

Herpes

What is Herpes and how is it spread?

Herpes Simplex Virus (HSV) is a common type of viral infection that can be passed through sexual or intimate contact. The virus is spread from the skin and/or mucosa of one person to another, usually through kissing or sexual contact. The virus then travels to the nerves in the area where contact initially occurred, where it lives permanently.

HSV-1 is usually transmitted orally - through mouth-to-mouth contact - while HSV-2 usually is transmitted through genital-to-genital or genital-to-anal contact. However, both types can infect either area depending on the nature of the initial exposure, and in a very small percentage of cases, both can infect the same site. Even more rarely, HSV can infect other parts of the body, like fingers and eyes.

The average incubation period after exposure is 4 days, with a range of 2-12 days. However, not everybody who has been infected with HSV will experience noticeable symptoms of the infection after this initial exposure.

One is more likely to transmit the virus when having an active outbreak (a lesion or sore), but the virus may be transmitted at any time. In fact, research shows that the majority of genital herpes infections are transmitted by a partner who is either unaware that they had the infection, or had no symptoms at the time of transmission.

One example of this is that genital HSV-1 may be transmitted from a person with a history of cold sores (oral HSV-1) to a partner's genital area during oral sex. HSV-1 genital infections are increasing in recent years, especially among young people.

Male partners are more likely to spread the virus than female partners, and symptoms tend to be more severe in females than males.

What does herpes look and feel like?

A primary HSV outbreak typically begins about 2-12 days after exposure and lasts about one week. Some people may experience mild, moderate, or even severe symptoms, while others may have no symptoms at all.

These might include:

- oral or genital pain or itching
- sores inside or around the mouth and/or nose, genitals and/or anus
- fever, fatigue, swollen and tender lymph nodes

For those with more uncomfortable symptoms of a primary HSV outbreak, it may be comforting to know that later outbreaks are typically much less severe than the first one.

Symptoms of an outbreak are often preceded by a "prodrome", which usually feels like mild tingling sensations in the region of the infection, and starts about 24 hours before the appearance of a lesion.

The frequency of recurrence depends on the severity and duration of the initial episode, the type of HSV, and the immune system of the host. Patients who are immunosuppressed are more likely to have frequent and more severe recurrences.

Testing

The most sensitive test for diagnosing herpes is with a PCR swab (the type of swab we use at UHS). This test can only be performed when you have an active, new lesion.

Another type of HSV test is a blood test to detect antibodies to the herpes virus. This test is useful in a few specific situations, including:

- To diagnose a patient with a history of genital lesions that were not diagnosed with a swab test
- To determine whether the sexual partner of a patient with a known history of genital HSV is susceptible
- To identify asymptomatic HSV infection in pregnant women close to the time of delivery

Since the blood test is unable to identify the site of initial infection, nor provide any additional information regarding expected frequency of outbreaks and risk of transmission to others, it is not recommended to use the HSV blood test as part of routine testing for sexually transmitted infections unless you meet the criteria above.

Prevention

Using condoms and/or dental dams can decrease but not eliminate sexual transmission of HSV.

For couples in which one partner has genital HSV-2 and the other does not, the partner with HSV-2 can take a daily medication to reduce the possibility of transmission.

As of yet, there is no herpes vaccine, but there is ongoing research in this field.

Treatment

There is no cure for herpes, but it can be successfully managed with antiviral medications such as Acyclovir, Valacyclovir, and Famciclovir. These can be used to shorten the duration of an outbreak, or as a daily suppressive medication for patients with frequent outbreaks or who are at high risk for transmitting HSV-2 to a sexual partner.

Pregnancy

If you are pregnant and have genital HSV, there is a risk of serious complications for the baby if you have an outbreak at the time of delivery. This is largely preventable with suppressive antiviral medications. In cases where there is a clear risk of transmission to the baby, a cesarean delivery reduces the risk significantly.

HIV Risk

The presence of genital HSV has been shown to increase risk for acquisition of HIV. Thus, if you have genital HSV, it is especially important to practice safer sex.

Check our Website: uhs.berkeley.edu to learn more about this and other medical concerns.
For Appointments: etang.berkeley.edu or call 510-642-2000 For Advice: call 510-643-7197