

Frequently Asked Questions About Genital Herpes



1. What is genital herpes?

Genital herpes is caused by a virus called the herpes simplex virus (HSV) that travels from the skin to the nervous system where it stays in the body. There are two types: HSV-1 and HSV-2. Some people do not have any symptoms, some do not recognize symptoms and some have symptoms anywhere below the waist or above the thigh. Symptoms might include tingling, itching, sores, blisters, splits, cuts, bumps, pimples, redness, aches and pains in the genital area, or flu-like symptoms. These symptoms can reappear (called “a recurrence”) weeks, months, or years later. Anything that could weaken your immune system (such as illness, poor diet or sleep, emotional or physical stress) could allow a recurrent outbreak. Symptoms usually heal within two to 12 days, but can last longer.

2. How did I get genital herpes?

Genital herpes is a sexually transmitted infection that is spread from skin-to-skin contact in one of two ways: by receiving oral sex from someone who has oral HSV infection or by having genital-to-genital or genital-to-anal contact with someone who has genital herpes. Although genital herpes can be spread by an infected person who has symptoms (“an outbreak”), it can be spread between outbreaks or when there are no symptoms (called “asymptomatic viral shedding”). In most cases, it is difficult to know how long you have had genital herpes, who gave it to you, and how long they may have had it.

3. How common is it?

Genital herpes is very common. In the U.S., about one in five adults have genital herpes (about 50 million) and most do not know they have it.

4. How can I reduce the risk of giving this to someone else?

If you have symptoms, abstain from all sexual activity until they are gone. Since most genital herpes is spread when no symptoms are present, using daily antiviral medication can reduce the risk of giving someone genital herpes whether you have symptoms or not. (Valtrex® is the one that has been FDA approved for this). Using latex condoms consistently and correctly will also reduce the risk of transmission.

5. Can medication prevent or reduce outbreaks?

Taking daily antiviral medication (called “suppressive therapy”) can reduce the number and severity of outbreaks. Taking antiviral medication only when symptoms appear (called “episodic therapy”) can shorten the length of the outbreak by one to two days.

6. What if I have emotional or social effects from having genital herpes?

Myths about the virus are common, and so getting accurate information and emotional support will help you overcome any potential anxiety or depression that some experience. Herpes is a common, manageable virus that anyone who has ever had sex could have. Individuals with herpes can have the same loving relationships that anyone can.

7. How do I talk to a partner about genital herpes?

All persons with genital herpes are encouraged to inform their current sex partners that they have genital herpes and to inform future partners before initiating a sexual relationship. Being calm, confident, honest, and making it a two-way discussion are important. Encourage a partner to get facts and be tested for genital herpes to see if they already have it.

8. Are there pregnancy and childbirth risks?

It is uncommon for herpes to cause problems with pregnancy. Still, herpes can be passed to a baby during delivery causing Neonatal Herpes, so talking to your health-care provider about it is important. The highest risk for the baby is when a woman first gets new herpes late in pregnancy. A pregnant woman who does not have herpes, and who has a sexual partner with genital or oral herpes is encouraged to avoid intercourse or receiving oral sex during the third trimester.

9. Where can I get emotional support and more information about herpes?

Contact: ASHA’s STI Resource Center, 888-411-4377

E-mail: info@ashastd.org

Visit: www.ASHAstD.org or ASHA’s STI Message Board at www.ASHAstD.org/phpbb/index.php