

Herpes

Also known as genital herpes, cold sore, herpes simplex virus, HSV

Herpes is a common STI, caused by the herpes simplex virus (HSV) and can be passed on by skin-to-skin contact during sexual contact.

QUICK FACTS

- Genital herpes is one of the most common sexually transmissible infections
- Many people have no symptoms
- Testing is usually done with a swab of the ulcer or itchy spot
- Treatment is available to manage herpes symptoms

What is this?

The herpes simplex virus (HSV) can get into the body through tiny abrasions (cuts) in the genitals, mouth and lips or anus.-

HSV-1 and HSV-2

There are two types of herpes virus –HSV-1-and-HSV-2. Both types can cause genital herpes but with different outcomes.

HSV-1-usually causes oral cold sores but can also cause genital herpes:

- Genital HSV-1 infection most commonly happens when someone with the cold sore virus (who may or may not have symptoms) performs oral sex on someone who has had no previous exposure to the virus. Blisters, ulcers or sores may develop on the mouth, genitals or anus.
- The initial HSV-1 infection can be painful for some people; recurrences are usually less painful.
- Some people infected with the HSV-1 virus can transmit the virus even when they have no cold sores-(called-asymptomatic viral shedding).
- People with a genital HSV-1 infection are not likely to need antiviral treatment after the initial episode. There is a low risk of transmitting the infection to sexual partners.

HSV-2-causes genital herpes:

- Genital herpes HSV-2 infection happens when someone with this virus (who may or may not have symptoms) has oral, vaginal or anal sex with someone who has had no previous exposure to the virus. Blisters, ulcers or sores may develop on the mouth, genitals or anus.
- The initial HSV-2 infection can be painful for some people; recurrences are usually less painful.
- Many people infected with the HSV-2 virus can transmit the virus when they don't have genital sores or lesions-(called-asymptomatic viral shedding).

- People with a genital herpes (HSV-2) infection are likely to need antiviral treatment. There is a risk of passing on the virus to their sexual partners.-
- Initial oral HSV-2 infections are uncommon and almost never recur in healthy people.

How do you get it?

Herpes is spread through skin to skin contact during vaginal, oral or anal sex.- It can also be passed on during kissing, rimming and genital rubbing.-

Herpes is most contagious when there are symptoms such as a cold sore or genital blister or sore. Herpes-can also be passed on when there are no symptoms or minor symptoms such as an itch or tingling.-

What are the symptoms?

Many people have no symptoms during the initial infection or recurrences.

However, for some people, initial infections may cause:

- painful blisters, ulcers or sores
- pain and swelling in the genital area which causes difficulty in urinating
- flu-like symptoms
- small cracks in the skin (with or without an itch)
- redness or a rash

Most recurrences cause either no symptoms, or just a minor itch, irritation or tingling.-For some people, recurrent infections may cause small localised blisters, ulcers or sores on the genitals, buttocks, thighs and anus.

How do you test for it?

A swab is taken from the ulcer or itchy spot. This test can also tell whether the virus is HSV-1 or HSV-2.

Some health services offer blood tests for HSV, however this method is not very reliable for people without symptoms.

How is it treated?

There is no cure for herpes, but treatment can ease symptoms and prevent recurrences.

Antiviral medications are very effective and very safe, even when taken for long periods:

- Initial infections are treated for up to 10 days to reduce the severity and duration of symptoms.
- Recurrences can be treated with short one day courses of-episodic therapy, started at the very first sign of symptoms.
- Frequent recurrences can be suppressed by taking a continuous daily medication.-Suppressive therapy-also has the advantage of reducing transmission to sexual partners.

People with herpes often switch between episodic and suppressive therapies according to their needs and circumstances.

Are there any complications if not treated?

Herpes in newborn babies

Both HSV-1 and HSV-2 can cause significant infections in newborn babies. Neonatal herpes (herpes affecting the newborn) is an uncommon but serious infection, where the herpes virus is transmitted to the baby during birth.

The risk of transmission to a newborn is highest when a woman (or pregnant person) acquires an initial herpes infection in the last 3 months of pregnancy. In such cases, a caesarean delivery is recommended.

A woman (or pregnant person) with recurrent genital herpes has a low risk of transmitting the virus to their newborn. A caesarean delivery would be considered only if visible HSV ulcers are present at the time of the delivery.

During pregnancy, to reduce the risk of infection:

- a partner with cold sores should not perform oral sex on their pregnant partner, unless the pregnant partner is known to already have HSV-1 infection.
- a partner with genital herpes should consider using suppressive antiviral therapy, condoms or dams and a good lubricant throughout their partner's pregnancy.
- pregnant people with recurrent herpes may choose to take suppressive therapy during the final few weeks of pregnancy, to prevent recurrences and therefore avoid a caesarean delivery. This has been shown to be both safe and effective.

Is it likely to come back after treatment?

There is no cure for herpes, but treatment helps ease symptoms and prevent recurrences.

Herpes recurrences may be brought on by:

- stress or general illness
- menstruation
- sexual activity
- low immunity (such as during cancer treatment)

How can I protect myself?

The best way to protect yourself is to avoid oral or genital contact with partners with active herpes symptoms, such as a cold sore or genital sore or blister.

Use condoms consistently as herpes can be present on the skin without causing any symptoms and be passed on by someone who has no sores present.

Use silicone-based lubricants to avoid skin trauma.

If you have herpes, talk to your doctor about taking suppressive therapy– this will reduce the risk of passing it on by 50%.

Where can I get help?

- Visit a [sexual health service near you](#)
- Visit your local doctor
- Visit your local community health centre

DISCLAIMER

This fact sheet provides general sexual health information and is not intended to replace the need for a consultation with your doctor.

If you have concerns about your health, you should seek advice from your doctor.

If you require urgent care, you should go to your nearest Emergency Department or call [000](#).