

STIEF

The Facts

A guide for people with
herpes simplex



**THE NEW ZEALAND
HERPES FOUNDATION**

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Conclusion and Takeaway Points

This pamphlet was written in partnership with people with herpes, for people with herpes.

Some Key Terms

Antiviral treatment:

Use of medication that aims to reduce outbreaks and symptoms of genital herpes.

Asymptomatic shedding:

When the virus is shed from the skin with no symptoms present.

Episodic therapy:

Taking antiviral tablets when symptoms appear.

HSV:

Herpes simplex virus, the virus that causes both genital herpes and oral-facial herpes, or cold sores. The two main types are HSV-1 and HSV-2.

Outbreak:

Reappearance of symptoms.

Safe sex:

The idea of safe sex (also known as safer sex) is to enjoy sex while minimising risk of sexually transmitted infections. This includes using condoms, particularly during penetrative sex.

STIs:

Sexually transmitted infections.

Suppressive therapy:

Daily treatment with antiviral tablets to prevent herpes symptoms reappearing.

Transmission:

Passing the virus on.

Viral shedding:

A period during which the virus is active and on the skin surface, with or without symptoms.

Winning the war in your mind.

The emotional impact of being diagnosed with genital herpes is often much more significant than the physical symptoms. It is therefore valuable to have all the facts about herpes.

Section 1

Herpes - The Facts

How the Facts Can Help

Genital herpes is caused by herpes simplex virus (HSV), which is one of the most common viruses in humankind. In most cases it causes very mild symptoms or none at all. Even when the symptoms are more severe, they are simple to treat and can usually be very well controlled.

The trouble is that most people's perceptions of the virus are based on a wide range of myths, rather than the facts.

As a result, being diagnosed with genital herpes can often be both confusing and confronting.

This booklet is designed to help you clear up any confusion and start taking positive steps to understanding the diagnosis.

If you've just found out you have genital herpes, we hope you'll find it reassuring to know the facts about the virus and better understand what treatment options are available to you. The information in here should also help if you're dealing with a specific issue like managing herpes during pregnancy, or if it's your partner who has herpes.

You can read it straight through, or use individual sections for reference.

MYTH: It is shameful to have genital herpes.

FACT: Anyone who has ever had sex can get genital herpes. It is not about being clean, dirty, bad or good – it is about being sexually active.

The Key Facts

- As many as 80% of adults have a virus that causes genital herpes.
- Around 80% of people infected with genital herpes don't know they have the virus because they have very mild symptoms or none at all.
- 75% of people who have genital herpes get it from people who are entirely unaware that they have it themselves.
- The emotional impact of being diagnosed with genital herpes is often much more significant than the physical symptoms themselves.
- Facial herpes, also known as cold sores, is commonly transmitted to the genitals through oral-genital contact. Up to 50% of genital herpes is caused by the facial cold sore type (HSV-1) of herpes simplex.
- There is effective treatment available if herpes symptoms are problematic.
- Daily medication, known as suppression therapy, can prevent recurrences and reduce the risk of transmission to partners.
- The symptoms of genital herpes vary enormously. It can show up as blisters or sores, but it can also just produce a mild rash and 'paper cut' like lesions. These symptoms appear on the genitals and anal area and very rarely on a buttock, or thigh.
- The virus can be passed on when there are no symptoms present.
- Using condoms reduces the risk of passing on the virus, but doesn't completely eliminate it.
- Having genital herpes is not associated with having cervical cancer.

Having herpes simplex is normal

Herpes simplex is part of a wider group of herpes viruses. All of us have experience with these viruses. Most of us have had chickenpox (herpes zoster). Chickenpox can recur as shingles when you get older. At least 25% of us have cytomegalovirus (HH-5). Nearly all of us are positive for Epstein Barr (HH-4) antibodies. And, most of us have herpes simplex 1 or 2, or both. Even if you've not had symptomatic herpes simplex infection, well over 80% of the adult population in many countries has the virus.

More people have been infected with herpes than those who have not. It happens to lots of people, some of us with symptoms and some without. The key thing is not whether you are infected or not, but whether it is causing symptoms or not – and if it is, then what can be done about it.

The Infection

What is genital herpes?

Genital herpes is a common viral infection caused by the herpes simplex virus (HSV). There are two types of the virus, types 1 and 2 (HSV-1 and HSV-2). As well as genital herpes, HSV can infect the face and cause cold sores. HSV-1 and HSV-2 lesions look the same and can only be distinguished by a specific laboratory swab..

What is a virus?

Understanding viruses and how they work is the key to understanding genital herpes. A virus cannot live by itself and is entirely dependent on the cellular machinery of the cells it invades. Viruses and bacteria are the microbial organisms that most commonly cause infection in humans, but bacteria are larger and have their own cellular machinery which enables them to live free of cells and this makes them easier to isolate and eliminate.

Viral infections

The herpes virus enters the body through breaks in the skin or through the lining of the mouth, nose, genitals, or anal area. Once inside the cells, the virus uses the material in the cell to reproduce itself (known as replication). In this process the cell is destroyed. The disruption of the host cell is responsible for the characteristic signs (blisters, etc) and symptoms (tingling, pain, etc) of herpes infections and the release of thousands of copies of the virus. Besides entering and taking over cells at the site of infection, particles of the virus enter one of the many sensory nerve fibres which are found all over the body and proceed to move upward to where the fibre begins near the spinal cord. This is a small cluster of cells known as a sensory ganglion. In the case of facial herpes, the virus settles in a large nerve centre (ganglion) at the base of the skull, known as the trigeminal ganglion.

In the case of genital herpes, the virus retreats to the sacral ganglion, situated near the tail of the spinal cord. Once the virus reaches the ganglion, it lives there for the rest of our lives. Herpes simplex isn't the only virus many of us have living with us. Anyone who has had chickenpox is host to the varicella zoster virus, another member of the herpes virus family. This virus remains dormant for the rest of our lives; in some people, however, it can leave the nerve ganglia, travel down the nerve fibres and cause shingles. Other chronic viruses include the glandular fever virus (EBV) and cytomegalovirus (CMV). Once a virus enters our body, antibodies are produced to fight it. Antibodies are the body's natural form of defence and continue to be produced long after the initial episode.

With genital herpes, antibodies help ensure that recurrences are milder than the first episode. It is very common to find antibodies in people who have never apparently experienced an episode of genital herpes. Either the initial infection was so mild that the person was unaware that it was taking place, or it was totally without symptoms and therefore unrecognised.

Viral shedding

If the HSV reactivates in the ganglion, viral particle travels down the nerve fibres to the skin surface and may be 'shed' on the surface of the skin, with or without any signs or symptoms of infection present. This is called viral shedding. Viral shedding also occurs when blistering and/or sores are present. During these times, HSV may be transmitted to sexual partners who haven't been exposed to the herpes virus before.

How genital herpes is spread

You can get genital herpes through sexual contact (vaginal, oral or anal sex) with someone who carries the herpes simplex virus (HSV). It was once thought that transmission only occurred when blisters or sores were visible. We now know that the virus can also be passed on when no symptoms are present.

Transmission can happen in several situations:

During an active outbreak: If blisters or sores are present, the virus can easily be transmitted through direct contact.

Between outbreaks (asymptomatic shedding):

- People with recurrent genital herpes may release (or "shed") the virus from the skin even when no blisters or sores are visible.
- Once someone has HSV, they cannot be reinfected with the same type (e.g. HSV-1). However, if they carry HSV-1 facially ("cold sores"), they can still acquire HSV-1 genitally through sexual contact.
- Many people contract HSV from partners who have no signs or symptoms and are unaware they carry the virus. In fact, up to 75% of new infections are passed on this way.
- Even people who have only had one recognised episode may still shed the virus from time to time.

Because there is no reliable way to predict when asymptomatic shedding will occur, it is not possible to know exactly when a person may be contagious. Shedding is most likely just before, during, and immediately after visible symptoms, which is why sexual contact should be avoided during this time.

Between outbreaks, asymptomatic shedding occurs on a small proportion of days (about 1-5% of days per year). Using condoms reduces the risk of transmission to partners by around 50%, but does not completely eliminate the risk.

For more information see 'Transmitting the infection', page 9.

Different types of sex and herpes

The virus that causes herpes isn't choosy – any kind of sexual activity (oral, anal, penile or vaginal contact) can lead to infection. Herpes is also common across all sexual orientations, gender identities, and relationship types - it doesn't discriminate based on who you are or who you're with. However, stigma, misinformation, and a lack of inclusive healthcare can make it harder for LGBTQIA+ people to access clear, compassionate information and support.

Some groups experience different levels of risk due to variations in sexual practices and systemic health inequities. Lesbian and bisexual women are statistically at slightly lower risk than heterosexual women, but herpes can still be passed through oral sex, genital contact, or

shared toys. Gay and bisexual men, especially those who engage in receptive anal sex, face a higher risk of acquiring herpes and related complications like herpetic proctitis (a painful herpes infection of the rectum). HSV can also increase the risk of contracting syphilis or HIV, particularly during outbreaks when the skin barrier is compromised. The physical and emotional impact of herpes may be similar, but the experience of navigating stigma, disclosure, or healthcare can differ widely. The good news is that safer sex practices - like using condoms or dental dams, avoiding sexual contact during outbreaks, regular STI testing and using antivirals if appropriate - significantly reduce transmission risk. With the right information, support, and care, herpes is manageable. Everyone deserves healthcare that's affirming, inclusive, and free from judgment.

Sites of infection

The genital sites that are common for herpes sores are the vulva, the cervix and the shaft, glans (end of the penis), foreskin and base of the penis. Sometimes if herpes is on the inside of the genitalia people can get a discharge from their urethra or vagina. Herpes can also infect the skin around the anus and buttocks. If herpes is active inside the anal canal this can cause pain. Other sites where herpes sores can be present is the scrotum or the mons pubis (the triangle of skin where pubic hair grows).

Site of infection	HSV-1	HSV-2
Orofacial herpes (cold sores)	✓ (common)	✓ (rare)
Genital herpes	✓ (common)	✓ (common)
Herpetic dermatitis (rashes or inflamed skin)	✓	✓
Herpetic whitlow (finger infection, usually at the base of a fingernail)	✓	✓
Herpetic keratitis (inflammation of the cornea)	✓	✓
Neonatal HSV (infection of newborns)	✓	✓

The initial infection

The initial infection that causes symptoms is usually most severe as the body's immune system has not yet come into contact with the virus. An initial infection lasts around 14-21 days (without antivirals, which would shorten the outbreak) and it's not uncommon for someone to experience a range of generalised symptoms, such as fever, aches and pains, as well as specific genital symptoms. For others, an initial infection can be mild with minimal symptoms and often is unrecognised and undiagnosed.

The majority of people who acquire genital herpes will not experience any symptoms. Of those who do experience symptoms (20%), the first indication of infection usually starts between 2-20 days after exposure to the virus for some it may take months or even years. This is referred to as the first, initial or primary episode. The development of symptoms may take longer or be less severe in some people, especially those who have developed antibodies to HSV-1 from a previous cold sore infection.

Symptoms can start with tingling, itching, burning or pain (these are warning symptoms also known as the 'prodrome') followed by the appearance of painful red spots which, within a day or two, evolve through a phase of clear fluid-filled blisters which rapidly turn whitish-yellow. The blisters burst, leaving painful ulcers which dry, scab over and heal in approximately 10 days.

Sometimes the development of new blisters at the early ulcer stage can prolong the episode. On the other hand, the blister stage may be missed completely and ulcers may appear like cuts or cracks in the skin. People with vulvas may also notice vaginal discharge.

The severity and range of symptoms differ from person to person. People with vulvas frequently experience painful urination, and when this happens, it's important to avoid the problem of urinary retention by drinking plenty of fluids to dilute the urine and thereby reduce pain and stinging. Sitting in a partially filled bath when urinating also helps. People can experience generalised fever, aches and pains, and a depressed run-down feeling.

Genital herpes can be elusive

In many people, the diagnosis of genital herpes can be hard to establish. As mentioned earlier, the severity of symptoms can vary greatly from one person to another. An initial episode can, at times, be so mild as to pass unnoticed and later, due to triggers such as stress, illness, or hormonal changes, the virus can reactivate, causing the first noticeable outbreak. This may take place some months or even years after the first infection.

Up to 80% of people who have been infected with genital herpes are unaware they have the infection. These people may unknowingly transmit HSV to others. In such cases genital herpes can lead to confusion and bewilderment in people, unable to understand the sudden appearance of infection.

Recurrences (see page 13 for more detail)

Some people do not experience symptomatic recurrences, but for those who do, recurrences are usually shorter and less severe than the primary episode. Recurrences may be preceded by warning symptoms (also known as prodromal symptoms) such as tingling, itching, burning or pain.

As with the initial episode, there is a large variation in people's experience of recurrences. Approximately 80% of people who have a first episode caused by HSV-2 will have at least one recurrence. The recurrence rate for genital HSV-1 infections is considerably lower, estimated to be around 10-20%. Genital herpes caused by HSV-2 recurs on average 4-6 times per year, and this will reduce with time. While HSV-1 infection occurs less often, some people having only one outbreak or no recurrences after the initial episode. A minority will have more frequent recurrences.

What triggers genital herpes?

A recurrence takes place when HSV reactivates in the nerve ganglion at the base of the spinal cord and particles of virus travel along the nerve to the site of the original infection in the skin or mucous membranes (e.g. the moist skin lining the inside of the genitals, mouth, anus and urethra). Sometimes, the virus travels down a different nerve causing recurrent symptoms at another site such as the buttocks or thighs.

Although it is not known exactly why the virus reactivates at various times it is likely that triggers may be individual; the cause can be separated into the physical and the psychological.

Physical:

- **Hormonal:** Menstrual cycle, the hormonal fluctuations during

menstruation can trigger a herpes episode in some individuals. Changes in oestrogen and progesterone levels may affect the immune response or cause localised inflammation, which can contribute to an outbreak.

- **Immunological:** Being run-down - Physical exhaustion or general fatigue can weaken the immune system, making it easier for the herpes virus to reactivate. Any illness or condition that suppresses the immune system, such as HIV, certain medications, or chronic diseases, can trigger a herpes recurrence. Drinking alcohol - Excessive alcohol consumption can suppress the immune system, reducing the body's ability to keep the virus dormant, potentially leading to an outbreak.
- **Local skin trauma:** Friction or damage to the skin - Activities such as over washing and poorly lubricated sex can cause irritation or microtrauma to the genital skin. A concurrent genital infection can compromise the skin barrier, making it easier for the herpes virus to reactivate.

Psychological:

Periods of stress or depression may precipitate more frequent recurrences. It is also common to experience stress and anxiety from having recurrences.

Transmitting the infection

People with herpes can be infectious either at the time of symptoms or sometimes when there are no symptoms present. People who experience an episode of herpes, either facial or genital, should consider themselves infectious from the first symptoms to the healing of the last lesion.

Facial herpes lesions (cold sores) are also an important source of infection through oral sex and this should be avoided if one partner has a facial cold sore. People worry a great deal about transmitting genital infection, but are less concerned about facial herpes (cold sores).

People with no obvious lesions can still have infectious virus present at certain times through a process known as "asymptomatic viral shedding" (see page 6). This is true for facial herpes and genital herpes.

Occasionally one partner in a long-term relationship may develop symptoms of herpes for the first time. Often this is due to one or both of the partners being carriers of HSV and not knowing it. It does not necessarily imply recent transmission from someone outside the relationship.

By avoiding sex when the signs of herpes are present, and by using condoms with sexual partners between outbreaks, the chance of passing on herpes is reduced. Taking daily oral antivirals, known as suppressive therapy (see page 14), makes the chances of passing on herpes extremely low.

It is highly unlikely that HSV will be passed on to other people by the sharing of towels or toilet seats. Outside the body the virus dries and cannot survive for more than a few seconds. The virus is killed by the use of soap and water (please do not put soap on your genitals).

Diagnosis

Accurate diagnosis of genital herpes is important and includes taking a history, doing a physical examination and taking a swab for laboratory testing. Herpes is not tested for as part of a routine sexual health check-up.

Diagnosis is easier if early ulcers or blisters are present, but we would still encourage you to see a clinician and have an HSV swab taken if you have a painful break in the genital or anal skin.

Laboratory confirmation

In order to confirm genital herpes, it is necessary to prove the presence of HSV-1 or HSV-2. The usual procedure is for the health care professional to take a swab from the area affected. Because it is possible for a person with genital herpes to have another sexually transmitted infection (STI) at the same time, a full check for STIs may be appropriate.

Blood tests

Commercial blood tests and over the counter testing kits specific for HSV-1 and HSV-2 antibodies are available but are not recommended for use in the general population as a routine screen. Their use causes more harm than good. The blood test is not accurate when used as a screening test and is unable to tell you the site of the infection, or how long you have had HSV for. The time taken to develop antibodies is usually 2-6 weeks after infection, but it may be up to 6 months and false positives and false negatives can occur.

What It Means to Have Genital Herpes

Overall health

Genital herpes is essentially a minor, sometimes recurring, skin infection; 'cold sores' which occur on the genitals rather than the face. It does not cause long-term ill health or affect longevity of life. People who get genital herpes can and do lead perfectly normal lives.

A primary infection can involve generalised 'flu'-like symptoms. This, combined with the pain and discomfort of the sores and can leave people feeling very run-down. Fortunately, recovery is fast and recurrences are much milder.

Sexual relationships

People with recurrent genital herpes may adjust some aspects of sexual intimacy. For example, using non-genital forms of sexual contact when skin blisters or ulcers are present. It also means considering if, how and when you are going to tell a sexual partner (see Section 2: Herpes and Relationships, page 16). Many people do not understand what it means to have genital herpes or realise how common it is. However, most people react supportively when told and appreciate and respect your honesty. People who choose not to tell a sexual partner risk the burden of fear, guilt and secrecy.

In a long-term monogamous relationship, when one person gets herpes and the other person is not symptomatic, it is most likely both parties have the virus, so using a condom as a means of protection is not necessary as they cannot reinfect each other.

For people who experience problematic herpes recurrences, suppressive antiviral therapy, will help reduce the frequency of outbreaks and will reduce the risk of transmission.

Fertility

Genital herpes is not hereditary. HSV has no effect on fertility and is not transmitted via sperm or egg cells.

Pregnancy

See Section 3: Herpes and Pregnancy, page 21.

People with genital herpes can experience a safe pregnancy and vaginal delivery. This is especially so when someone has a diagnosis of genital herpes prior to becoming pregnant. In the situation when the person already has a history of genital herpes, they will have antibodies circulating in their blood which will protect the baby during the pregnancy and delivery.

Being a parent

Genital herpes in either parent does not affect children and there is little risk of transmission.

Parents should be aware, however, that HSV can be transmitted from facial cold sores simply by kissing and can cause serious, widespread (disseminated) infection in the newborn.

Parenting, children and genital herpes – Reassurances

Parents often worry about passing on genital herpes to their children in the course of daily life (we are not referring here to pregnancy and childbirth – that's another topic).

The key message is – loving parents (which includes grumpy, tired, in-need-of-a-break parents) do not pass on genital herpes to their children through the 'normal' intimacies of family life. It's important that fear of transmission doesn't get in the way of loving touch and shared experiences.

- Snuggling in bed together is 'safe'.
- Sharing a bath, shower, spa or the swimming pool together is also 'safe'.
- Washing clothes in the same washing machine, even when a person has a recurrence, will not pass on the virus.
- If an adult has touched their genital area and forgotten to wash their hands, the risk of transmission is very low as the virus is fragile and dies easily.
- There's no need to use any special hand or toilet seat sanitisers.
- Children do all sorts of odd things that you can't anticipate. Even if they put your worn knickers on their head they are not going to contract the virus – relax and laugh with them.

Managing Genital Herpes

Treatment options:

Simple treatments for the relief of discomfort

The following treatments may alleviate the pain and discomfort of genital sores.

- **Salt baths**, used to wash the genital area, can clean, soothe and dry the sores. Use 1 teaspoon of salt in 600ml of water or a handful in a shallow bath.
- **Pain relievers** include simple analgesics (such as aspirin, paracetamol, ibuprofen), ice wrapped in a cloth (which can be soothing if applied directly to the sores) and gels with an anaesthetic component (e.g. Lignocaine).
- **Loose underclothes**, preferably cotton, can help minimise discomfort and allow healing.

For anyone who is experiencing pain when urinating, sitting in a warm bath or using a bottle full of water and spraying water on yourself while urinating can make the process less painful. It is extremely important to drink plenty of fluids as this dilutes the urine. Talk to your health professional if you can not urinate, your pain is severe or you are experiencing nerve pain as additional medical therapy may be indicated.

Antiviral therapy

The standard, effective and specific treatment for genital herpes is antiviral therapy, which is usually in tablet form. Antiviral drugs work by stopping HSV from replicating in the body. The antiviral drug only

works in body cells where the herpes virus is present, therefore making the drug safe and are unlikely to cause side effects. The treatment only works while you are taking the drug and cannot prevent future outbreaks once you stop taking it.

Antiviral treatments can:

- Shorten the duration of a genital herpes outbreak and help speed healing.
- Reduce the number of outbreaks suffered – or prevent them completely.
- Significantly reduce the risk of transmission.

Antiviral medications can be used in two ways:

- **To treat outbreaks as they happen** – this is known as ‘episodic’ treatment. With episodic treatment, the aim is to shorten the time each outbreak lasts and to relieve symptoms. This works best in people who experience symptoms some hours before blistering occurs.
- **To prevent or reduce recurrences** – this is known as ‘suppressive’ therapy. If your recurrent outbreaks are problematic you can take oral antiviral medication every day to help prevent recurrences happening.

Suppressive therapy is taken continuously, i.e. daily, for months or even years. Suppressive antiviral therapy has also been shown to reduce viral shedding between episodes and therefore may help reduce the risk of transmitting the virus to sexual partners. Asymptomatic shedding occurs 2 to 5% days per year. Studies have shown suppressive treatment with valaciclovir reduces transmission of asymptomatic herpes by 75% so nearly eliminating the risk of transmission. Valaciclovir tablets are the recommended treatment for herpes in New Zealand.

Valaciclovir, which is available fully subsidised by prescription, is very safe and effective, even when taken for long periods of time.

For people experiencing the initial or primary episode, a course of valaciclovir tablets can markedly reduce the duration of the episode and give effective relief from symptoms.

Valaciclovir does not eliminate the herpes virus from the body and therefore a course of valaciclovir will not provide a “cure”, but assists in the management of the infection.

Topical therapy

Topical antiviral creams are available over the counter but are no longer subsidised on the pharmaceutical schedule and are not recommended as a treatment for first episode or recurrent genital herpes as they are of little benefit.

Counselling

If you have just found out that you have genital herpes, it is likely that you will have a lot of questions.

A diagnosis of genital herpes often comes as a shock. Adequate information about genital herpes and the implications for the future are an important part of the initial treatment. Counselling offers a way of dealing with any concerns you may have.

Our Herpes Helpline has a specialist nurse counsellor who will be able to provide support and education around a herpes diagnosis. The Helpline is open 9am to 5pm on weekdays if you would like to speak to one of our nurse counsellors.

Phone **0508 11 12 13** toll free from a landline, or **09 433 6526** from a mobile. Alternatively you can email your questions through to **info@stief.org.nz**.

Support groups

The experience and support of other people with herpes can be extremely valuable for some. However, NZHF does not recommend any specific support groups as we cannot guarantee that they will always offer safe, accurate, or appropriate information.

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. Valaciclovir/aciclovir have 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.

Individuals will find their own method of what works best for them and it is important you have a health care professional who works with you and leaves you in control of the process once you have all the information.

Recurrences

Once you have acquired the genital herpes simplex virus it remains permanently resident in your body, living in a structure called the dorsal root ganglion, which is part of the sacral ganglion (nerve tissues) 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, and menstruation.

Many people find that as the years go by the number and severity of their recurrences naturally diminish. Education and counselling will often help an individual cope with recurrences.

Supportive Cares:

Many patients choose to not use antiviral medication as their recurrences are rare and mild. Supportive cares include:

- simple analgesia (paracetamol, ibuprofen)
- saline rinses

What is 'episodic treatment'?

Episodic treatment is taking a short course of valaciclovir 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 pain and/or tingling or buzzing sensation in the skin) occur.

As soon as you get the 'warning' signs of a herpes recurrence, take valaciclovir 500mg twice daily for 3 days. If taken soon enough, it may stop ulcers developing. It helps to have valaciclovir available beforehand.

Ask your health care professional to provide a prescription of 48 x 500mg valaciclovir tablets (enough cover for 8 episodes) so you can self-initiate

treatment at the onset of symptoms. An increasing number of pharmacists are able to supply an episodic course of antiviral medication for people with a recurrence of facial or genital herpes, if you can't get an appointment with your usual health care provider.

Episodic treatment is useful for people who have infrequent attacks or for when people are stopping continuous suppressive therapy. It doesn't stop asymptomatic shedding so has no effect on reducing transmission.

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. If recurrences do occur, they are usually less severe and shorter lasting.

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 reduce the risk of asymptomatic shedding, normally 2% to 5% of days per year, by 75%. 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?

Taking suppressive therapy, even for a short time, may help you break the cycle and give you a sense of control over the infection. Suppressive antiviral therapy is suitable for you if any of the following applies to you:

- You want to reduce the risk of transmission to your sexual partner/s
- You are having frequent recurrences.
- You have less frequent but particularly severe or long lasting outbreaks.
- You find recurrences of genital herpes are making you depressed, anxious or withdrawn, or the emotional upset caused 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.
- 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 to start suppressive therapy before you go on holiday and continue on it until you return, thereby reducing the chance of a recurrence.
- You want a worry-free period when getting into a new relationship and are working through when and how to tell.
- 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 spoiled 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?

Valaciclovir is the recommended treatment for suppressive therapy in New Zealand. If you start suppressive therapy, it is important to take it at the same time every day without missing out days or taking it haphazardly. If you continue to get symptoms while taking one 500mg tablet of valaciclovir a day then talk to your health care professional about increasing the dose.

How long will I need to take 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, this is usually a 12 month period. Your health care professional may suggest you stop the suppressive therapy for a time that is sufficient to establish whether the pattern of recurrence has changed or at least 2 recurrences, in order to assess how active your genital herpes remains. If you are still having problems with recurrences, you and your health care professional may then decide that you should start suppressive therapy again.

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

Valaciclovir 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 health care professional. 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 valaciclovir or acyclovir.

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

Suppressive therapy may give marked improvement to your emotional wellbeing. Many people find that controlling 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 genital herpes. Make sure that you continue to talk to a health professional you are comfortable with, until you feel at ease with having genital herpes.

Are any other treatments effective against genital herpes?

Many people find that having a healthy diet, eating regularly and getting enough sleep are helpful in preventing recurrences. Herpes vaccines are still in the research stage and will not be available commercially for some years.

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

Oral antiviral tablets are not routinely recommended for use during pregnancy. However, valaciclovir/aciclovir have been used for treating genital herpes for over 40 years in pregnant people who need it. To date there have been no adverse side effects reported for either the baby or the parent.

Due to the potential seriousness of a primary episode of genital herpes for the baby and the relative safety of valaciclovir/aciclovir, it is recommended that valaciclovir/aciclovir are 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 valaciclovir/aciclovir, by reducing the risk of transmission of herpes to the baby, outweighs the risk of not using it.

See Section 3: Herpes and Pregnancy, page 21.

Section 2

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 help you explore ways of feeling more confident in discussing herpes in the context of a sexual relationship.

Cold sores on the face and genital herpes are medically the same condition. The significant difference arises from the stigma that tends to accompany an infection that is associated with being 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 in reality this 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 their sexual partners. 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, telling your partner and allowing them to enter into the relationship with full knowledge of your infection, will provide an opportunity for them to learn about genital herpes. 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 about 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. And remember, your partner may already have one or both strains of HSV; just because they have never had symptoms doesn't mean they don't have it.

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

Inaccurate and stigmatising articles and advertising have contributed to many of us having negative herpes-related beliefs 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 face (cold sore) 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.
- Using 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 that you are going to end up in bed with someone then it's probably important to tell them before that happens.

However, it's often best to give it a few dates or a little bit of time 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. Where appropriate, 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 in a crowded bar or at a party, en route to a romantic weekend, or raising it when you've just finished having sex. Talking just prior to having sex is not a good idea either.

Bring up the issue when you are not already 'in the mood' for sexual intimacy. The discussion could take place anywhere you feel safe and comfortable and allow for the possibility that one or both of you might get emotional.

Some people find it easiest to broach the subject over a quiet dinner at home where there are few distractions. 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 walk off a little nervous energy at the same time.

Try to be natural and spontaneous, and try to speak calmly and clearly. 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 nonthreatening ways to prompt discussion. They are not intended to be regarded as scripts.

- Instead of taking the “I have something important to tell you” route, treat this as an opportunity to discuss how you want to approach sex and dating. This is a good time to ask how recently they were last tested for STIs, and to discuss what forms of protection and contraception you want to use together.
- “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 face, 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?”
- “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?”

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 need a little time to assimilate the information. Consider giving them reading material or referring them to a sexual health clinic, the Herpes Helpline (0508 11 12 13 toll free from a landline or 09 433 6526 from a mobile) or the herpes website www.herpes.org.nz, to verify the information you’ve given them. Whatever the reaction, remember that it took you time to adjust as well.

Negative reactions are often the result of misinformation. Occasionally a partner 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 them to speak with a medical expert or the Herpes Helpline counsellor.

The majority of people will react well. They will respect the trust you demonstrate in sharing a personal confidence with them. It is true that in an intimate sexual relationship with a person who has herpes (facial or genital), the risk of contracting herpes will not be zero, but while there is a possibility of contracting herpes this is a possibility for any sexually active person. And the person may unwittingly already have been exposed to the herpes virus in a previous relationship.

All relationships face challenges, most far tougher than herpes. Good

relationships stand and fall on far more important issues – including communication, respect and trust.

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 empathy.

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 clinician, 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.

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 they have 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 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 genital-to-genital 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, potentially 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, they are likely to feel generally unwell and have a fever, headache, and general bone and muscle aches, as well as discomfort in the genitals. They may develop painful blisters which turn into ulcers, which gradually heal, without scarring.

The severity of this first episode varies between individuals, but for some people it may be severe and last for up to 3 weeks if not treated.

These symptoms should quickly resolve with treatment. The clinician should have given your partner a course of antiviral treatment. This is an effective medicine which, although it does not cure genital herpes, will speed up recovery.

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, which may cause your partner to feel angry and shocked by the diagnosis.

Anxiety, guilt, loss of confidence 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 their 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 mild, infrequent, or unrecognised symptoms. Diagnosis is made from having laboratory confirmation from swabs taken from an active sore.

If I don't have symptoms, are there any tests to find out if I have HSV?

- You can only get an accurate diagnostic test if you get symptoms and have a swab taken while the symptoms are there.
- A herpes blood test which tests for type specific antibodies (known as HSV Serology) is **NOT** recommended as a screening or diagnostic test. False positives and false negatives are common in these tests and they do not identify the site of the infection.
- There are kits available online that claim to test for STI's including HSV 2. These are **NOT** reliable and should not be used.

Do the symptoms return?

The symptoms of genital herpes may reappear from time to time. 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, tiredness, and/or friction due to sexual intercourse.

If your partner has frequent or severe episodes of genital herpes, or if herpes is causing a lot of anxiety for your partner, then they may benefit from suppressive therapy (taking oral antiviral tablets continuously), which helps prevent 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 by 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 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/Candida 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.

Sores in other areas – such as anally, 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, even during an outbreak, by sharing cups, bath water, or from toilet seats. 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 pamphlet and discussed genital herpes with your partner, you might have specific questions or concerns. You can ring the Herpes Helpline **0508 11 12 13** toll free from a landline or **09 433 6526** from a mobile, or your health care professional or your partner's health care professional should be able to answer such questions or recommend other experts who can provide advice and support.

The NZHF website www.herpes.org.nz has more information.

Section 3

Herpes and Pregnancy

General Information about Herpes and Pregnancy

Having genital herpes does not affect your ability to have a baby. But in babies, HSV can cause a very rare, but serious, illness. It is important to tell your health care professional 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 your baby is due, there is a small risk that the baby could become infected at delivery. This risk is highest (40 - 60%) if you acquire your first ever episode of genital herpes in the last 6 weeks of pregnancy. By contrast, if you are simply having a recurrence of herpes at term, the risk is very low (<1%) because protective antibodies are passed to the baby through the placenta.

How can herpes simplex spread to an infant?

- Herpes simplex is most often spread to an infant during birth if the parent has HSV in the birth canal during delivery.
- HSV can also be spread to the baby if they are kissed by someone with an active cold sore.
- In rare instances, HSV may be spread by touch, if someone touches an active cold sore and then immediately touches the baby.

How can herpes harm a baby?

HSV can cause neonatal herpes (infection in babies up to 28 days old), a rare but life-threatening infection. Neonatal herpes can cause eye or throat infections, damage to the central nervous system, developmental delay, or death. Early treatment with intravenous antivirals may reduce risk of lasting damage.

How many babies get neonatal herpes?

Less than 0.1% of babies born in the United States each year get neonatal herpes. The limited information from Australasia suggests the incidence is even lower in Australia and New Zealand (0.004% of live births in Australia).

By contrast, some 20-25% of pregnant people have genital herpes. This means that the great majority of pregnant people with genital herpes give birth to babies who do not become infected.

Which babies are most at risk?

Babies are most at risk from neonatal herpes if the pregnant person contracts genital HSV for the first time late in pregnancy. This is because a newly infected person does not have antibodies against the virus, so there is no natural protection for the baby during birth. In addition, a new herpes infection is frequently active, so it's highly likely that the virus will be present in the birth canal during delivery.

What about pregnancy and genital herpes?

People who acquire genital herpes before they become pregnant have a very low risk (less than 1%) of transmitting the virus to their babies. This is because their immune system makes antibodies that are passed to the baby through the placenta. Even if HSV is active in the birth canal during delivery, the antibodies help protect the baby. **In the third trimester, suppressive antiviral therapy (aciclovir or valaciclovir) is recommended** for pregnant people with recurrent herpes, to reduce the chance of an outbreak at delivery and the need for caesarean section.

Protecting the Baby: Pregnant people with a history of genital herpes

Talk with your obstetrician or midwife. Make sure they know you have genital herpes.

- At the time of labour, check yourself for any symptoms in the genital area – sores, itching, tingling or tenderness. Your health care provider should also examine you with a bright light to detect any signs of an outbreak.
- The choices regarding an active outbreak at the time of delivery should ideally be discussed with your Lead Maternity Carer (LMC) early in the pregnancy. If you contract genital herpes in the third trimester and lesions are present at delivery, caesarean is recommended. For known genital herpes recurrences, vaginal delivery is usually safe, with a low transmission risk (<3%), but decisions should be made case by case and always in conjunction with your LMC.
- Ask your LMC not to break the membrane. The bag of waters may help protect the baby against any virus in the birth canal.
- Ask your LMC not to use a foetal scalp monitor (scalp electrodes) during labour to monitor the baby's heart rate unless medically necessary. This instrument makes tiny punctures in the baby's scalp, which may allow herpes virus to enter. In most cases, an external monitor can be used instead.
- Ask that a vacuum or forceps not be used during delivery unless medically necessary. These instruments can cause microtrauma to the baby's scalp, allowing virus to enter.
- After birth, watch the baby closely for about 4 weeks. Symptoms of neonatal herpes include blisters on the skin, fever, tiredness, irritability, or poor feeding. While these symptoms can be similar to several mild illnesses, don't wait to see if your baby will get better - seek urgent medical review.

Protecting the baby: If you don't have genital herpes

The greatest risk of neonatal herpes is to babies whose mother contracts a genital infection for the very first time late in pregnancy. While this is a rare occurrence, it does happen, and can cause a serious, even life-threatening, illness for the baby.

How can I get tested for genital HSV?

If you have symptoms, the best test is for a swab to be sent for laboratory confirmation and typing. To perform this test, your health care provider must take a sample from an outbreak while it is active, preferably on the first day. Test results are available in a few days.

How can I make sure I don't get genital HSV?

If you test negative for genital herpes, the following steps can help protect you from getting an infection during pregnancy:

- If your partner has genital herpes, abstain from sex during active outbreaks. Between outbreaks, use a condom from start to finish every time you have sexual contact, even if your partner has no symptoms. (HSV can spread when no symptoms are present.) Consider abstaining from sex during the last trimester. Your partner may also consider the use of suppression therapy.
- If you don't know whether your partner has genital HSV, you may wish to speak with your LMC regarding your risks. If your partner has genital or facial HSV, there is a chance that you may acquire it unless you take steps to prevent transmission.
- Do not let your partner perform oral sex on you if your partner has an active cold sore (facial herpes). This can give you genital herpes.

What if I contract genital HSV during late pregnancy?

If you experience genital symptoms, or believe you have been exposed to genital HSV, tell your obstetrician or midwife at once. However, be aware that herpes can lie dormant for several years. What appears to be a new infection is usually an old one that is causing symptoms for the first time. If a pregnant person gets a new genital HSV infection during the last 6 weeks of pregnancy, a caesarean delivery is strongly recommended, even if no outbreak is present, as there is a greater than 50% risk of neonatal HSV.

How can I protect my baby after birth?

A baby can get neonatal herpes in the first 8 weeks after birth. This infection is almost always caused by a kiss from someone who has a cold sore. To protect your baby, don't kiss them when you have a cold sore, and in general ask others not to kiss your baby. If you have a cold sore, wash your hands before touching your baby.

For Partners of Pregnant People

Remember, approximately 20% of sexually active adults have genital HSV, and most do not have symptoms. If you find that you have the virus, follow these guidelines to protect your partner and the baby during the pregnancy:

- Use condoms from start to finish every time you have sexual contact, even if you have no symptoms. HSV can be spread even when no symptoms are present.
- If you have genital outbreaks, abstain from sex until the outbreak has completely healed.

- Talk with your health care provider about taking antiviral medication to suppress outbreaks and to reduce the risk of transmission between outbreaks.
- Consider abstaining from intercourse during the last trimester. Explore alternatives such as touching, kissing, fantasising, and massage.
- If you have cold sores (usually caused by HSV-1), avoid performing oral sex on your partner unless using a dental dam from start to finish, even if you have no symptoms.
- Make sure your partner's LMC knows about your herpes history, so the baby's care can be managed safely.

The best way to protect your baby from neonatal herpes is to prevent contracting genital HSV during late pregnancy, especially during the last 6 weeks.

Section 4

Facial Herpes

What is Facial Herpes?

Facial herpes is also known as cold sores, fever blisters, sun blisters, oro-facial herpes, herpes labialis and herpes febrilis. It is characterised by groups of fluid-filled blisters, or sores that appear on the skin, in or around the nose and mouth. It is usually herpes simplex virus type 1 (HSV-1) and very rarely herpes simplex virus type 2 (HSV-2).

How Do You Get It?

Facial herpes is transmitted from someone carrying the herpes virus to a person who has not been exposed to it before. Infection is most commonly acquired as a baby or a child from contact with relatives (for example kissing). The person transmitting the virus does not always have to have typical facial herpes symptoms at the time of transmission. For instance, virus is often shed from the lips before blisters appear and it is also possible to shed infectious virus particles without noticeable symptoms.

Most people will have come into contact with the virus between the ages of 3–5, but only one in three of these will have a first episode with symptoms.

What Does the Virus Do?

The HSV virus enters the cells of the outer layer of the skin, causing fluid-filled blisters to appear. The virus travels from the epidermis along the nerve paths to the trigeminal ganglion, a bundle of nerves close to the inner ear, where it lies hidden until it is reactivated.

Once acquired, the virus stays in the body for life, lying dormant in the nerves and sometimes causing recurrences.

The initial infection

When a person is infected with herpes for the first time, the episode is called a primary infection. The primary infection can progress in different ways. Most will have no symptoms, some will have mild symptoms and some will experience discomfort. Sores can develop on the face, inside the nose or inside the mouth.

This first outbreak usually starts 1–3 weeks after the virus has invaded

the skin and may last 10-14 days (without antivirals), subsequent episodes known as recurrences may last 7-10 days (without antivirals).

An outbreak has four stages:

1. A tingling feeling in the skin.
2. Slight swelling and then development of a cluster of fluid-filled blisters which are often painful.
3. The blisters burst and leave ulcers/sores.
4. The sores eventually dry, scab over and heal without scarring after 8 to 10 days.

The virus can spread until the sores are completely covered by scabs and the infection will usually be external.

Recurrences

The virus remains hidden in the nerves for the rest of the person's life and becomes active again from time to time. Some people have few or no outbreaks while others have regular recurrences. They seem to become less frequent with age.

Sites of infection

Most commonly, herpes simplex affects the lips or nasal region, causing cold sores. Recurrences may affect the eye region or even involve the eye itself. Eye infection with HSV is also known by several other names, including: herpes keratitis, herpes conjunctivitis and herpes stromal keratitis. Deep infection of the eye is very rare, but can cause a syndrome called acute retinal necrosis. In children, the virus can infect the mouth and throat. The infection may be accompanied by a fever and general aches and pains.

What triggers facial herpes?

The factors which can trigger outbreaks differ from person to person. Trauma, fever, exposure to sunlight, extreme weather conditions, menstruation, or anything that lowers the immune system, such as a cold, flu or general illness, can cause reappearance in some people. In others, there is no obvious cause.

Transmitting facial herpes

People who experience an episode of herpes, either facial or genital, should consider themselves infectious from the start of the episode (i.e. tingling sensations) to the healing of the last ulcer. During this time the virus can be transmitted to other people and in rare cases, can be transferred to other areas of the body. Increasingly, genital herpes (genital HSV-1) is being caused by face-to-genital transmission. Remember, most of us acquire facial herpes in the first 5 years of our lives.

To help prevent transmission, you should avoid:

- Kissing anyone or sharing, lip balms, drinking cups, drink bottles, or eating utensils when you have a cold sore present (normal washing and drying kills HSV-1 on cups/utensils).
- Having oral sex when you or your partner have facial or genital sores.
- Using saliva to wet contact lenses if you have sores around your mouth.
- Sharing face flannels (although transmission during this route would be highly unlikely).

Precautions

Hygiene is important for people infected with this virus. Try to avoid direct contact with the sores but if this does occur, wash your hands with soap and water and dry thoroughly. Avoid picking at the sores as this can spread the virus to other parts of the body or result in a bacterial infection of the sores. Avoid the use of harsh detergents on the affected skin.

The body's defences can be strengthened by a healthy lifestyle. Try to eat a varied diet, exercise regularly and get enough sleep. Using a sunblock may help to prevent a recurrence in some cases.

How to diagnose facial herpes

Accurate diagnosis of facial herpes is made most easily and accurately at the time of an active herpes infection. A combination of the patient's medical history and the appearance of the sores will usually be sufficient to identify facial herpes. A swab of the lesion can be used to confirm it.

Possible complications

- The sores may become infected by bacteria.
- The virus can spread to fingers, causing painful swelling and lesions (known as herpetic whitlow)
- If the condition spreads to the eyes, in severe cases, it can damage vision (known as herpetic keratitis).
- A very rare complication is swelling of the brain (known as encephalitis).
- In patients who suffer from atopic dermatitis, in rare cases, the cold sores can spread to larger parts of the body (known as eczema herpeticum).
- Massive cold sores can be a sign that another infection, pneumonia or HIV, for example, has weakened the body's defences.
- When a primary infection occurs in the mouth this is commonly called herpetic gingivostomatitis. Initially, this can take the form of painful sores affecting the mouth, gum, throat and lips, which may last for more than 14 days if left untreated. Herpetic gingivostomatitis should be treated with antiviral medicine. Most patients also require painkillers or even local anaesthetics, applied directly to the site, to ease the discomfort so that they can eat and drink.

Treatment

Facial herpes may be treated, and sometimes even prevented, with an antiviral drug, valaciclovir, which is available as tablets (you need a health care professional or pharmacist prescription). There are also over-the-counter cold sore treatments your pharmacist can advise you about.

Painkillers and a pain-relieving mouthwash may also ease the symptoms. The treatment should be started as soon as the first symptoms appear. Each episode can be treated with tablets or cream to speed the healing process. If episodes are very frequent or problematic, taking antiviral tablets daily may help prevent outbreaks.

Conclusion and Takeaway Points

One of our patients has said:

“One thing I would like to reinforce: Please do not define yourself as ‘someone with herpes’. Everyone has an infection or some health issue (some of which are so much worse than herpes), at some point. Herpes may be one of them, but it is not the end of the world and does not define who you are. I see it as a skin problem and we have a role to play in not dramatising the infection. There is effective treatment and herpes is not life-threatening.”

- Herpes is not the end of the world and does not define who you are. It is “cold sores” – no more, no less.
- Herpes is a skin problem, not a life-threatening infection and is manageable and treatable.
- Having accurate up-to-date information is key to understanding and coming to terms with having herpes.
- Knowledge is power and over time it allows feelings about the virus to be integrated and normalised.
- Getting herpes in perspective and winning the war in your mind neutralises the ‘stigma’ attached to a diagnosis.

For further information

We recommend you read **Herpes Myth vs Facts** on herpes.org.nz, or email info@stief.org.nz to have a copy posted.

If you want further information regarding herpes treatment, or herpes support groups, you can:

- See your own health care professional
- Visit a clinician at your local Sexual Health Clinic
- Ring the Herpes Helpline **0508 11 12 13** tollfree from a landline or **09 433 6526** from a mobile alternatively email info@stief.org.nz to correspond with a counsellor
- Visit the herpes website www.herpes.org.nz

Sexually Transmitted Infections Education Foundation

Copies of this pamphlet are available from:

STIEF, PO Box 2437, Shortland Street,
Auckland 1140, New Zealand

info@stief.org.nz
stief.org.nz

New Zealand Herpes Foundation
herpes.org.nz

Helpline toll free: **0508 11 12 13**

Phone: **09 433 6526**



**View our sexual health website for rangatahi, including a
national database of sexual health providers:**

justthefacts.co.nz

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