

Herpes Virus (HSV) and Genital Herpes

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Overview

Nearly two-thirds of the global population is infected with herpes simplex virus type 1 (HSV-1), according to a recent report released by the World Health Organization (WHO). The WHO researchers estimated that 3.7 billion people under the age of 50 are infected with HSV-1, which is best known as a cause of cold sores. Another 417 million people worldwide aged 15-49 have HSV-2, the type most often thought of as a sexually transmitted disease. However, 140 million adults have genital infections caused by HSV-1, meaning half a billion people could sexually transmit either virus. Herpes has been seriously stigmatised for years, but the fact is, if you don't have one type of herpes already, you're very likely to be exposed to it eventually. There are six members of the herpesvirus family that are known to infect humans: HSV type 1 (HSV-1) and HSV type 2 (HSV-2), varicella zoster virus, human cytomegalovirus, epstein-barr virus, and herpesvirus type 6. HSV-2 is the leading cause of genital ulcer disease in the UK. As many as one in four women and one in five men are believed to be infected with HSV-2 the virus type more closely associated with genital herpes. Another type HSV-1 the type more closely associated with infections of the mouth, lips pharynx and eyes earlier in life through oral/genital contact is believed to be responsible for 10-20% of the new cases of genital herpes. About 80% of people with their first episodes of genital herpes are 18-36 years of age. The highest annual incidence of genital herpes among women occurs at 20-24 years of age and is estimated to be 210 per 100,000 women.

Transmission

HSV-1 and HSV-2 can be found and released from the sores that the viruses cause, but they also are released between episodes from skin that does not appear to be broken or to have a sore. A person almost always gets HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. HSV-1 causes infections of the mouth and lips, so-called "fever blisters." A person can get HSV-1 by contact with the saliva of an infected person. HSV-1 infection of the genitals almost always is caused by oral-genital sexual contact with a person who has the oral HSV-1 infection. HSV-2 infection is more common in women (approximately one out of four women) than in men (almost one out of five). This may be due to male-to-female transmission being more efficient than female-to-male transmission.

Diagnosis

The diagnosis of typical genital herpes is straightforward most of the time and involves local and systemic signs and symptoms. There are three distinct syndromes: primary herpes, first episode non-primary herpes and recurrent herpes. There are however atypical manifestations, and these are the ones that are not straightforward. The severity of symptoms varies in the extent and duration according to whether the episode is the patient's first infection with either HSV-2 or HSV-1; initial genital infection in a woman who has already had an infection with other HSV type (initial or first episode non-primary herpes); or a recurrence of a genital infection with either type.

A woman's first episode of genital herpes (primary herpes) is usually the most severe form of the disease; Symptoms usually start appearing within a week after infection, if they are going to appear at all. However, symptoms can start one day and up to twenty-six days after exposure to the virus. Typically the infection is characterised by extensive, multiple clusters of painful lesions involving the genitals, anus, perineum, or surrounding areas. Primary genital herpes is usually the most severe form of the disease, but symptoms and lesions vary in severity, extent and duration.

The classic herpes lesion begins as a red papule, evolving within two to three days to a vesicle containing clear fluid and then progressing to a pustule. When the surface breaks open, a tender ulceration occurs that may explain the burning pain. Lesions ulcerate more rapidly in moist areas than on dry skin, so painful genital ulcerations are more apt to occur on the external vulva area. Several successive lesions may appear in the first three to four weeks of primary herpes. The lesions of primary herpes usually heal in one to six weeks. In more than two-thirds of women, primary herpes is accompanied by systemic symptoms that may include fever, malaise, body aches, headaches, and nausea. Meningitis like symptoms, such as stiffness of the neck and sensitivity to the light are also common. Nearly three quarters of women will also suffer from herpetic cervicitis, with vaginal discharge and intermenstrual spotting. Swollen lymph nodes in the groin area are also a common finding. Discomfort with urination is also common, sometimes as a result of herpes in the urethra and in other cases because urine comes into contact with lesions on the labia.

About half the women who sustain a first episode of genital herpes will have another episode within 6 months, and more than 80 percent will have a recurrence within 12 months. In the first year following symptomatic primary genital herpes, women experience an average of five recurrences, about 40% will have 6 or more occurrences, and about 20% will have 10 more outbreaks.

Common Herpes Misunderstandings

- 1) Cold sores and genital sores are different. Many people wrongfully believe that cold sores don't count as herpes. This big misconception stems from the general patterns of the two types. In most people, HSV-1 tends to affect mouths, and HSV-2 usually manifests in symptoms on the genitals, all it takes for either one of these viruses to spread is skin-to-skin-contact. This means that sores from either one can appear anywhere on the body. If you touch an infected person's genitals with your mouth while they're shedding the virus, but there's no genital-to-genital

touching. You can then be infected with either HSV-1 or HSV-2 (whichever your partner has) and go on to develop lesions at the site of the infection (in this case, your mouth).

- 2) I've never had an outbreak, so I don't have herpes. Unfortunately, the lack of a visible outbreak doesn't mean you're herpes-free. Many people infected with the virus never experience an outbreak and when they do, it frequently isn't recognised. Outbreaks can be very mild and even confused with things like heat rash, or yeast infections or allergic reactions. While some cases do involve pronounced symptoms, most never do.
- 3) I got tested for STDs recently, so I know I'm in the clear. Even if you've been hyper-responsible about getting tested--that's irrelevant when it comes to herpes. This is because a blood test for herpes only tells you whether you've ever been exposed to the virus and a positive result only raises a host of concerns of 'when?' and 'how?' and 'where?,' which are not answerable by that test. It's not going to change your management and provide more answers, which is why it's not routinely offered. Complicating things further is that the herpes virus is very similar to the virus that causes shingles and chicken pox, and so if you've had either of those, that can often complicate your results. So how do you know if you have herpes? The best way to tell is to wait until you have an outbreak of lesions. Then your doctor can run tests on the sores or lesions to determine whether it is in fact herpes, and what type you're dealing with.

Without a visible outbreak, herpes isn't contagious. Since outbreaks aren't always obvious, it's not always clear when you're contagious. There are a few days a year when herpes is active, and possibly transmitted without any symptoms present. This is known as viral shedding. This doesn't happen on most days, but it's impossible to know. It all comes down to the importance of practicing safe sex.

While the risk of transmission will never be zero, there are some steps you and your partner can take to significantly reduce the risk of transmission: avoiding sex during an outbreak, using condoms even for oral sex. If you're infected, be honest and considerate and let your partner know.

- 4) People with herpes must be promiscuous The reality of any STD is you don't need to sleep around to get infected. This is especially true for herpes, considering there's such a large population of asymptomatic carriers. While having more partners obviously increases your risk of any kind of sexually transmitted infection, the reverse doesn't always hold, all it takes is one partner.
- 5) I can't have children if I have herpes. Herpes doesn't affect your fertility in any way and there are plenty of safe delivery options to ensure the virus isn't transferred to your baby. Herpes can increase the risk of miscarriage, preterm birth, or in rare cases, a potentially dangerous infection in new-borns if the mother is experiencing symptoms at the time of birth.)
- 6) If my partner suddenly shows signs of herpes, he/she must have been unfaithful. If you've been monogamous with your partner for 5, 10, even 20 years, then out of the blue he or she has a visible herpes outbreak, the only logical explanation is they caught it from someone else.

Not necessarily. Similar to HIV or chicken pox, herpes has viral latency, or the ability to lie dormant in your body for years without showing any signs or symptoms. You could have been infected in your 20s, and the virus might show up again when you're 40. The virus stays in your system even if it isn't active and in some cases, people won't have any kind of outbreak unless it's triggered by a significantly stressful life event, like another illness.

- 7) We're all going to contract herpes. Herpes may be very common, but that doesn't mean you'll get it. Just because someone has the disease doesn't mean they're going to transmit it. In fact, most outbreaks usually occur in the first 1 to 2 years, and after that many people's bodies suppress the virus almost completely. Having herpes or sleeping with someone with the virus doesn't mean your sex life is doomed. Smart safe sex practices can cut the risk of spreading or catching the virus to nearly zero.

Our Female Healthcare Philosophy

At the Women's Natural Health Clinic, we specialise in providing comprehensive natural reproductive, gynaecological, obstetric and general healthcare for females from adolescence to post-menopause. Our approach is to integrate techniques in both oriental and western medical diagnosis to formulate a naturally oriented treatment plan combining acupuncture, herbal medicine, naturopathic medicine, nutritional therapy, exercise and lifestyle. Each treatment plan is tailored specifically to each individual woman maximizing results.

Please email us at enquiries@naturalgynae.com with questions, we are more than happy to provide any information via email that will assist you in deciding which treatment approach would be best for you

For more information, contact details and appointments click here www.naturalgynae.com