



GENITAL HERPES: KEY FACTS

- Genital herpes is a very common sexually transmitted viral infection that primarily affects the genital and perianal areas of both men and women. It can affect anyone who is sexually active, although the prevalence increases with the number of partners an individual has and is generally higher amongst women than men.¹
- Genital herpes is caused by infection with the herpes simplex virus (HSV). There are two main types of HSV: HSV-1 is the most common strain and usually causes facial herpes, while HSV-2 is more commonly associated with genital herpes. However, cross infection between the two types of virus does occur and in some regions of the world, genital herpes infections are increasingly caused by HSV-1.^{2,3}
- Up to 90% of those affected are unaware that they carry the HSV virus.⁴ 20% of those infected with HSV-2 experience no signs or symptoms⁵ at all while 60% of infected individuals have such mild or non-specific symptoms that they do not realise they have been infected and/or attribute their symptoms to other causes.

Prevalence

- It is estimated that in many countries, around one in five people is infected with genital herpes.⁶
- Rates of infection with the HSV virus vary from country to country. Rates of HSV-1 are generally higher than HSV-2. In Germany HSV-1 is found in up to 49% of those aged 6–16 years.⁷ Young women (15–25 years) in Finland, Germany, Italy and Spain have rates ranging from 46–85%. In the US, an estimated 66% of the population over the age of 12 has HSV-1 infection.⁷
- In Europe, the highest rates for HSV-2 are found in Greenland, at 57% among 20–24 year olds, rising to 74% in those aged 25–39.⁷ In Spain, reported rates are comparatively low, ranging from 2–6%. Scandinavia shows a prevalence of 15–35% among women aged 25–34 years. HSV-2 seroprevalence in the USA is currently estimated at 20% among people between the ages of 20–49.⁸ Therefore, one in five adults is now infected.⁶ HSV-2 prevalence is generally highest in Africa and the Americas, lower in western and southern Europe than northern Europe and North America, and lowest in Asia.¹

Symptoms

- After entering and infecting the body, the virus lays dormant in the nerves. From time to time, it is triggered or reactivated and begins to multiply.⁹ These reactivations are usually known as recurrences or outbreaks and people who suffer from recurrences experience an average of 4–5 outbreaks a year. Approximately 20% of people will experience frequent recurrences – more than 10 episodes per year.¹⁰

- For the 20% of people with genital herpes who experience classical symptoms, the first episode is usually more severe and prolonged than subsequent recurrences and may include a viral type illness with multiple painful or itchy clusters of blisters, bumps or rashes affecting the genital area; and pain on passing urine. These symptoms can last up to three or four weeks if not treated.¹¹
- Recurrent episodes are usually milder and less severe with fewer blisters that last a few days and which may also be preceded by itching, tingling or local pain (known as prodromal symptoms).¹²

Transmission and recurrences

- Genital herpes is spread through intimate sexual contact, genital-to-genital or oral to genital, at times when the virus becomes active and is present on skin surfaces or mucous membranes. The presence of virus at these times is called 'viral shedding'. Viral shedding sometimes occurs even when there are no symptoms or visible signs of infection (this is known as asymptomatic viral shedding).¹³ As a result, many people transmit the disease to other people without ever being aware of the fact. In fact, in approximately 70% of cases, the transmission of genital herpes results from asymptomatic shedding between outbreaks.¹⁴
- HSV-1 usually causes facial herpes, while HSV-2 is more commonly associated with genital herpes. However, cross infection between the two types of virus does occur and in some regions of the world, genital herpes infections are increasingly caused by HSV-1.^{2,3} However, it is important to remember that while facial herpes may be passed to the genital area through receiving oral sex, it is unlikely that somebody performing oral sex on somebody with genital herpes would contract facial herpes.
- For most people, the frequency and severity of outbreaks will lessen over time.¹⁵

Diagnosis

- Anyone who thinks they are at risk of infection or who experiences possible symptoms should seek a medical diagnosis. This is particularly important for women who are pregnant or planning a pregnancy. The diagnostic procedure varies but may include a physical examination to assess symptoms and cell culture (a swab is taken from the infected area), and blood tests.
- Reliable and accurate tests for herpes are now widely available. It is important to be tested for both types of herpes virus (HSV-1 and HSV-2). Viral cultures can be used when visible symptoms are present and can distinguish between the two types of HSV. A positive result gives a definitive result that a person has been infected but there is a high rate of false negatives.¹⁶
- Blood tests can be used in the absence of symptoms. The most accurate blood tests detect IgG antibodies. They can show whether a person is infected with the HSV-1 or HSV-2 virus, although they cannot always distinguish between oral and genital infection. Many older tests, particularly those that test for IgM antibodies, are less reliable. Blood tests cannot determine whether the site of infection is oral or genital. However, in most cases, a result showing infection with HSV-1 indicates that the patient has facial herpes rather than genital herpes. A patient testing positive for HSV-2 infection is likely to have genital herpes, even if they do not show any symptoms.¹⁶
- Once a test has been carried out, it is important to return for the results. For an accurate blood test result it is important to wait for 3–4 months after exposure to the virus and whenever possible, the result should be discussed with a qualified health professional in a face-to-face appointment so that any questions or concerns can be dealt with immediately.

Treatment and transmission issues

- Although there is no cure for genital herpes, treatments are better than ever before, Antiviral therapy can reduce the frequency, severity and duration of outbreaks. It can be taken for a few days only at the first sign of an outbreak (episodic therapy) and, in the case of famciclovir, a new single-day treatment option is now available. For those who wish to reduce the chances of further outbreaks, antiviral therapy can be taken on a daily basis for a number of months or years (suppressive therapy).¹⁷
- The discovery that the antiviral drug valaciclovir helps to interrupt transmission from a person with herpes to an uninfected person was hailed as a milestone in preventing the spread of infection. A landmark study published in January 2004 showed that persons with genital herpes could reduce by 75% the risk of their partner developing symptomatic genital herpes (signs and symptoms of infection). Subjects in the study also used safer sex practices.^{12,18}
- A number of vaccines have shown promise and are currently being investigated for the prevention of herpes.¹⁹
- Changes in sexual behaviour, such as condom use, together with counselling about avoiding sexual contact during outbreaks, may also help reduce the risk of transmission.^{20,21}
- Feedback from countries with established programmes to support people diagnosed with genital herpes suggests that early education, support and counselling can reduce or prevent long-term emotional issues.

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