The Women's Natural Health Clinic
16 Bridle Lane, St Margaret's,
Twickenham TW1 3EE

Appointments: 020 3811 8778
enquiries@womensnaturalhealthclinic.com
womensnaturalhealthclinic.com

Herpes Simplex Virus (HSV) and Genital Herpes

Trevor A. Wing MBRCP FRCHM MBAcC BSc (Hons) MSc (Dist) DMed (Img)

Overview

Nearly two-thirds of the world's population is infected with herpes simplex virus type 1 (HSV-1), according to a World Health Organization (WHO) report. WHO researchers estimated that 3.7 billion people under 50 are infected with HSV-1, best known as the cause of cold sores. Another 417 million people aged 15 to 49 have HSV-2, the type most often thought of as sexually transmitted. However, 140 million adults have genital infections caused by HSV-1, meaning half a billion people could sexually transmit either virus. Herpes has been heavily stigmatised for years, but if you don't already have one type of herpes, you are very likely to be exposed to it eventually.

Six members of the herpesvirus family are known to infect humans: HSV type 1 (HSV-1), HSV type 2 (HSV-2), varicella zoster virus, cytomegalovirus, Epstein-Barr virus and human herpesvirus 6. HSV-2 is the leading cause of genital ulcers in the UK. As many as one in four women and one in five men are believed to be infected with HSV-2, the type more closely associated with genital herpes. HSV-1, more closely associated with infections of the mouth, lips, throat and eyes earlier in life, is believed to cause 10 to 20% of new cases of genital herpes through oral-genital contact. About 80% of people with a first episode of genital herpes are aged 18 to 36, and the highest rate among women occurs at age 20 to 24.

Transmission

HSV-1 and HSV-2 are released from the sores they cause, but they are also released between episodes from skin that does not appear broken or sore. HSV-2 is almost always caught during sexual contact with someone who has a genital HSV-2 infection. HSV-1 causes infections of the mouth and lips ("cold sores" or "fever blisters") and can be caught through contact with the saliva of an infected person. Genital HSV-1 infection is almost always caused by oral-genital contact with a person who has oral HSV-1. HSV-2 infection is more common in women (about one in four) than in men (almost one in five), possibly because male-to-female transmission is more efficient than female-to-male.

Diagnosis and symptoms

Diagnosing typical genital herpes is usually straightforward and is based on local and general signs and symptoms. There are three distinct patterns: primary herpes, first-episode non-primary herpes and recurrent herpes. Atypical presentations are less straightforward. The severity and duration of symptoms depend on whether it is a woman's first infection with either type, a first genital infection in a woman who has already had the other type, or a recurrence.

A woman's first episode of genital herpes (primary herpes) is usually the most severe. Symptoms usually appear within a week of infection, if they appear at all, but can start anywhere from one to twenty-six days after exposure. Typically there are extensive clusters of painful sores on the genitals, anus, perineum or surrounding areas, although severity, extent and duration vary.

The classic herpes sore begins as a red bump, which within two to three days becomes a blister containing clear fluid and then a pustule. When the surface breaks open, a tender ulcer forms, causing burning pain. Sores ulcerate more quickly in moist areas than on dry

skin, so painful ulcers are more likely on the vulva. Further sores may appear over the first three to four weeks of primary herpes, and they usually heal within one to six weeks.

In more than two-thirds of women, primary herpes is accompanied by general symptoms such as fever, feeling unwell, body aches, headaches and nausea. Meningitis-like symptoms, such as neck stiffness and sensitivity to light, are also common. Nearly three-quarters of women also develop herpes of the cervix, with vaginal discharge and spotting between periods. Swollen glands in the groin are common, as is discomfort passing urine, sometimes from herpes in the urethra and sometimes because urine touches sores on the labia.

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

Conventional treatment

- **Antiviral tablets** such as aciclovir or valaciclovir, usually taken for 5 days, can shorten a first outbreak and ease symptoms, and work best when started early.
- **Recurrent outbreaks** are often milder and shorter. Short courses of antivirals can be taken at the first sign of an outbreak.
- **Suppressive treatment**, taking antivirals daily, may be offered if you have frequent recurrences (usually 6 or more a year). It reduces outbreaks and the risk of passing the virus on.
- **Self-care** during an outbreak: bathe the area in salt water, apply petroleum jelly to sores, take paracetamol or ibuprofen for pain, wear loose clothing, and avoid sex until the sores have healed.

Herpes cannot be cured, but treatment controls symptoms well. Sexual health clinics offer free, confidential testing and treatment.

Common misunderstandings about herpes

1. "Cold sores and genital sores are different." Many people wrongly believe cold sores don't count as herpes. In most people HSV-1 affects the mouth and HSV-2 the genitals, but either virus spreads through skin-to-skin contact, so sores from either can appear anywhere on the body. If you have oral contact with an infected person's genitals while they are shedding the virus, you can be infected with whichever type they have and develop sores at the site of infection, in this case your mouth.

2. "I've never had an outbreak, so I don't have herpes." Unfortunately, not having a visible outbreak doesn't mean you are herpes-free. Many people with the virus never have an outbreak, and when they do it often isn't recognised. Outbreaks can be very mild and mistaken for heat rash, thrush or an allergic reaction.

3. "I was tested for STIs recently, so I know I'm clear." A routine STI screen doesn't usually include herpes. A blood test only tells you whether you have ever been exposed to the virus, and a positive result raises questions of when, how and where that the test cannot answer. It doesn't change management, which is why it isn't routinely offered. The best way to confirm herpes is to have a swab taken from a sore during an outbreak, which can show whether it is herpes and which type.

4. "Without a visible outbreak, herpes isn't contagious." Because outbreaks aren't always obvious, it isn't always clear when you are contagious. On some days each year the virus is active and can be passed on without any symptoms (viral shedding). It is impossible to know when this happens, which is why safer sex matters. You can reduce the risk by

avoiding sex during an outbreak and using condoms, including for oral sex. If you are infected, be honest with your partner.

5. "People with herpes must be promiscuous." You don't need many partners to catch any STI, and this is especially true of herpes, because so many carriers have no symptoms. More partners increases the risk, but all it takes is one.

6. "I can't have children if I have herpes." Herpes doesn't affect fertility, and there are safe delivery options to prevent passing the virus to your baby. Herpes can increase the risk of miscarriage, premature birth or, rarely, a dangerous infection in newborns if the mother has symptoms at the time of birth.

7. "If my partner suddenly shows signs of herpes, they must have been unfaithful." Not necessarily. Like chickenpox, herpes can lie dormant in the body for years without any signs. You could be infected in your 20s and the virus might reappear in your 40s. Some people have no outbreak unless it is triggered by a stressful life event or another illness.

8. "We're all going to catch herpes." Herpes is very common, but that doesn't mean you will get it, and having it doesn't mean you will pass it on. Most outbreaks occur in the first 1 to 2 years, after which many people's bodies suppress the virus almost completely. Having herpes, or a partner with herpes, doesn't mean your sex life is doomed. Safer sex practices, such as using condoms, avoiding sex during outbreaks and suppressive treatment, can significantly reduce the risk of spreading or catching the virus.

References

- NHS: Genital herpes (nhs.uk/conditions/genital-herpes)
- British Association for Sexual Health and HIV (BASHH): UK National Guideline for the Management of Anogenital Herpes (bashh.org)

Our female healthcare philosophy

At the Women's Natural Health Clinic, we specialise in comprehensive natural reproductive, gynaecological, obstetric and general healthcare for women from adolescence to post-menopause. We integrate oriental and western medical diagnosis to create a naturally oriented treatment plan combining herbal medicine, naturopathic medicine, acupuncture, nutritional therapy, exercise and lifestyle, tailored to each woman.

To book an appointment, visit womensnaturalhealthclinic.com/book or call 020 3811 8778.