

Division of Medicine

Genital Herpes infection

Information for patients

What is genital herpes?

Genital herpes (GH) is a common sexually transmitted infection caused by herpes simplex virus (HSV).

There are two main types of HSV called type 1 and type 2. Oral cold sores are caused by type 1 HSV and genital herpes can be caused by either type. As many as one in five people are infected with type 2 HSV. Many have no symptoms and are not aware of their infection.

After getting GH, most people will have repeated outbreaks (episodes) of the infection. This is more likely during the first year or two of infection and in people who have type 2 HSV. Over time, recurrences become less frequent and may stop altogether.

Initial infection

For many people, the first episode is often painful. Typically, blisters develop on the genitals (penis or labia) which then scab and heal over two to three weeks.

You may also develop swollen glands in the groin. Rarely, some patients suffer a fever, headache and joint aches.

Latent (quiet) stage

HSV travels to nerves near the spine where it stays dormant (inactive). This may have occurred even without symptoms of the initial infection. There are no symptoms during this stage but small amounts of virus may be present on the skin from time to time (called viral shedding).

Recurrent episodes

This occurs when HSV ‘wakes up’ and travels along the nerve bundles to the skin and causes an outbreak of blisters. This is often in the same place as the initial infection, but may be elsewhere in the genital area; around the anus or buttocks and, rarely, the backs of the thighs. You may experience a ‘tingling’ or ‘stinging’ sensation before the blisters occur. Some people also feel feverish and lethargic at this stage, which is called the ‘prodrome’ of infection. Illness, severe prolonged stress (not every day worries), strong sunlight and sex can trigger recurrences. For women, recurrences can occur around the time of their period.

GH outbreaks are most common during the first months of infection, and recurrences may occur up to five or six times during the first year. As time passes, recurrences become less frequent. If you experience six or more in a year, you may benefit from preventative treatment.

How did I become infected?

HSV is most commonly transmitted during oral, anal and vaginal sex. Receiving oral sex from a partner with a cold sore is also sufficient for transmission of the virus. You may have picked up GH some time ago and it has only become active now.

There is no risk of infection from objects and surfaces (including toilet seats, towels and door handles).

The risk of passing on HSV is greatest when you have symptoms but is possible to pass it on without symptoms. On average, there is a 10 per cent chance (per year) of passing on the infection to a regular partner if you are not using condoms. The use of condoms, and sometimes anti-viral medication, can greatly reduce the risk of transmission (by 80 to 90 per cent).

What happens if I become pregnant?

Most women who have GH give birth to healthy babies. GH can be safely treated during pregnancy.

The biggest risk is having a new GH infection in the last three months of pregnancy or at the time of the birth as the infection can then be passed to the baby (neonatal herpes). Blood testing and swab testing may be necessary to identify the infection and preventative treatment or a caesarean section may be recommended to reduce the risk of transmission.

If you have any concerns about neonatal herpes please speak to your doctor or midwife.

Herpes does not cause infertility.

What help is available to me?

Psychological support

We understand that receiving a diagnosis of GH can be difficult. If you are struggling to come to terms with your diagnosis, have concerns about telling your partner about the infection or are worried about the impact it may have on future relationships, then you may benefit from talking to one of our clinical health psychologists.

Episodic treatment

For the majority of patients we recommend treating outbreaks, as and when they occur, with short courses of anti-viral medication started at the first sign of a recurrence. We may also recommend other measures, especially with an initial episode, such as salt bathing and applying pain-killing gel to affected areas.

Suppressive treatment

If you are experiencing more frequent outbreaks - typically six or more a year - you may be offered suppressive (preventative) treatment. This consists of daily anti-viral tablets in order to prevent outbreaks. This will typically be given for 9-12 months at a time with breaks from treatment to assess how active the infection is. A treatment break should consist of two outbreaks as there is often a 'rebound' recurrence shortly after stopping treatment.

Suppressive therapy may also be recommended during pregnancy or to reduce the risk of transmission to a female partner who has never had genital herpes.

Care from your GP

If you need suppressive treatment for longer than a year we will ask your GP to continue prescribing the anti-viral tablets for you. We will help you in this process by writing a letter to your GP. Don't worry, we will ask you about contacting them before doing so.

Further information

If you would like further information or support we recommend the following website:

www.herpes.org.uk

Sexual health and HIV services at Imperial College NHS Healthcare Trust

The Jefferiss Wing
St Mary's Hospital
Praed Street

London, W2 1NY

Telephone: 020 3312 6623

www.imperial.nhs.uk/thejefferisswing

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777**. The PALS team are able to listen to your concerns, suggestions or queries and are often able to help sort out problems on behalf of patients. Alternatively, you may wish to express your concerns in **writing** to:

The chief executive's office
Imperial College Healthcare NHS Trust
Trust Headquarters
The Bays, South Wharf Road
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

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