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## GENITAL HERPES

### What is genital herpes?

Herpes is a sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2). Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first episode. Although the infection can stay in the body indefinitely, the number of outbreaks tends to go down over a period of years.

### How is genital herpes spread?

HSV-1 and HSV-2 can be found and released from the sores that the viruses cause, but they also are released between episodes from skin that does not appear to be broken or to have a sore. A person almost always gets HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. HSV-1 causes infections of the mouth and lips, so-called "fever blisters." A person can get HSV-1 by coming into contact with the saliva of an infected person. HSV-1 infection



of the genitals almost always is caused by oral-genital sexual contact with a person who has the oral HSV-1 infection.

### **How common is genital herpes?**

Results of a recent, nationally representative study show that genital herpes infection is common in the United States. Nationwide, 45 million people ages 12 and older, or one out of five of the total adolescent and adult population, are infected with HSV-2.

HSV-2 infection is more common in women (approximately one out of four women) than in men (almost one out of five). This may be due to male-to-female transmission being more efficient than female-to-male transmission. HSV-2 infection also is more common in blacks (45.9%) than in whites (17.6%). Race and ethnicity in the United States correlate with other, more fundamental determinants of health such as poverty, access to good quality health care, behavior for seeking health care, illicit drug use, and living in communities with a high prevalence of STDs.

Since the late 1970s, the number of Americans with genital herpes infection has increased 30%. The largest increase is currently occurring in young white teens. HSV-2 infection is now five times more common in 12- to 19-year-old whites, and it is twice as common in young adults ages 20 to 29 than it was 20 years ago.

### **Is genital herpes serious?**

HSV-2 usually produces only mild symptoms or signs or no symptoms at all. However, HSV-2 can cause recurrent painful genital sores in many adults, and HSV-2 infection can be severe in people with suppressed immune systems. Regardless of severity of symptoms, genital herpes frequently causes psychological distress in people who know they are infected.

In addition, HSV-2 can cause potentially fatal infections in infants if the mother is shedding virus at the time of delivery. It is important that women avoid contracting herpes during pregnancy because a first episode during pregnancy causes a greater risk of transmission to the newborn. If a woman has active genital herpes at delivery, a cesarean delivery is usually performed. Fortunately, infection of an infant from women with HSV-2 infection is rare.

In the United States, HSV-2 may play a major role in the heterosexual spread of HIV, the virus that causes AIDS. Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious.

### **What happens when someone is infected with genital herpes?**

Most people infected with HSV-2 are not aware of their infection. However, if signs and symptoms occur during the first episode, they can be quite pronounced. The first episode usually occurs within two weeks after the virus is transmitted, and the sores typically heal within two to four weeks. Other signs and symptoms during the primary episode may include a second crop of sores, or flu-like symptoms, including fever and swollen glands. However, most individuals with HSV-2 infection may never have sores, or they may have very mild signs that they don't even notice or that they mistake for insect bites or a rash.

Most people diagnosed with a first episode of genital herpes can expect to have several symptomatic recurrences a year (typically four or five). These recurrences usually are most noticeable within the first year following the first episode.

### **How is genital herpes diagnosed?**

The signs and symptoms associated with HSV-2 can vary greatly. Health care providers can diagnose genital herpes by visual inspection if the outbreak is typical, and by taking a sample from the sore(s). HSV infections can be difficult to diagnose between outbreaks. Blood tests which detect HSV-1 or HSV-2 infection may be helpful, although the results are not always clear cut.

### **Is there a cure for herpes?**

There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication.

### **How can people protect themselves against infection?**

The consistent and correct use of latex condoms can help protect against infection. However, condoms do not provide complete protection because the condom may not cover the herpes sore(s), and viral shedding may nevertheless occur. If either you or your partner have genital herpes, it is best to abstain from sex when symptoms or signs are present, and to use latex condoms between outbreaks.

### ***Where can I get more information?***

#### **Division of STD Prevention (DSTD)**

Centers for Disease Control and  
Prevention

Web site: [www.cdc.gov/std/](http://www.cdc.gov/std/)

#### **Personal health inquiries and information about STDs:**

#### **CDC National STD and AIDS Hotlines**

(800) 227-8922 or (800) 342-  
2437

En Espanol (800) 344-7432

TTY for the Deaf and Hard of  
Hearing (800) 243-7889

**National Herpes Hotline**  
(919) 361-8488

**National Herpes Resource  
Center**

Web site:  
<http://www.ashastd.org/hrc>  
Email: [herpesnet@ashastd.org](mailto:herpesnet@ashastd.org)

**National HPV and Cervical  
Cancer Prevention:**

**Hotline** (919) 361 - 4848

**Resource Center**

Web site:  
[www.ashastd.org/hpvccrc](http://www.ashastd.org/hpvccrc)  
Email:  
[hpvnet@ashastd.org](mailto:hpvnet@ashastd.org)

**Resources:**

**CDC National Prevention  
Information Network  
(NPIN)**

P.O. Box 6003  
Rockville, MD 20849-6003  
1-800-458-5231  
1-888-282-7681 Fax  
1-800-243-7012 TTY  
Web site: [www.cdcnpin.org](http://www.cdcnpin.org)  
E-mail: [info@cdcnpin.org](mailto:info@cdcnpin.org)

**American Social Health  
Association (ASHA)**

P. O. Box 13827  
Research Triangle Park, NC  
27709-3827  
1-800-783-9877  
Web site: [www.ashastd.org](http://www.ashastd.org)  
STD questions: [std-  
hivnet@ashastd.org](mailto:std-hivnet@ashastd.org)

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## **Bibliography & References**

Anderson J, Dahlberg L. 1992. High-risk sexual behavior in the general population. Results from a national survey 1988-90. *Sex Transm Dis* 19:320-325.

Aral SO, Wasserheit JN. 1995. Interactions among HIV, other sexually transmitted diseases, socioeconomic status, and poverty in women. In: O'Leary A, Jemmott LS, editors. *Women at Risk: Issues in the Primary Prevention of AIDS*. New York: Plenum Press.

Fleming DT, McQuillan GM, Johnson RE, Nahmias AJ, Aral SO, Lee FK, St. Louis ME. 1997. Herpes Simplex Virus Type 2 in the United States, 1976 to 1994. *NEJM* 16:1105-1111.

Laumann EO, Gagnon JH, Michael RT, Michaels S. 1994a. The number of partners. In: *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press, pp. 174-224.

Laumann EO, Gagnon JH, Michael RT, Michaels S. 1994b. Sexual networks. In: *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press, pp. 225-268.

Moran JS, Aral SO, Jenkins WC, Peterman TA, Alexander ER. 1989. The impact of sexually transmitted diseases on minority populations in the United States. *Public Health Rep* 104:560-565.

Seidman SN, Aral SO. 1992. Race differentials in STD transmission. *Am J Public Health (letter)* 82:1297

