



# HERPES

## WHAT IS HERPES?

Genital Herpes is a sexually transmitted disease (STD) caused by the herpes simplex virus type 1 (HSV-1) or type 2 (HSV-2)

## WHO CAN GET HERPES?

Anyone who has sexual contact with an infected partner.

## WHAT ARE SYMPTOMS OF HERPES?

Most individuals infected with HSV are asymptomatic or have very mild symptoms that go unnoticed or are mistaken for another skin condition. When symptoms do occur, herpes lesions typically appear as one or more vesicles, or small blisters, on or around the genitals, rectum, or mouth. The average incubation period for an initial herpes infection is 4 days (range, 2 to 12) after exposure. The vesicles break and leave painful ulcers that may take two to four weeks to heal after the initial herpes infection. Experiencing these symptoms is referred to as having a first herpes “outbreak” or episode.

Clinical manifestations of genital herpes differ between the first and recurrent (i.e., subsequent) outbreaks. The first outbreak of herpes is often associated with a longer duration of herpetic lesions, increased viral shedding (making HSV transmission more likely) and systemic symptoms including fever, body aches, swollen lymph nodes, or headache. Recurrent outbreaks of genital herpes are common, and many patients who recognize recurrences have prodromal symptoms, either localized genital pain, or tingling or shooting pains in the legs, hips, or buttocks, which occur hours to days before the eruption of herpetic lesions. Symptoms of recurrent outbreaks are typically shorter in duration and less severe than the first outbreak of genital herpes. Long-term studies have indicated that the number of symptomatic recurrent outbreaks may decrease over time. Recurrences and subclinical shedding are much less frequent for genital HSV-1 infection than for genital HSV-2 infection.

## HOW IS HERPES SPREAD?

Infections are transmitted through contact with HSV in herpes lesions, mucosal surfaces, genital secretions, or oral secretions. HSV-1 and HSV-2 can be shed from normal-appearing oral or genital mucosa or skin. Generally, a person can only get HSV-2 infection during genital contact with someone who has a genital HSV-2 infection. However, receiving oral sex from a person with an oral HSV-1 infection can result in getting a genital HSV-1 infection. Transmission commonly occurs from contact with an infected partner who does not have visible lesions and who may not know that he or she is infected. In persons with asymptomatic HSV-2 infections, genital HSV shedding occurs on 10.2% of days, compared to 20.1% of days among those with symptomatic infections.

## HOW IS HERPES TREATED?

There is no cure for herpes. Antiviral medications can, however, prevent or shorten outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy (i.e., daily use of antiviral medication) for herpes can reduce the likelihood of transmission to partners. There is currently no commercially available vaccine that is protective against genital herpes infection. Candidate vaccines are in clinical trials.

## HOW IS HERPES DIAGNOSED?

- HSV nucleic acid amplification tests (NAAT) are the most sensitive and highly specific tests available for diagnosing herpes. However, in some settings viral culture is the only test available. The sensitivity of viral culture can be low, especially among people who have recurrent or healing lesions. Because viral shedding is intermittent, it is possible for someone to have a genital herpes infection even though it was not detected by NAAT or culture.
- Type-specific virologic tests can be used for diagnosing genital herpes when a person has recurrent symptoms or lesion without a confirmatory NAAT, culture result, or has a partner with genital herpes. Both virologic tests and type-specific serologic tests should be available in clinical settings serving patients with, or at risk for, sexually transmitted infections.
- Given performance limitations with commercially available type-specific serologic tests (especially with low index value results [ $<3$ ]), a confirmatory test (Biokit or Western Blot) with a second method should be performed before test interpretation. If confirmatory tests are unavailable, patients should be counseled about the limitations of available testing before serologic testing. Healthcare providers should also be aware that false-positive results occur. In instances of suspected recent acquisition, serologic testing within 12 weeks after acquisition may be associated with false negative test results.
- HSV-1 serologic testing does not distinguish between oral and genital infection, and typically should not be performed for diagnosing genital HSV-1 infection. Diagnosis of genital HSV-1 infection is confirmed by virologic tests from lesions.
- CDC does not recommend screening for HSV-1 or HSV-2 in the general population due to limitations of the type specific serologic testing. Several scenarios where type-specific serologic HSV tests may be useful include:
  - Patients with recurrent genital symptoms or atypical symptoms and negative HSV NAAT or culture;
  - Patients with a clinical diagnosis of genital herpes but no laboratory confirmation; and
  - Patients who report having a partner with genital herpes. Patients who are at higher risk of infection (e.g., presenting for an STI evaluation, especially those with multiple sex partners), and people with HIV might need to be assessed for a history of genital herpes symptoms, followed by serology testing in those with genital symptoms.
- Providers are strongly encouraged to look at CDC’s STI Treatment Guidelines for further diagnostic considerations.



## HOW DOES GENITAL HERPES AFFECT A PREGNANT WOMAN AND HER BABY?

- Neonatal herpes is one of the most serious complications of genital herpes. Healthcare providers should ask all pregnant women if they have a history of genital herpes. Herpes infection can be passed from mother to child during pregnancy or childbirth, or babies may be infected shortly after birth, resulting in a potentially fatal neonatal herpes infection. Infants born to women who acquire genital herpes close to the time of delivery and are shedding virus at delivery are at a much higher risk for developing neonatal herpes, compared with women who have recurrent genital herpes. Thus, it is important that women avoid contracting herpes during pregnancy. Women should be counseled to abstain from intercourse during the third trimester with partners known to have or suspected of having genital herpes.
- While women with genital herpes may be offered antiviral medication late in pregnancy through delivery to reduce the risk of a recurrent herpes outbreak, third trimester antiviral prophylaxis has not been shown to decrease the risk of herpes transmission to the neonate. Routine serologic HSV screening of pregnant women is not recommended. However, at onset of labor, all women should undergo careful examination and questioning to evaluate for presence of prodromal symptoms or herpetic lesions. If herpes symptoms are present a cesarean delivery is recommended to prevent HSV transmission to the infant. There are detailed guidelines for how to manage asymptomatic infants born to women with active genital herpes lesions.

## HOW CAN I HELP PREVENT HERPES?

- Correct and consistent use of latex condoms can reduce, but not eliminate, the risk of transmitting or acquiring genital herpes because herpes virus shedding can occur in areas that are not covered by a condom.
- The surest way to avoid transmission of STDs, including genital herpes, is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested for STDs and is known to be uninfected.
- Persons with herpes should abstain from sexual activity with partners when herpes lesions or other symptoms of herpes are present. It is important to know that even if a person does not have any symptoms, he or she can still infect sex partners. Sex partners of infected persons should be advised that they may become infected, and they should use condoms to reduce the risk. Sex partners can seek testing to determine if they are infected with HSV.
- Daily treatment with valacyclovir decreases the rate of HSV-2 transmission in discordant, heterosexual couples in which the source partner has a history of genital HSV-2 infection. Such couples should be encouraged to consider suppressive antiviral therapy as part of a strategy to prevent transmission, in addition to consistent condom use and avoidance of sexual activity during recurrences.
- Recent Washington trends: Each year there are about 1,500 cases reported.

Herpes is a Washington State reportable disease and must be reported to your local health department in Lewis County, contact Communicable Disease Surveillance and Response at 360-740-1223 during business hours or leave a voicemail on our confidential reporting after hours line at 360-740-1275.