

This is a PDF document from a web page at www.smart2ask.org. Check the original page at the website for all links- some may not work from this version. For policies and sources, visit the web address above. **Information here is kept as up to date and reliable as possible. However, you should always consult a professional health care provider.**

Herpes

(Herpes Simplex Virus or HSV a.k.a Cold Sores or Genital Herpes)

Information here is general in nature. You should always consult a health professional for health problems.

Things to know:

Herpes is generally known as two separate types: Herpes Simplex 1 and Herpes Simplex 2. We'll shorten that to HSV-1 and HSV-2. Generally we think of HSV-1 as "oral" or "cold sore" Herpes and HSV-2 as "Genital herpes". In fact both types are similar and have about 50% of the same DNA. (There are other types of "herpes" but generally these two types are best known for being transmitted through kissing or sexual acts.)

There are other types of Herpes virus, a few of which are mentioned here, but we will mostly talk about "Oral" or cold-sore type Herpes , and "Genital Herpes"

"Site of preference"

Generally HSV-1 will be found around the mouth (cold sore) or chest. It can also be found on fingers, and is then called Herpetic Whitlow. ([Picture here](#) courtesy of medlineplus.gov). HSV-1 may or may not be passed on sexually - there are other ways to get "oral" herpes. It is estimated that between 50 and 80% of Americans have "oral" herpes.

Type 2, HSV-2 Herpes is generally found on the genitals. It is possible to get HSV-2 ("genital") Herpes on the mouth or to get HSV-1 ("oral") Herpes on the genitals. Oral-genital (mouth to genitals) contact could pass either virus on. It is simply less likely that you may get HSV-2 on the mouth or HSV-1 on the genitals. Each virus has its preference of the site, or area of the body, but it is wrong to assume, as many people do, that there is no risk of getting "genital" type HSV-2 Herpes on the mouth, or that having "just a cold sore" means that you cannot spread "oral" HSV-1 Herpes to your partner's genitals. Herpes sores are also called "blisters". It is estimated that about 20% of Americans have "genital" herpes though some may not know it.

Is "Oral" HSV-1 the "good" type of virus and "genital" HSV-2 the "bad" type? Well, many people seem to be willing to make "oral Herpes" an OK thing to have...."it's just a cold sore" they say . But the one associated with sex..."genital Herpes"? That's judged to be bad. People care about the distinction.

The viruses however, do not care.

So to be clear, you can have either virus at either location. It's just much more likely that you would get HSV-1 on your mouth and HSV-2 on your genitals. So we may refer to HSV-1 as only "cold-sore" or "Oral" type, and HSV-2 as only "Genital" Herpes because those will be by far the most common places to find each type of virus. But basically if you have HSV-1 or HSV-2 on your genitals you have genital Herpes. And of course if you have HSV-1 or HSV-2 around your mouth, you have oral herpes.

It is rare that a Herpes infection will result in specific medical problems other than the sores themselves. Sores may break out and you may pass on the virus but you are very unlikely to have any other health problems caused by Herpes. However, having Herpes will make you more susceptible to getting the HIV/AIDS virus if you are exposed to HIV.

Nearly-useless fact: Herpes comes from a large family! The Herpes Simplex 1 and 2 (HSV-1 and HSV-2) are not the only viruses in the Herpes family. If you have ever had Shingles/ Herpes Zoster (explicit photo [here](#) © DermAtlas; <http://www.DermAtlas.org> © 2001-2009) or Chicken Pox, those are also Herpes-type viruses but they are unlikely to recur.

SYMPTOMS (General):

When symptoms first appear, painful and itchy sores or "blisters" (they look swollen and red like blisters caused by heat) occur between a couple and 12 days after being exposed to the virus. The sores may be itchy which improves as they heal. Generally they'll heal in about 7 to 10 days, taking a little longer on moist skin. There can also be pain in the affected area which can last up to six weeks. The sores are contagious, meaning they can be transmitted to other people, until the "crust" of the sores has healed and fallen off. The virus is very unlikely to be active at that point but it's not impossible.

Later outbreaks, might be "announced" before they arrive by some pain and itchiness, sometimes a tingling feeling or even flu-like symptoms including headaches. The timing of these warning signs before an outbreak can be as little as a couple of hours up to a couple of days before the redness and sores appear. According to the University of Maryland, roughly one quarter of the time these "pre-symptoms" will not progress further to a full outbreak.

Explicit pictures of Herpes Simplex 1 ([Oral/cold-sore](#)) **Warning:** These images are explicit photographs of mouths and tongues infected by Herpes

Explicit pictures of Herpes Simplex 2 ([Genital](#)) **Warning:** These images are explicit photographs of genitals infected by Herpes and may disturb some people.

Symptoms of either Herpes type 1 or 2 are similar but they can vary in how severe they are, depending on whether it's the first outbreak or not and where they are located on the body. As well, even a new infection will not necessarily result in a noticeable outbreak.

Once the virus has invaded the nerve cells, it can travel to other areas of the body's mucousal areas (like mouth, nose, anus and others) and cause a fairly wide outbreak.

Some people will experience these symptoms before an outbreak of sores: There may be a fever, about 102 F / 39 C, with flu-like symptoms, sore muscles, headaches and swollen lymph glands. (The Mayo Clinic has more information about Lymph Nodes or Lymph Glands [here](#). Note though that other conditions can give you swollen lymph nodes too.)

In some occasions, the HSV-1 virus can also infect eyes leading to "Ocular Herpes".

In rare instances, the virus can get straight to the brain and cause death if not treated in time. This is called "HSV Encephalitis".

Specific Symptoms of Oral Herpes :

Sores ("blisters") form on and around the lips and occasionally on the tongue. They eventually break open and become painful, then get a yellowish "crust". Usually they'll last 3 days to two weeks and then disappear. In adolescents the first infection may show up in the upper part of the throat causing a sore throat.

Specific Symptoms of Genital Herpes

Genital herpes affects the penis, vulva (outer female genitals), or rectum (anus), and is usually caused by HSV-2. However, as oral-genital sex has become more popular infections of the HSV-1 ("oral Herpes") virus in the genital area has increased. If a person has the HSV-1 infection in the genital areas, outbreaks tend to be less severe and less often than if they had the HSV-2 outbreak around the genitals.

Both Sexes:

The first outbreak of "blisters" or sores around the genitals usually happens between 3 days and two weeks after being exposed to the virus. usually, if the outbreak occurs later in that period, it is not as bad as an outbreak that occurs earlier because the immune system has had a chance to put up a fight against the virus. Initially, the virus is shedding and very contagious for about 3 weeks.

In approximately 80% of cases of genital herpes a person will have flu-like symptoms and a fever.

Most people will have about 4 outbreaks a year. As time goes on, these may become less severe and may happen less often.

Females:

Females may notice pain in her nerves and abdomen, trouble urinating or yeast infections. These symptoms can happen before or during the outbreak of the sores.

At first the sores appear raw but then "crust" over and fill with a light greyish fluid. New raw sores can occur the second week and she may experience sore lymph nodes. This stage can last as long as 6 weeks.

In under 20 % of cases, sores might also occur in the urethra (where urine comes out) and these can cause painful urination. Occasionally the infection will also cause inflammation of the uterus and/or Fallopian tubes, though these specific problems are rare.

Sores will commonly occur around the opening of the vagina and sometimes inside where they are not noticed and any discomfort may be minimal. However, if the sores do occur inside, they will produce a fluid that will be very contagious.

Males:

Several - about 5 to 10 sores will usually appear on the head or the shaft of the penis. It's rare that they would happen at the base. Sometimes they'll also appear on the buttocks, around the anus or inner thighs.

How you get Herpes HSV-1 and HSV-2:

Having skin to skin contact with someone who has either type of Herpes virus.

Kissing someone with Herpes cold sores on his or her mouth can pass the virus on to you

If someone has "cold sores" and they give you oral sex, they can pass on their "oral" Herpes to your genitals. It is not as likely as genital to genital transmission but it is possible. See Location section above.

Sexual intercourse: Genital to genital, or anal sex can also transmit the virus if one person is infected

An infected woman can pass it to her baby when it is being born.

If the infected person has visible sores, it is very likely that they will pass on the virus. However the virus can also be passed on when no sores are visible. This is called "viral shedding" or just shedding. It is more common with HSV-2 (genital) Herpes. You see, the Herpes Simplex viruses hides in the base of nearby nerves cells. Every once in a while the virus, which will live there for the rest of your life, decides to make a trip up through the nerves to the surface of the skin, (or mucous membranes if we are dealing with anal or vaginal walls). At that point, there may not be any sores yet, but the virus is present. This situation is also called "Asymptomatic" transmission of the virus; "symptomatic" means that there are symptoms, in this case, sores, present. "Asymptomatic" means there are no symptoms seen even though the virus is there. Some anti-viral medications are available that reduce the rates of shedding but you need to talk to your doctor about that if you are, or think you may have the virus.

Where you get Herpes HSV-1 and HSV-2:

Mouth: HSV-1 or "Oral Herpes" (and less commonly, HSV-2) will be found around the mouth (cold sore).

Genitals: HSV-2 or "Genital Herpes" (and less commonly, HSV-1) will be found on or around the genitals or anus depending on where sexual contact with an infected person happened

But there are other locations it can show up.

Eye: HSV-1 (and occasionally HSV-2 in rare cases which affect the retina) can cause "Ocular Herpes" in the eye. It is generally spread in a non-sexual way and children get recurring ocular herpes more than adults, probably because they poke and wrestle each other and often have worse hygiene habits than adults!

Finger: HSV-1 can infect and cause symptoms on fingers. This is called Herpetic Whitlow. In some cases, it can be caused by the HSV-2 virus, generally caused by unprotected contact by a health care worker with a Genital Herpes sore.

Back: HSV-2 can cause sores to appear on the lower back of patients who are bed-ridden or who have [AIDS](#), which prevents the body from fighting any other infections.

Different places: Sometimes the nerves of different parts of the body can be affected, usually by HSV-1 and it can result in temporary numbness, or loss of the sense of touch, or, in the facial area, "Bells Palsy". Unless it affects the brain or spinal cord (which would be HSV Encephalitis), this is called a Herpes infection of the "peripheral nervous system".

Brain or Spinal Column: HSV Encephalitis is caused when HSV-1 (usually) reaches the brain or spinal column. It is rare and it can be treated successfully but needs to be acted on as soon as possible if it is suspected. Sometimes a newborn baby can get HSV-2 caused Encephalitis from an infected mother during birth.

PREVENTION AND TREATMENT

Prevention of Oral Herpes (HSV-1):

It is almost impossible to be completely "safe" from HSV-1 (Oral, or cold-sore) Herpes if you are close to someone who has it. Once you have it, you have it for life though the frequency and severity of any outbreaks is unpredictable. Sometimes they are rare and mild and other times they are not. Some people may have the initial outbreak and never have another one though they still have the virus. There seem to be some things that "trigger" an outbreak in some people. Often noted is stress or sunlight. Other triggers can be menstruation, a fever from some other cause, chapped (dry and irritated) lips, thumbsucking or anything else that can damage the skin, including laser or dental treatments, and periods of extended high anxiety.

When you can not see an outbreak of sores or 'blisters', HSV-1 Herpes is generally not as contagious as HSV-2 (Genital) Herpes can be. (See viral shedding, below) But it can be contagious so you may want to be aware of the possible stressors or warning signs of an impending outbreak in your mate's life and decide if you want to take a chance. In general, follow some precautions when around someone with an

outbreak of "cold sores". They are pretty much the same precautions for avoiding any virus like, for instance, the "common cold". There are no drugs or vaccines to prevent cold sores/Herpes HSV-1.

Precautions when around an "Oral Herpes" infected person:

Wash your hands frequently and do not touch your face. This is, of course, hard to do because we usually touch our faces, rub our eyes and touch our lips unconsciously all the time! But try.

Do not share towels or washcloths, food utensils or plates, drinking glasses or cups, sandwiches or other food

Do not kiss that person until the outbreak of cold sores has healed completely.

If you are already infected, to try to avoid outbreaks, observe the above precautions for other people's sake as well as your own. Also:

Stay out of the sun and away from sun lamps

Keep your lips moisturized

Try to avoid stress and maybe take Yoga or other stress managing exercises or techniques

Avoid strong wind or other irritants to the skin

Prevention of Genital Herpes (HSV-2):

Avoid all sex when there is an outbreak of Herpes. The virus is active and present and it has just a-come lookin' fer trouble!

"Viral shedding", the shedding and thereby spreading of Herpes viruses can and does happen before any sores ("blisters") appear near the genitals (or anus is that is the part of the body infected). So, theoretically an infected person may be contagious at any time before showing signs.

Sometimes using a condom will reduce the risk of contracting Herpes HSV-2 but it is always going to be a risk. A condom covers only the penis. The virus, if it is shedding, may be shed on other parts of the genitals too. And remember, if there is a visible outbreak of sores, NO sex, condom or not.

If you have sex at a time when no sores are visible (but you may be shedding the virus), transmission of the virus will be more likely if there are small tears in the exposed skin so a sexual lubricant might help. Keep in mind that you must not use oil based [lubricants](#) with latex condoms.

Toilet seats? The virus dies very quickly upon exposure to air but there is a tiny, theoretical possibility that if a drop or two of urine that was also infected with the HSV-2 virus happened to get on a toilet seat that you used within a couple of minutes and you got that infected urine on you and it penetrated your

skin well...maybe. But the mainstream thought says it's extremely unlikely or impossible. If you are concerned anyway, wipe the seat, which I presume you'd do anyway if you see any stray drops of urine!

Getting tested for Genital Herpes :

An examination must be done by a doctor or health care worker. Presuming that we are talking about checking for genital Herpes, the genital area will be looked at and if there are sores there, a sample of cells will be taken with a painless swab. You will also be asked for a urine sample and you may be asked for the name(s) of your sexual partner(s) so they can be tested. It's important that you do give the name so that the person can get treated and help control the virus's spread.

A woman may also have an internal pelvic exam done, similar to a [pap smear test](#).

If there are no sores, a blood test can be taken. Note that it can take up to three months for your body to produce enough Herpes Virus Antibodies to be detected by a blood test. Antibodies are part of your own body's reaction to an invasion by a virus. Antibodies help identify viruses to your body's immune system so it can try to destroy them. In the case of Herpes, the virus cannot be destroyed, although it often goes into "hiding".

Treatment of Genital Herpes :

There is treatment for Herpes but no cure. The virus "hides" in ganglia of certain nerve cells after the breakout of symptoms. This is called a period of "latency"...it's still there, but not active.

Some research (University of Maryland) has shown that early treatment *might* limit the number of viruses that go "latent" (they are "hidden" but not contagious and not showing symptoms at the moment) in the body which might also limit the number and severity of later outbreaks.

Antiviral drugs can be used to reduce the severity of an outbreak of Herpes sores. They have to be taken within 72 hours of symptoms showing up and while they do not cure the infection, they can stop or reduce the number of viruses reproducing and making things worse. As always, take any medication as you are directed to! After the symptoms disappear, the virus goes into hiding again and may come back occasionally as often as every couple of months, or they may never show up again. The times that the symptoms show up again in later outbreaks, the symptoms are generally less and they may or may not need antiviral drug treatment.