

HERPES

WHAT IS HERPES?

Herpes is a viral infection that causes recurrent episodes of painful sores on the skin or mucous membranes. Many people have had experience with cold sores or fever blisters around the mouth. These are usually caused by a Herpes Type I infection, which is frequently acquired in childhood. Herpes Type II is generally responsible for genital herpes, and is almost always transmitted through sexual contact. These two types may cross over during oral-genital contact, so the distinction between types is less important than formerly thought. It is possible to spread herpes to other parts of your own body or to your partner's body by carrying the virus on your fingers from an infected area. While herpes is typically spread during an active herpes outbreak, transmission may take place when there are no sores present.

WHAT ARE THE SYMPTOMS?

An initial outbreak of herpes can cause flu-like symptoms, and low-grade fever. Lymph nodes in the groin area can become quite swollen and tender. The skin around the genitals, even the buttocks, thighs, and heels of the feet can feel burning and tingling. After several days, blisters usually appear. These will open up, release a clear fluid, and leave painful ulcerations that last for about a week. Symptoms may develop within days after exposure. However, many people who contract herpes never develop symptoms, and are not aware that they carry the virus and may at times be able to transmit it to others. Recurrent outbreaks are likely to occur and become less severe and less frequent over time.

RECEIVING A PROPER DIAGNOSIS

In order to accurately diagnose and treat herpes, visiting a clinician within a few days of the onset of an outbreak is advisable. Diagnosis can often be made by the appearance of the sores. Cultures are done to confirm the diagnosis and are most accurate in the early stages of an outbreak. Recently, blood antibody tests have become available which detect whether someone has been exposed to herpes and may later develop symptoms or transmit the virus unknowingly to someone else. These antibody tests are not recommended for routine screening, as the results may be difficult to interpret in someone who has a low risk of infection. However, in patients with a history of undiagnosed genital sores or whose partner has diagnosed herpes, antibody testing may help determine need for increased vigilance to avoid outbreaks or transmission.

HOW DO YOU TREAT HERPES?

Although there is no cure for herpes, there are several antiviral medications that can reduce the severity and duration of the outbreaks, and may even prevent recurrent outbreaks. There is evidence that antiviral medications, taken routinely, can decrease shedding of the virus, but do not eliminate risk completely. These medications are quite safe, though some are expensive.

Taking care of oneself during an outbreak is very important. Proper nutrition and adequate sleep are essential. Keeping the genital area clean, cool and dry provides the optimal environment for healing. Using a drying product such as Burrow's Solution (aluminum acetate), which is available over the counter at pharmacies, can be very helpful. For women, painful urination is often the worst problem. Pouring cool water over the genitals while urinating can ameliorate this problem. Using a hair dryer or soft cotton to wipe after urination will also help. Because the virus can be spread by contact, hand washing after touching the area of a herpes outbreak is critical in preventing the spread to eyes, mouth, or other people.

HOW CAN HERPES BE PREVENTED?

Speaking statistically, limiting sexual partners and using protection should decrease the risk of infection. Routine testing for sexually transmitted infections does not usually include screening for herpes infection. As mentioned earlier, in cases where the diagnosis of herpes is unclear or your partner has known herpes, blood testing may be helpful in making decisions about sexual activity.

Obviously, having sex during an outbreak, or when it feels like one is about to occur, puts a partner at risk. Sores must be completely healed before engaging in sex. Condoms do not completely protect someone from herpes exposure because they do not completely cover the genitals, but they do offer some protection.

In pregnancy, the obstetrician or midwife should be aware of any history of genital herpes, so the patient may be closely monitored for an outbreak around delivery time. If there is an outbreak at the time of delivery, certain precautions need to be taken to prevent transmission to the child.

Many people who learn that they have herpes or carry the virus find it difficult to share this with their current or future sexual partner(s). Health care professionals, counselors or support groups can be helpful in dealing with this issue. Clear communication with clinicians and sexual partners about sexual history is important. Misinformation about "what kind of people get herpes" is endemic in our culture. This is particularly frustrating when one examines the statistics. At least 20% of sexually active adults who have never had a known herpes outbreak have antibodies to the virus and could have a break out anytime. It is important not to let stereotypes get in the way of preventing and properly managing this very common STI.

For more information

Make an appointment with a clinician -- it is fine to come in with your partner for a consultation. There is excellent information and a newsletter, The Helper, available on-line at www.ashstd.org.