Herpes is a very common infection, caused by the herpes simplex virus (HSV). There are two types, HSV-1 and HSV-2.

- Approximately 8 in 10 people within the general population are infected with Type 1, which typically infects the mouth and lips and results in cold sores and fever blisters.
- Approximately 1 in 4 sexually active people are estimated to have Type 2, which typically causes infections of the genital or anal area.
- Both types of the virus can infect either area and can be transmitted between them.
- Both can cause painful sores.

While herpes is most commonly transmitted through sexual activity, it can be transmitted via any direct contact with an infected area. Symptoms and number of recurrences vary widely among individuals. As a viral infection, herpes can be treated, but not cured.

How can you get it?

Any direct contact of a susceptible body part (mouth, genitals, anus) with an infected body part (mouth, genitals, anus) can transmit the virus. Transmission is most likely to occur when an infected individual has active sores, which are highly contagious, or is just about to experience an outbreak. However, transmission can also occur when an infected individual is asymptomatic. Therefore, you can get herpes from kissing, oral sex, vaginal sex, or anal sex, especially if a partner is currently having symptoms, but also potentially when they don’t.

What happens if you get it?

Often, when people are infected with herpes their immune system takes care of the virus and keeps it sequestered in the nervous system. They may never experience any symptoms. Alternatively, they may have no symptoms for years but then have an outbreak if their immune system becomes compromised from illness, stress, or sleep deprivation. It is estimated that anywhere from 30-80% of individuals infected with HSV are completely asymptomatic.

People who develop symptoms, may have only one outbreak or may go on to have recurring outbreaks. The first outbreak is usually the most severe, and may be associated with fever, malaise, and swollen glands. Painful tiny blisters will develop at the infected area, which eventually break and become shallow, painful sores, then crust over and resolve without scarring. The outbreak may take 2-4 weeks to heal and is very contagious until completely resolved.

Recurrences, which occur in about 30-70% of individuals, are most likely to occur in the first year following infection. They are often preceded by a prodrome – a sensation of tingling or itching at the area of infection. Sores always recur in the same general location of the initial infection. After the first year, outbreaks tend to decrease in frequency. Individuals with Type 1 infections of the genitals are less likely to have recurrences than those with Type 2.

How is herpes diagnosed?

When sores are present, your healthcare provider can diagnose herpes by visual inspection and/or swabbing a sore for testing. A blood test that looks for antibodies to HSV-1 and HSV-2 is available for individuals with recurrent undiagnosed genital sores that are suspicious for herpes (or for those entering into a sexual relationship with someone who has herpes who wants to know if they’ve been previously exposed). However, the test cannot determine when infection occurred and cannot predict the likelihood of developing outbreaks or of transmitting the virus to others.

How is herpes treated?

Herpes cannot be cured, but can be controlled with the use of antiviral medications. These can help shorten outbreaks, lessen their severity, and help decrease the likelihood of recurrences. Many
people keep a prescription on hand to use whenever an outbreak occurs. For those who have frequent outbreaks or are concerned about transmitting the virus to a susceptible partner, daily suppressive medications can be used. Your healthcare provider can talk to you about the best way to use antiviral medications for your situation. Pain medications are also often needed during outbreaks, and can include analgesics like acetaminophen and ibuprofen, as well as prescription narcotics or topical numbing medicines.

**How will herpes impact my sex life from now on?**

It depends. Recurrent outbreaks can be uncomfortable and inconvenient, but are rarely serious. HSV does not harm the immune system or lead to other health problems. It is, however, important to discuss your history of herpes with any current and future sexual partners.

Many couples have a sexual relationship for years without ever transmitting the virus, just by taking some simple precautions.

- **If your infection is in the genital or anal area,** avoid sexual activity during outbreaks or during the prodrome.
- **If your herpes infection is oral,** avoid kissing or performing oral sex during those times.

- **Use condoms** and other latex barriers, as they have been shown to decrease transmission, especially when used consistently (and even in the absence of symptoms).

- **If you have frequent outbreaks** and consistent practice of these precautions is difficult, your partner may want to consider getting tested to see if they’ve already been exposed. If if they have, it’s believed unlikely that they will contract a significant infection from future contact. If your partner’s test shows they have not been previously exposed, you may want to consider daily medication to help protect your partner from becoming infected.

- **If you become pregnant,** it is important to discuss your history of herpes with your healthcare provider as well.

**Who can I talk with?**

Consider talking with your healthcare provider at Cornell Health. They can provide information and advice specific to your situation.

Further information is available at:

- American Social Health Association: [ashastd.org](http://ashastd.org)
- Centers for Disease Control and Prevention: [cdc.gov](http://cdc.gov)
- National Herpes Hotline: 919-361-8488