

HERPES AND RELATIONSHIPS

Discussing Genital Herpes with Your Partner

Many people do not feel comfortable talking about sexuality and sexual health issues. This pamphlet will explore ways of feeling more confident in discussing herpes in the context of a sexual relationship.

Cold sores on the mouth and genital herpes are medically the same condition. The significant difference arises from the stigma that tends to accompany an infection that is sexually transmitted.

Most people find that their partners are both supportive and understanding. It is a common assumption to initially think that a person may base their judgement of you on the fact you have genital herpes. However, for most this is a minor skin infection. People fear the possibility of rejection but the reality of this is that it rarely happens.

Because fear of rejection is a concern, it leads some to question why they should risk talking about herpes. Accordingly some people choose not to tell. Instead they abstain during outbreaks, practice safe sex at other times, and hope for the best.

This strategy may have more disadvantages than advantages. First of all, you spend a lot of time and energy worrying that your partner is going to get herpes. It's much harder to tell

someone if they just found out they're infected. For most people, the anxiety over not telling is worse than the telling itself.

On the other hand, by telling your partner and allowing them to enter into the relationship with full knowledge of your infection, you reduce the likelihood of them becoming infected. This is because, when you have an outbreak, you can discuss it with a partner instead of making excuses for why you can't have sex. Excuses create distance between partners and often lead to misunderstanding and guesswork.

Your partner might interpret your excuses in ways more detrimental to the relationship than an honest discussion of genital herpes would be.

If you are able to discuss the situation openly and honestly, you can find imaginative ways to be 'safely' sexually intimate.

Genital herpes is extremely common, with up to one in five adults who are sexually active having genital herpes, although approximately 80% remain unaware that they are infected.

Inaccurate and stigmatising articles and advertising have contributed to many of us having a lot of negative beliefs related to herpes that make it difficult to convince ourselves that others would want to be with us. It's important to recognise these beliefs and consciously change them. Accepting the fact that you have herpes and are still the same person you were before will make it easier to have a fulfilling relationship.

Getting the facts

The more emotionally charged an issue, the more important it is to find out the facts. Most people know little or nothing about herpes. Frequently, what knowledge they have is coloured by myth and misconception. Having the correct information not only makes it easier for your partner, it makes it easier for you.

Following are some of the basic facts about herpes that might be important points to tell a partner.

There is a lot more information about herpes. Have educational materials on hand for your partner to read. Be prepared to answer their questions.

- Most people who have genital herpes do not know they've got it. The absence of symptoms does not mean a person has not got genital herpes.
- Herpes simplex virus (HSV) most often shows up as small blisters or sores on either the mouth (cold sore or fever blisters) or the genitals.
- HSV can be passed on when one person has virus present on the skin and another person makes direct skin-to-skin contact with live virus.
- Virus is likely to be present on the skin from the first sign of prodrome (tingling or itching where the outbreak usually occurs) until the sores have completely healed and new skin is present.
- There are likely to be certain days when active virus might be on the skin even though there are no obvious signs or symptoms.
- Always using latex condoms can reduce the risk of transmitting the virus by approximately 50%.
- Herpes is very frequently transmitted by infected persons who don't know they are infected. Since they have not been diagnosed, they are unaware that they may be contagious from time to time.
- There is effective oral antiviral treatment for people with problematic genital herpes.

Preparing to tell your partner

What you say and how you say it is going to depend on your own personal style.

Your attitude will influence how this news is received. Psychologists have observed that people tend to behave the way you expect them to behave, and expecting rejection increases the chances of an unhappy outcome.

A straightforward and positive conversation about herpes issues is the best approach and may be helped by forward planning.

How long should you know someone before you tell them? If it appears the two of you could end up in bed on the first date, that's probably a good time.

Ideally, though, it's best to give it a few dates before telling. Allow the relationship to develop a little. It's going to be easier if the two of you enjoy a degree of comfort and trust in each other's company. It's probably better to wait until you know and trust each other.

There are good and bad times to bring up this topic. Some of the more inappropriate moments include the crowded bar or party scene, travel en route to a romantic weekend, or a talk when you've just finished having sex. Talking just prior to love-making is not a good idea either.

Bring up the issue when you are not already 'in the mood' for sexual intimacy, when you're feeling good about yourself, and when you both have an opportunity to have a discussion.

The discussion could take place anywhere you feel safe and comfortable. Some people turn off the TV, take the phone off the hook, and broach the subject over a quiet dinner at home. Others prefer a more open place, like walking in the park, so that their partner will feel free to go home afterwards to mull things over. This allows both people to work off a little nervous energy at the same time.

No matter where you choose to have the discussion, it's important to allow for the fact that one or both of you might get emotional.

Try to be natural and spontaneous. If you find yourself whispering, mumbling, or looking at the floor, stop for a moment and try to speak calmly and clearly. Look your partner in the face. Your delivery affects your message. If you are obviously upset, the person you're speaking with might perceive the situation as being much worse than it is.

Conversation starters

The following opening statements represent a variety of non-threatening ways to prompt discussion. They are not intended to be regarded as scripts.

- “I have something I’d like to discuss with you. Have you ever had a cold sore? The reason I ask is that cold sores are caused by a type of virus. Herpes simplex virus. I have the virus. Only instead of getting a sore on my mouth, I get one in my genital area.”
- “When two people get along as well as we do, I think we owe it to each other to be totally honest. I’d like to talk about our sexual histories.”
- “I really enjoy being with you, and I’m glad that we’re becoming more intimate. I think it’s important that we talk about sex. Can we talk now?”
- “We’re both responsible adults who want to do what’s best for each other and ourselves. Let’s talk about safe sex.”
- “I feel that I can trust you and I’d like to tell you something personal. Last year, I found out that I had contracted genital herpes.”

Try not to be melodramatic. This is not a confession or a lecture, simply the sharing of information between two people. Avoid negative words and keep the dialogue simple and factual: “I found out two years ago that I have herpes. Luckily it’s both treatable and manageable. Could we talk about what this means for us?”

Look for logical opportunities to bring up the subject. This way it seems more natural, there’s no time to get nervous, and you’re not making it into a bigger deal than it is. With more and more singles talking about ‘safe sex’ and HIV/AIDS, these opportunities come up fairly frequently. You might even be surprised to learn that your partner has been equally concerned about telling you that they have genital herpes or another sexual infection. In fact, the probability of this is reasonably high, given the statistics on HSV.

Realistic and unrealistic expectations

People may just need a little time to assimilate the information. This is where having good written information helps. Consider giving them reading material or referring them to a Sexual Health Centre, the Herpes Helpline **0508 11 12 13**, or the herpes website www.herpes.org.nz, to verify the information you've given them.

Whatever the reaction, try to be flexible. Remember that it took you time to adjust as well.

Negative reactions are often no more than the result of misinformation. In some cases they are brought on when a person fears that you're asking them to commit to a relationship, instead of just informing them of the situation. If your partner decides not to pursue a relationship with you simply because you have herpes, it's better to find out now. It takes a lot more than the occasional aggravation of herpes to destroy a sound relationship.

Some people react negatively no matter what you say or how you say it. Others might focus more energy on herpes than on the relationship. These people are the exception, not the rule. This is not a reflection on you. You are not responsible for their reaction. If your partner is unable to accept the facts, encourage him or her to speak with a medical expert or counsellor.

The majority of people will react well. They will respect the trust you demonstrate in sharing a personal confidence with them. With the proper approach and information, herpes can be put into perspective: an irritating, sometimes recurrent skin condition – no more, no less.

Whether or not this relationship works out, you have enlightened someone with your education and experience, correcting some of the myths about herpes that cause so much harm. You have removed the shroud of silence that makes it so difficult for others to speak. And you have confronted a personal issue in your life with courage and consideration.

What It Means for Partners

Your partner has genital herpes. Your support is very important in helping you and your partner to understand what this means. When your partner goes back to the doctor, you may wish to go too, so that you can find out more about the infection. In the meantime, here are answers to some questions you may have.

What is genital herpes?

Genital herpes is a common infection generally transmitted through sexual contact. It is caused by one of two members of a family of viruses which also include the viruses causing chickenpox and shingles, and glandular fever.

Usually, genital herpes is caused by infection with herpes simplex virus type 2 (HSV-2), and studies suggest that in some countries, one in five people are infected with this virus. Genital herpes can also be caused by HSV-1, the virus which usually causes cold sores on the lips and face, through oral/genital contact.

Genital herpes, for most people, is an occasionally recurrent, sometimes painful condition for which effective treatment is now available. Generally, it is not life-threatening and has no long-term repercussions on one's general physical health.

Anyone who is sexually active is at risk of catching genital herpes, regardless of their gender, race or social class.

How has my partner caught genital herpes?

Genital herpes can be transmitted through direct contact with an infected blister or sore, usually through sexual contact. It can also be transmitted when there are no symptoms present. HSV-2 infection is usually passed on during vaginal or anal sex. HSV-1 is usually transmitted by oral sex (mouth to genital contact).

If your partner has only just been diagnosed as having genital herpes, this does not necessarily mean that he or she has been unfaithful to you, or sexually promiscuous in the past.

Your partner may have caught genital herpes from you. It is possible that you carry the virus without knowing that you have it, since up to 80% of people who have been infected with HSV-2 have either no symptoms or such mild symptoms they are unaware they have the virus. So it is very easy for you to have unwittingly transmitted the infection to your partner. The symptoms of the infection vary greatly between individuals – it might be totally unnoticeable in you, but cause severe blistering in your partner.

Since the genital herpes virus can be transmitted through oral sex as well as vaginal sex, it is also possible that your partner caught the virus from a cold sore on your mouth or face. Remember, it is possible you can pass the virus on even if you didn't have a cold sore present at the time of contact.

Alternatively, your partner may have contracted the virus from a previous sexual partner, perhaps even several years ago. The virus can remain inactive in the body for long periods, so this may be the first time it has caused symptoms.

What are the symptoms?

If your partner is having a first episode of genital herpes, he or she is likely to feel generally unwell and have fever, headache, and general bone and muscle aches, as well as irritation in the genitals. This may last for several days, during or after which reddened areas may appear on the genitals. These may develop into painful blisters. The blisters then burst, generally to leave sores which gradually heal, usually without scarring.

The severity of this first episode varies between individuals, but for some people it may be severe and last for up to three weeks if not treated.

These symptoms should quickly resolve with treatment. The doctor should have given your partner a course of antiviral treatment. This is an effective medicine which, although it does not cure genital herpes, can speed recovery and reduce the severity of the episode. There are also other steps which your partner can take to relieve the pain.

However, for many people who have genital herpes, the physical symptoms are far outweighed by the emotional stress relating to the diagnosis. There are many misconceptions about genital herpes, including the belief that it is associated with promiscuity, and these have given it a reputation which may cause your partner to feel angry and shocked by the diagnosis.

Anxiety, guilt, loss of assertiveness and fear of rejection are also common emotions.

Your support can be very important in helping your partner to deal with these feelings and to minimise the effect of genital herpes on his or her life.

How do I know if I have genital herpes?

Most people who have genital herpes don't know because they have either no symptoms or such mild infrequent symptoms, it goes unrecognised.

Until recently, diagnosis could only be made by clinical symptoms and swabs from an active episode. However, there are commercially available blood tests becoming available which can distinguish between herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2) antibodies. The time taken to develop antibodies is usually two to six weeks after infection, but can be up to six months. It is also important to know that false positives and false negatives are common in these tests.

Because of the limitations of a blood test to diagnose herpes, it is recommended you discuss the implications of the test with someone who has experience with them. It is important that the test can distinguish between HSV-1 and HSV-2 antibodies.

If you think you might be showing signs of the infection, consult your doctor.

Do the symptoms return?

The symptoms of genital herpes may reappear from time to time. This is because once the virus is acquired, it stays permanently in the body. Most of the time it remains inactive, but every so often it may reactivate and cause another outbreak.

Each individual is different – some people never have a recurrence; others may have recurrences several times a year. However, recurrent outbreaks are usually shorter and less severe than the first episode.

Certain events or situations can trigger recurrences, and you may be able to help your partner avoid or reduce the trigger factors, which may include stress at work or home, fatigue, ill health, loss of sleep, friction due to sexual intercourse, and menstruation in women.

If your partner has frequent or severe episodes of genital herpes, or if the recurrent outbreaks are causing a lot of anxiety for your partner, then he or she may benefit from suppressive therapy (taking oral antiviral tablets continuously), which prevents or reduces recurrences.

What can we do to reduce my chances of getting the infection?

If you take the necessary precautions, the chances of getting the virus from your partner are reduced. Genital herpes does not mean abstinence from sex or a reduced enjoyment of sex.

The risk of transmitting the virus can be reduced about 50% if you use condoms. The continued use of condoms in a long-term relationship is a personal decision that only the couple can make. Most find that as the importance of the HSV infection in their relationship is seen in perspective, that condom use becomes less relevant if this is the only reason condoms are being used.

However, most couples choose to avoid genital skin-to-skin contact during an active episode of herpes because this is when the virus is most readily transmitted. This period includes

the time from when your partner first has warning signs of an outbreak, such as a tingling or burning in the genitals, until the last of the sores has healed. Also, sexual activity prolongs the healing of the episode.

Transmission risk is increased if there are any breaks in the skin. For example, if you have thrush or small abrasions from sexual intercourse, often due to insufficient lubrication. It can be helpful to use a lubricant specifically for sexual intercourse and avoid sex if you have thrush. Sexual lubricant is helpful right at the start of sexual activity.

Sores in other areas – such as the buttocks and thighs – can be just as contagious as those in the genital area, and care should be taken to avoid direct contact with such sores during sex.

At other times, there is still a small risk of transmitting the infection through a process known as asymptomatic shedding, even if your partner is showing no signs of genital herpes. This risk can be reduced significantly if a person with herpes takes suppressive oral antiviral treatment.

If you or your partner has a cold sore, it is advisable to avoid oral sex as this can spread the virus to the genitals.

You cannot catch genital herpes by sharing cups, towels or bath water, or from toilet seats. Even during an outbreak, it is only skin to skin contact with the parts of your partner's body which have the sores which you need to avoid. You can still cuddle, share a bed, or kiss.

Where can I get more information and advice?

After you have read this booklet and discussed genital herpes with your partner, you might have specific questions or concerns. Your doctor or your partner's doctor should be able to answer such questions or recommend other experts who can provide advice and support. Continue to go back to your doctor or counsellor until all your queries about genital herpes are answered.

Sexual Health Clinics also provide confidential free treatment, management and information.

In some areas, there are local genital herpes support groups that can be a valuable source of information and support.

Controlling Recurrent Genital Herpes: The use of oral antivirals in herpes management

The following section gives you in-depth information about the use of oral antivirals. Aciclovir has been used for this indication for a number of years now and found to be highly effective in controlling recurrences.

Some people with genital herpes have identified factors which may influence frequency or severity of recurrences. Factors such as stress, diet and lifestyle may be worth considering when looking at ways of managing herpes in your life. Each case is individual and what works for one may not work for another.

Frequent or severe recurrences of genital herpes infection may interfere with normal work and social activities, and cause disruption to your sex life. However, there are steps which you can take to reduce outbreaks and help bring the virus under control. This section explains what you can do and answers some other questions which you may have about living with genital herpes.

Recurrences

Once you have acquired the herpes simplex virus (HSV-2) it remains permanently resident in your body, living in a structure called the dorsal root ganglion, which is part of the nervous tissue located near to the base of the spinal column. It spreads down the nerve to break out on the skin from time to time. Most of the time it is inactive, but every so often something happens to reactivate it, which causes the symptoms you recognise. Sometimes the virus can reactivate and be shed without recognisable symptoms (asymptomatic shedding).

It is not known exactly why the virus becomes active again. Some people recognise certain trigger factors which contribute to an outbreak. These may include friction due to sexual intercourse, ill health, stress, fatigue, depression, loss of sleep, direct sunlight and menstruation.

Many people find that as the years go by the number and severity of their recurrences naturally diminish. There may be several reasons for this, for example, changes in lifestyle, in the body's immune system, in the virus itself, or in your ability to cope with the trigger factors.

Education and counselling will often help an individual cope with recurrences. People who make contact with a support group often describe this as being a turning point in their coping with genital herpes in their life.

What is 'suppressive therapy'?

Suppressive therapy involves taking an oral antiviral drug every day for prolonged periods. It interferes with the virus reproductive cycle and so prevents or dramatically reduces the number of recurrences. When recurrences do occur, they are usually less severe and shorter lasting.

If you find the frequency of your outbreaks unacceptable, or if you are finding it difficult to cope emotionally with having recurrences of genital herpes, tell your doctor and discuss the use of suppressive therapy.

How effective is suppressive therapy?

Studies have proven that continuous suppressive antiviral therapy can dramatically reduce the frequency of outbreaks or prevent them altogether and reduces the risk of transmission by 50%.

For example, a very large study found that people who had an average of over 12 occurrences a year, could reduce the frequency of their outbreaks to less than two a year after one year of continuous suppressive therapy.

The study also showed that if recurrences do occur during suppressive therapy, they are usually less severe and shorter lasting.

Who is suppressive therapy suitable for?

Your doctor may agree that suppressive antiviral therapy is suitable for you if one of the following applies to you:

- You are having frequent recurrences.
- You have less frequent but particularly severe or longlasting outbreaks.
- You find recurrences of genital herpes are making you depressed, anxious or withdrawn, or the emotional upset caused to you by genital herpes is disrupting your social activities or sex life. Such feelings can themselves bring on a recurrence and so you can easily get into a vicious cycle.

Taking suppressive therapy, perhaps only for a short time, can help you break the cycle and give you a sense of control over the infection.

- You experience severe pain (neuralgia) due to recurrent episodes.
- You have only a few recurrences but they always occur during specific situations, for example, when you have exams or go on holiday. You may wish start suppressive therapy before you go on holiday and continue on it until you return, thereby reducing the chance of a recurrence.
- You have recurrences when you are starting a new relationship – suppressive therapy may decrease the risk of transmission to your partner.
- You know that stress is a trigger factor for your recurrences, and you are going through a stressful period, for example a new job or a recent death in the family.
- You want to avoid a situation which would be spoilt by a recurrence, for example if you are going on your honeymoon.
- You have another illness which triggers a recurrence of herpes – a course of suppressive therapy may be appropriate until the condition triggering the outbreak has resolved.

How do I take suppressive therapy?

The only oral antiviral available for suppressive treatment in New Zealand is Aciclovir tablets 400mg. It is also available in a soluble form if you are unable to swallow tablets. The recommended dose is 400mg taken twice daily, morning and night. If you start suppressive therapy, it is important not to miss any doses and to take it regularly at approximately 12 hourly intervals. If your recurrences are not suppressed by this dose, you should discuss this with your doctor as taking 200mg four times a day may be more effective.

How long will I need to take the treatment?

Many people who use suppressive therapy say that they get so used to taking the tablets or capsules they are happy to continue with the treatment.

If you choose suppressive therapy, you do not have to stay on it permanently. If you prefer, you can take it until you feel in control of the infection, but this is usually a period of 6-12 months initially. Your doctor may suggest you stop the suppressive therapy for several months after you have taken suppressive therapy for some time, in order to assess how active your genital herpes remains. If you are still having problems with recurrences, you and your doctor may then decide that you should start suppressive therapy again.

Is it safe to take the treatment for a long time?

Aciclovir has been reported to cause no serious side-effects, even after years of use. A few people taking suppressive therapy do experience minor side-effects such as headache, nausea and diarrhoea. If you have a problem, discuss this with your doctor.

Research to date shows that people with normal immune systems who are on oral antivirals for a long period do not develop virus resistance or clinical breakthrough. Also, there is little interaction with other drugs, e.g. the contraceptive pill is unaffected by Aciclovir.

Will suppressive therapy make it easier to live with genital herpes?

Suppressive therapy may give marked improvement to your emotional well-being. Many people find the fact that they can control the infection gives a boost to their sense of well-being and self-confidence. Even if only taken for a few months, suppressive therapy can help you to come to terms with emotions caused by recurrent genital herpes, including depression and anxiety.

*However, suppressive therapy is only part of it. There are benefits gained from expert counselling from your doctor or nurse, or by speaking to a counsellor on the tollfree Herpes Helpline **0508 11 12 13**. Make sure that you continue to talk to a health professional you are comfortable with, at least until you feel completely at ease with having genital herpes and in command of the infection.*

Are any other treatments effective against genital herpes?

The antiviral drug Aciclovir was the first therapy which had been shown conclusively to be effective in treating genital herpes. New antiviral drugs have become available which work in a similar way to Aciclovir, are more effective and require less frequent dosing to treat or suppress the recurrence. These are not available in New Zealand.

Recent studies using an HSV-2 vaccine are showing some promise in both prevention and transmission of HSV-2. However, these are still in the developmental research stage and will not be available commercially for some years.

Many people find that having a healthy diet, eating regularly and getting enough sleep are helpful in preventing recurrences.

Can genital herpes harm babies, either during or after pregnancy?

Having genital herpes does not affect your ability to have a baby. Overall, the incidence of neonatal herpes (babies up to 28 days old infected by herpes) is very rare. However, when it does occur it is potentially very harmful to the baby. It is therefore important to tell your doctor or midwife if you or your partner have had a history of genital herpes. They will then be able to provide information, reassurance and optimal management.

Recurrent episodes of genital herpes during pregnancy are not harmful to the foetus. If you have genital herpes at the time when your baby is due, there is a small risk that the baby could become infected at delivery as it passes down the birth canal. This risk is most substantial for mothers who are having their first ever episode of genital herpes near to or during delivery. However, if you are simply having a recurrence of genital herpes, then the chances of your baby becoming infected at delivery are low as the baby is protected by antibodies circulating in the mother's blood.

Is it safe to take drug treatment for genital herpes during pregnancy?

As with any drug therapies, oral antiviral tablets are not routinely recommended for use during pregnancy. Aciclovir has been used for treating genital herpes for over 15 years and as with any drug, a register has been kept to report any adverse side effects for women who have taken it during pregnancy. To date there have been no adverse side effects reported for either the baby or the mother.

Due to the potential seriousness of a primary episode of genital herpes for the baby and the relative safety of Aciclovir, it is now recommended that Aciclovir is used for treating a first episode of genital herpes or severe recurrent herpes in the last trimester of pregnancy. It is believed that the benefit of using Aciclovir, by reducing the risk of transmission of herpes to the baby, outweighs the risk of not using it.

See Chapter 3: Herpes and Pregnancy, page 38.

Episodic Treatment

Episodic treatment is taking a short course of Aciclovir at the onset of a recurrence. Those who have less frequent recurrences may find episodic treatment useful. It works best if treatment is taken as soon as warning signs of an impending recurrence (such as neuralgic pain and/or tingling or buzzing sensation in the skin), occur. If taken soon enough, it may stop ulcers developing (known as aborting the lesion). It helps to have aciclovir available beforehand. If you want to use episodic treatment, ask your doctor to prescribe a supply for you.

This approach will not have any effect on asymptomatic viral shedding and hence its effect on reducing transmission is unclear and not likely to be very significant.

This approach is useful, however, for persons who have infrequent attacks or for when persons are stopping continuous suppressive therapy.

General practitioners are able to prescribe oral antivirals for suppressing herpes. Prescriptions can be filled at retail pharmacies.