

TerranearPMC Safety Share

Week of November 16, 2015 – Herpes

Last month, the World Health organization (WHO) reported that more than 3.7 billion people under the age of 50, or 67% of the world population, are infected with herpes simplex virus type 1. Herpes simplex virus is categorized into 2 types: herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2). Both HSV-1 and HSV-2 are highly infectious and incurable. HSV-1 is primarily transmitted by oral-oral contact and in most cases causes orolabial herpes or “cold sores” around the mouth. HSV-2 is almost entirely sexually transmitted through skin-to-skin contact, causing genital herpes.

While HSV-2 has been predominantly associated with genital herpes, new evidence is showing that HSV-1 also causes genital herpes. Some 140 million people aged 15-49 years, primarily in the Americas, Europe and Western Pacific, are infected with genital HSV-1 infection. Fewer people in high-income countries are becoming infected with HSV-1, probably due to better hygiene/living conditions. However, this group seems to be at risk of contracting it genitally through oral sex after they become sexually active.

The name Herpes simplex comes from the Greek, *herpēs*, meaning "creeping" or "latent." Infections are categorized based on the part of the body infected. Oral herpes involves the face or mouth. It may result in small blisters in groups often called cold sores or fever blisters or may just cause a sore throat. Genital herpes, often simply known as herpes, may have minimal symptoms or form blisters that break open and result in small ulcers. These typically heal over two to four weeks. Tingling or shooting pains may occur before the blisters appear. Herpes cycles between periods of active disease followed by periods without symptoms. The first episode is often the harshest, resulting in fever, muscle pains, swollen lymph nodes and headaches. Over time, episodes of active disease decrease in frequency and severity. Other disorders caused by herpes simplex include herpetic whitlow (lesion on hand or fingers), herpes of the eye, herpes infection of the brain, and neonatal herpes when it affects a newborn.

Both HSV-1 and HSV-2 are transmitted by direct contact with body fluids or lesions of an infected individual. Transmission may still occur when symptoms are not present. It may be spread to an infant during childbirth. After infection, the viruses are transported along sensory nerves to the nerve cell bodies, where they reside for an individual's entire life. Causes of recurrence may include: decreased immune function, stress, and sunlight exposure. Oral and genital herpes is usually diagnosed based on the presenting symptoms. Diagnosis may be confirmed by viral culture or detecting herpes DNA in fluid from blisters. Testing the blood for antibodies against the virus can confirm a previous infection but will be negative in new infections.

While the most effective method of avoiding genital infections is by avoiding sex, this is not practical, and unfortunately, condom use only reduces the risk of transmission to about 50%. Daily antiviral medication taken by someone who has the infection can also reduce spread. There is no available vaccine and once infected, there is no cure. Paracetamol (acetaminophen) and topical lidocaine may be used to help with the symptoms. Treatments with antiviral medication such as aciclovir or valaciclovir can lessen the severity of symptomatic episodes.



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According to Dr. Marleen Temmerman, Director of WHO's Department of Reproductive Health and Research, "Access to education and information on both types of herpes and sexually transmitted infections is critical to protect young people's health before they become sexually active."

Throughout the years, the Centers of Disease Control and Prevention (CDC) has collected extensive data regarding the health effects associated with herpes and have found that the general public is unaware or merely misinformed surrounding some key information regarding this disease. Myths abound and so the CDC has been trying to educate the public regarding such stories. Below are a few of these rumors along with what is really the case.

Myth 1: If I don't have any sores, I don't have herpes: Herpes can lay dormant (sort of like it's in hibernation) for years without causing any noticeable symptoms. Because of this, many people don't know they have it and may have trouble figuring out how or when they got it. When symptoms do occur, they often appear as small blisters on or around the genitals. The blisters may look like pimples with clear fluid in them, and they may be painful or have a burning sensation.

Myth 2: We didn't have sex, so there's no way I have genital herpes: Herpes is spread by skin-to-skin contact with someone who carries the virus. That means you can get herpes by touching, kissing, and oral, vaginal, or anal sex. People who carry herpes don't always know they have the virus, and they may not have any visible sores on their skin. That said, your risk of getting the virus is higher if you've had contact with a partner who *does* have a visible sore. Using condoms can majorly decrease the risk of spreading the virus, but doesn't eliminate it completely and no other type of birth control reduces the risk of this STI.

Myth 3: There's a cure for herpes...right? First, the bad news: Once you have herpes, it will be with you for the rest of your life. The virus can lay dormant for long stretches of time, then cause "outbreaks" at times of stress or illness. Now, the good news: There are medications you can take to make an outbreak go away faster. If you only get outbreaks once every few years, you can take the medications just when you have an outbreak. If you get outbreaks more often, you might benefit from taking a medication daily to prevent them.

Myth 4: I can't have a baby if I have herpes: This is something many women worry about when they find out they have herpes. Thankfully, it's not true. Many women living with herpes give birth to healthy babies. However, if you have herpes it is important for you to let your healthcare provider know so he or she can monitor you for symptoms. If at the time of your labor you have any sores on your cervix, vagina, or the skin around your vagina, or if you're experiencing symptoms like tingling or burning, your provider will recommend a caesarean section to prevent transmission of the virus to your baby. If you don't have any symptoms, you can safely have a vaginal delivery.

Myth 5: Herpes is something to be ashamed of: This is the most important myth to bust: While living with herpes can (literally) be a pain, it's incredibly common and nothing to be ashamed of. For more information on this virus, check out the CDC's Fact Sheet about it. For a more personal take on living with an STI—along with resources and support—check out The STD Project, a site founded and run by a woman who's living with herpes.

Lost time is never found again - Benjamin Franklin

