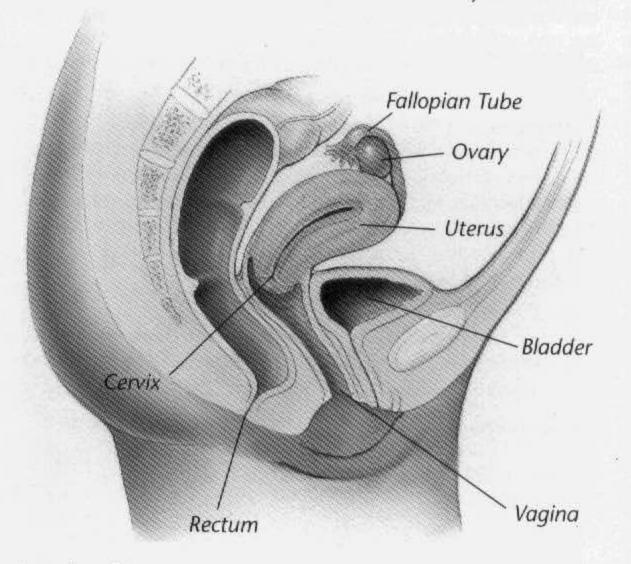
How Infection Occurs

The herpes virus passes through a break in your skin. It also can enter the moist membranes of the penis, vagina, urinary opening, cervix, or anus.

Once the virus gets into your body, it infects healthy cells. Your body's natural defense system then begins to fight the virus. This causes sores, blisters, and swelling.

Besides the sex organs, genital herpes can affect the tongue, mouth, eyes, gums, lips, fingers, and other parts of the body. During oral sex, herpes can be passed from a cold sore around the mouth to the partner's genitals or vice versa. You can even infect yourself if you touch a sore and then rub or scratch another part of your body, especially your eyes.

The herpes virus can survive for a few hours outside the body. There is no proof it can be picked up from toilet seats, hot tubs, or other objects.



Female pelvic anatomy.

Symptoms

Many people infected with herpes have no symptoms. When symptoms do occur, they vary with each person. Some people have painful attacks with many sores. Others have only mild symptoms.

If you get symptoms, they will appear about 2–10 days after the herpes virus enters your body. At this time, you may feel like you have the flu. You may get swollen glands, fever, chills, muscle aches, fatigue, and nausea. You also may get sores. Sores appear as small, fluid-filled blisters on the genitals, buttocks, or other areas. The sores often are grouped in clusters. Stinging or burning when you urinate also is common.

The first bout with genital herpes may last as long as 3 weeks. During this time, lesions break open and "weep." Over a period of days, the sores become crusted and then heal without leaving scars.

If lesions recur, you may feel burning, itching, or tingling near where the virus first entered your body. You also may feel pain in your lower back, buttocks, thighs, or knees. These symptoms are called a *prodrome*. A few hours later, sores will appear. In recurrent infections there is usually no fever and no swelling in the genital area. Sores heal more quickly—within 3–7 days in most cases.

See your doctor right away if you have symptoms of genital herpes. Similar symptoms may be caused by other infections, so your doctor should confirm the diagnosis.

Diagnosis

One way your doctor can diagnose herpes is to examine the genitals. There are also a number of tests to detect infection. The most accurate way is to obtain a sample from the sore and see if the virus grows in a special fluid. Test results may take about 1 week. A positive result confirms the diagnosis, but a negative result does not rule it out.

Treatment

There is no cure for genital herpes. However, there are oral medications to help control the course of the disease. Medication can shorten the length of

an outbreak and help reduce discomfort.

If you have repeat outbreaks, taking medication on a daily basis can greatly reduce the attacks. In many cases, it can prevent attacks completely. Ask your doctor whether this type of treatment is right for you.

Most people can tell when they are having an outbreak. Learning what to do during an outbreak can also help reduce discomfort that goes with it (see box).



Avoiding Recurrence

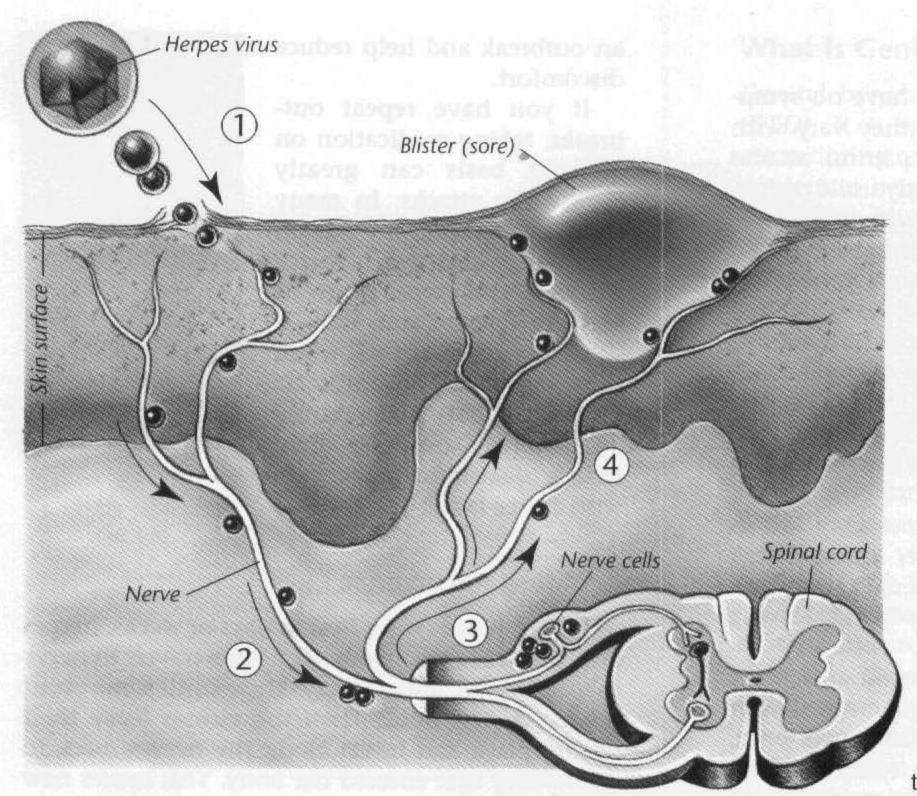
Although herpes sores heal in days or weeks, herpes does not leave your body. The virus travels to nerve cells near your spine. It stays there until some event triggers a new bout. Then the viruses leave their resting place and travel along the nerves, back to where they first entered the body. This causes new blisters to occur.

No one is sure why some people have recurrences of herpes. One trigger seems to be stress—both emotional and physical. Outbreaks may recur when you are under pressure. Or they may recur when your resistance is lowered by a cold or flu.

If You Have a Herpes Outbreak

The following tips may help relieve some discomfort of herpes:

- Keep the lesions clean and dry.
- Use a hair dryer on the low setting to dry sores that are very sensitive or hard to reach.
- Wear loose-fitting cotton underclothes and avoid pantyhose. Nylon and other synthetics hold in heat and moisture, which may slow the healing process.
- Take aspirin or acetaminophen to relieve the pain.



The herpes virus passes through your skin (1). It travels through your body (2) and settles at nerve cells near your spine (3). When something triggers a new bout of herpes, the virus leaves its resting place and travels along the nerve, back to the surface of the skin (4).

Keep your body strong—get plenty of rest, eat a balanced diet, and learn to cope with stress.

About 90% of people with herpes have repeat bouts. How often these bouts occur varies greatly from person to person. Some people have only one or two outbreaks a year. Others have as many as

five to eight. Fortunately, most recurrent infections are milder than the first.

Spread Prevention

If you or your partner have oral or genital herpes, avoid sex from the time of prodromal symptoms until a few days after the scabs have gone away. Not having sex doesn't mean you can't kiss, hug, or cuddle. Just be sure that lesions and their secretions do not touch the other person's skin. Wash your hands with soap and water after any possible contact with lesions. This will keep you from reinfecting yourself or passing the virus to someone else.

Using a condom may not protect against herpes. Although the virus does not cross through the condom, lesions not covered by the condom can cause infection.

Using a condom will help protect you from other STDs, though.

Finally...

Herpes affects millions of people in the United States. It can be a source of concern and discomfort. Simple measures can ease the symptoms of herpes, and medication can promote healing. Over time, most people with herpes find ways to cope with the disease.

Genital Herpes and Pregnancy

If you are pregnant and have herpes, tell your doctor. During pregnancy, there are increased risks to the baby, especially if it's the mother's first outbreak.

Most newborns become infected while they are being born through the mother's infected birth canal. If you have sores at the time of delivery, your doctor may suggest a *cesarean birth*.

Cesarean birth may reduce the chance the baby will come in contact with the virus.

A cesarean delivery takes place through a surgical cut in the abdomen, where the tissue is not infected with the virus. However, a baby can be infected without passing through the vagina. The infection can occur if the amniotic sac (fluid-filled sac in which the baby grows) has broken a few hours before birth.

Glossary

Cesarean Birth: Delivery of a baby through an incision made in the mother's abdomen and uterus.

Prodrome: A symptom that precedes the onset of a disease.

Sexually Transmitted Disease (STD): A disease that is spread by sexual contact, including chlamydial infection, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

Photographs © 1996 PhotoDisc, Inc., © 1998 EyeWire, Inc. Copyright © July 1999 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

ISSN 1074-8601

Requests for authorization to make photocopies should be directed to the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923.

The American College of Obstetricians and Gynecologists 409 12th Street, SW PO Box 96920 Washington, DC 20090-6920