What if I think I have genital herpes?
Tests used when a person has symptoms include culture and Nucleic Acid Amplification Testing (NAAT). Both culture and NAAT, or DNA, tests can identify the specific herpes virus type someone is infected with, but NAAT methods are more sensitive and more accurate. Culture can easily miss infections and give false negative results.

When there are no symptoms, blood tests can be done that detect specific HSV antibodies.

What about pregnancy?
If you have herpes, it’s important to talk about it with your healthcare provider during a prenatal visit. The first step may be finding out if you already have the virus. Most women with genital herpes have vaginal deliveries and healthy babies. If a woman has an outbreak of herpes at the time of delivery, a Cesarean section is typically done.

If a woman’s partner has herpes, don’t have sex during active outbreaks, and consider using condoms and suppressive therapy at other times. The risk of neonatal transmission is greatest when a pregnant woman contracts herpes late in pregnancy, so consider abstaining from sex (oral, anal and vaginal) during the last trimester.

Latex condoms, when used consistently and correctly, are effective at reducing the risk of transmission of sexually transmitted infections, including HIV. Latex condoms can reduce—but not totally eliminate—the risk of herpes transmission and HPV transmission.

STI Resource Center
919.361.8488
Monday - Friday, 9 am to 6 pm EST

www.ASHAsexualhealth.org
www.iwannaknow.org (teens and young adults)
www.quierosaber.org (en español)
www.nccc-online.org

The American Sexual Health Association (ASHA) promotes the sexual health of individuals, families and communities by advocating sound policies and practices and educating the public, professionals and policy makers, in order to foster healthy sexual behaviors and relationships and prevent adverse health outcomes.

If you are a healthcare provider and would like to see our full range of available materials, please visit our online catalog at www.ashapublications.org or call ASHA Customer Service at 1-800-783-9877 or ashacustomerservice@ashasexualhealth.org.
What is herpes?
Herpes is a common and usually mild infection. It can cause cold sores on the mouth or face (known as “oral herpes”) as well as symptoms in the genital area (“genital herpes”).

Herpes is caused by one of two viruses: herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2). Most oral herpes cases are caused by HSV-1 and most genital herpes cases are caused by HSV-2. However, HSV-1 or HSV-2 can occur in either the genital or oral area.

What happens when you first get genital herpes?
Many people experience their most dramatic symptoms of herpes with first episodes, which may last two to four weeks. Symptoms of first episodes vary greatly and may involve small pimples or blisters that crust over like a small cut. Some people will have flu-like symptoms, including fever and swollen glands. On the other hand, some people have a first episode so mild they don’t even notice it.

What are the symptoms of recurrent genital herpes?
Symptoms can vary. Often, people notice so-called “classic” blisters, while others might have small bumps or sores. These can be found anywhere in the genital area, such as the thighs, buttocks or the anus. Symptoms are sometimes mistaken for jock itch, insect bites, yeast, or other conditions.

A day or two before lesions appear, many people have itching or tingling in the area where the lesions will develop. Such warning symptoms are called “prodrome.”

How is herpes transmitted?
Herpes is spread through direct skin-to-skin contact. For example, if you have a cold sore and kiss someone, you can transfer oral herpes from your mouth to theirs. If you have active genital herpes you can transmit that through genital-to-genital contact, including vaginal and anal sex. Finally, if you have a cold sore and put your mouth on your partner’s genitals (oral sex), you can give your partner genital herpes.

Herpes also can be spread through sexual contact at times when there are no obvious symptoms.

What about treatment?
Three prescription treatments are currently approved for genital herpes: acyclovir, valacyclovir, and famciclovir. All three drugs are similar in terms of how well they work. The major difference in these drugs—all of which are safe and have few side effects—is how often they must be taken.

- **Episodic Therapy:** This means taking the medicine during an outbreak to speed healing. A person begins taking the medicine at the first sign of prodrome and continues as prescribed.
- **Suppressive Therapy:** This involves taking medicine every day.Suppressive therapy greatly reduces the number of outbreaks for most people, and prevents symptoms altogether for some. It can also greatly reduce asymptomatic shedding. Taking valacyclovir daily has also shown to reduce the risk of herpes transmission to an uninfected partner.

Can herpes be active without causing symptoms?
Yes. Even with someone who has herpes outbreaks they recognize, there will still be days when the virus is on the skin without causing noticeable symptoms. This is called “asymptomatic shedding.”

Does everyone with herpes have symptoms?
No, some people with herpes do not have symptoms. In addition, many have such mild symptoms that they may not recognize the infection for many years, if ever. About one in five adults in the United States has genital herpes. Most these people have not been diagnosed and don’t know they have it.

How can you reduce the risk of transmitting herpes?
- Tell your partner. Both partners should understand the basics of herpes prevention. Because herpes is often unrecognized, your partner should seek testing.
- Abstain from sex when symptoms are present.
- Use condoms between outbreaks. Condoms don’t provide 100% protection because virus may be on skin the condom doesn’t cover, but used consistently, condoms do help reduce the risk of transmission.
- If taken daily, antiviral medication helps prevent outbreaks and reduces asymptomatic shedding. Daily suppressive therapy can also reduce the risk of transmission: when a person with a history of recurrent genital herpes takes 500 mg of valacyclovir daily, it can reduce the transmission to an uninfected partner by 50%. It’s likely that a combination of suppressive therapy and condoms provides greater protection than either method alone.