



Herpes: separating fact from fiction

There are still many myths and misconceptions associated with herpes, which can frequently prevent people from seeking help if they fear they have been infected. Here we separate the fact from the fiction.

Herpes is very common

Fact

The herpes simplex viruses (HSV-1 and HSV-2), which can cause both genital and facial herpes, are estimated to affect more than 50% of the world's population¹ and in some regions of the world, as many as 8 in 10 individuals are infected with one or both of the viruses.²

Only promiscuous people get genital herpes

Fiction

Genital herpes is one of the most common sexually transmitted infections (STIs) in the world. It is a viral infection that is spread by close contact with somebody who has been infected with one of the herpes simplex viruses. Anyone who is sexually active can become infected with genital herpes.

Genital herpes can recur on a regular basis

Fact

Once one of the HSV viruses has entered the body, it travels along the nerve paths to take up residence in nerves close to the spine called ganglia, where it remains for the rest of a person's life. This is known as latency. Some people experience no further episodes of genital herpes but in others, the virus is



reactivated from time to time to cause a recurrence.³ When the virus is triggered into action, it makes its way back along the nerves towards the genital area and leads to a new outbreak of symptoms. Recurrences are usually shorter and symptoms are less severe than during the primary infection. Approximately 20% of people experience frequent outbreaks – more than 10 episodes per year.⁴

Genital herpes can sometimes be caused by the HSV-1 virus

Fact

Facial herpes (cold sores) and genital herpes are caused by two closely related types of herpes simplex virus, HSV-1 and HSV-2. HSV-1 is the most common strain and usually causes facial herpes, while HSV-2 is more frequently associated with genital herpes. However, cross infection between the two types of virus does occur and in some regions of the world, genital herpes is increasingly caused by HSV-1.^{5,6}

My boyfriend has herpes but I have never had any symptoms, so I cannot be infected

Fiction

The symptoms of genital herpes vary from person to person. Classical symptoms of a first episode include a viral type illness, painful or itchy blisters, bumps or rashes around the genital area and pain on passing urine.⁷ Recurrent episodes tend to be milder and without the generalized viral type symptoms. Only approximately 20% of people with genital herpes recognise that they have the infection. 20% of those infected with HSV-2 experience no signs or symptoms and do not realise that they have the virus.⁸ Around 60% of people carrying the virus have symptoms that do not fit the classical description of genital HSV infection and also fail to realise they have the virus. Thus, the vast majority of people with herpes do not realise that they have been infected. The only way to know for certain whether infection has taken place is to have a herpes test.



A person can still transmit the herpes virus even when they have no apparent symptoms

Fact

Genital herpes is spread through intimate contact at times when the virus becomes active and is present on skin surfaces or mucous membranes. The presence of virus at these times is called 'viral shedding'. Viral shedding sometimes occurs on a small percentage of days each year even when there are no symptoms or visible signs of infection (this is known as asymptomatic viral shedding).⁹ Most people avoid sexual contact when they know they are having an active episode and therefore approximately 70% of the transmission of genital herpes results from asymptomatic shedding between outbreaks.¹⁰

There is nothing I can do to reduce the risk of transmitting genital herpes to my partner

Fiction

There are several ways in which the risk of transmitting genital herpes can be reduced. First, if someone is infected with herpes, it is important to share this information with a partner. Then the couple can decide together which risk reduction measures they wish to take.

The most important precautionary measure is to avoid sexual contact when a person is having signs or symptoms. There are two other possible strategies to reduce the risk of transmission. One is to use latex condoms, which can reduce the risk of transmitting herpes by around 50%. Since it is still possible to pass on the infection even when no symptoms are present (this is known as asymptomatic shedding), using condoms during all sexual episodes is more effective than intermittent use. The second approach is to use suppressive antiviral therapy (continuous daily therapy over a period of months or years). A major trial of *valaciclovir*, one of the commonly prescribed antivirals, shows that when it is prescribed as a once-daily suppressive therapy and in conjunction with safer sex practices, it can reduce the risk of symptomatic genital herpes (signs and symptoms of infection) by 75%.¹¹



Women with genital herpes should not get pregnant

Fiction

There is no reason why women who have genital herpes cannot conceive and go on to give birth successfully. The risk of passing the infection onto a newborn baby is low, particularly if the genital herpes was contracted before the mother became pregnant or during the early stages of pregnancy. Babies are most at risk from neonatal herpes if the mother contracts genital HSV infection in the final trimester of pregnancy. This is because a newly infected mother has not yet produced sufficient antibodies against the virus and so there is little natural protection for the baby before and during birth. In addition, newly acquired genital HSV infection is frequently active and so it is likely that the virus will be present in the birth canal during delivery. Even in cases where HSV infection is acquired during the late stages of pregnancy, medical staff can take steps to protect the baby, such as recommending a Caesarean delivery and/or prescribing antiviral medication. All women with genital herpes who are pregnant or planning a pregnancy should talk to their family doctor, obstetrician or midwife.

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