



FREQUENTLY ASKED QUESTIONS

FAQ054

GYNECOLOGIC PROBLEMS

Genital Herpes

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What is genital herpes?

Genital herpes is a **sexually transmitted infection (STI)**. It is caused by a virus called herpes simplex virus (HSV). Infection with HSV can cause painful sores and blisters around the lips, genitals, or anus. Sometimes, infection with HSV causes no sores. It is possible to have HSV and not know it. There is no cure, but the infection can be managed.

Is there more than one virus that can cause genital herpes?

There are two types of HSV that can cause genital herpes: 1) HSV-1 and 2) HSV-2. The most common cause of genital herpes is HSV-2. HSV-1 usually causes cold sores that appear on the mouth, lips, and eyes, but it is becoming more common as a cause of genital herpes, especially in young women.

How common is the herpes virus?

At least 50 million people in the United States—about one in six adults—are infected with HSV. Genital herpes is more common in women than in men.

How does infection with the herpes virus occur?

HSV is spread through direct contact with herpes sores, usually during vaginal, oral, or anal sex. HSV also can be present on the skin even if there are no sores. If a person comes into contact with the virus on an infected person's skin, he or she can become infected.

After a person is first infected, HSV stays in the body. It travels to nerve cells near the spine and stays there until something triggers it to become active again. When this happens, the virus then travels along the nerves, back to where it first entered the body, and causes a new outbreak of sores and blisters. This is called a recurrence. The virus can be passed to others during a recurrence.

How long does it take after infection with the herpes virus for symptoms to appear?

When a person is first infected with HSV, symptoms appear about 2–10 days after the virus enters the body.

What are the symptoms of the first herpes outbreak?

At first, there may be flu-like symptoms, such as fever, chills, muscle aches, fatigue, and nausea. Sores may appear as small, fluid-filled blisters on the genitals, buttocks, or other areas. The sores often are grouped in clusters, and the area where the sores appear may be swollen and tender. If sores are on the genitals, a stinging or burning feeling while urinating is common.

The first outbreak of genital herpes may last 2–4 weeks. During this time, the sores break open and release fluid. Over a period of days, the sores become crusted and then heal without leaving scars.

What are the symptoms of recurrent herpes outbreaks?

When an outbreak is about to happen again, there may be burning, itching, or tingling near where the virus first entered the body. Pain may be felt in the lower back, buttocks, thighs, or knees. This is called a **prodrome**. A few hours later, sores may appear. In recurrent outbreaks, there usually is no fever or swelling in the genital area. Sores heal more quickly—within 3–7 days in most cases. Also, recurrent outbreaks usually are less painful. Outbreaks usually are most frequent in the first year after infection. For many people, the number of outbreaks decreases over time.

Are symptoms of herpes virus infection the same for everyone?

No. Many people infected with HSV have no symptoms. When symptoms do occur, they vary with each person. Some people have painful outbreaks with many sores. Others have only mild symptoms that may go unnoticed.

How is genital herpes diagnosed?

Laboratory tests are needed to diagnose genital herpes. If sores are present, a sample of fluid is taken from a sore. The sample is tested to see if it contains the virus and, if so, what type of HSV it is.

A blood test also can help diagnose HSV. The test looks for **antibodies** that the body creates to fight the virus. The blood test can show the type of HSV, but it cannot tell how you got the infection or how long you have been infected.

How is genital herpes managed?

Antiviral medications taken during an outbreak can shorten the length and severity of the outbreak. When taken on a daily basis, antiviral medications can reduce the number of outbreaks. This is called suppressive therapy. In some cases, suppressive therapy can prevent outbreaks for a long time. It also reduces the risk of giving herpes to someone else.

How can I avoid passing the herpes virus to my sexual partners?

If you have genital herpes, you need to take steps to avoid passing HSV to your sexual partners:

- Tell current sexual partners that you have genital herpes. Even if your partners do not have sores, they may want to be tested. The blood test for herpes can be done when no sores are present. You also should tell future partners before having sexual contact.
- It is possible to pass HSV to someone else even when you do not have sores. The virus can be present on skin that looks normal, including right before and after an outbreak. Using male latex condoms (or polyurethane for those allergic to latex) may reduce your risk of passing or getting HSV, but they do not provide complete protection. Areas of skin that have the virus but are not covered by the condom can spread the infection. Suppressive therapy can reduce the risk of passing the infection to a partner.
- Be alert to the prodromal symptoms that signal an outbreak coming on. Avoid sexual contact from the time you feel these symptoms coming on until a few days after the sores have gone away. Wash your hands with soap and water after any possible contact with sores. This will keep you from reinfecting yourself or passing the virus to someone else.

People with HSV-2 infection have an increased risk of getting **human immunodeficiency virus (HIV)** if they have sex with an HIV-infected partner. Taking suppressive therapy does not decrease this risk.

How can the herpes virus affect pregnancy?

If a woman is pregnant and infected with HSV, it can be passed to the fetus during birth while passing through the woman's infected birth canal. This is most likely to occur if a woman first becomes infected with HSV during pregnancy and in a woman who has her first outbreak late in pregnancy. But it also can occur during a recurrent outbreak in a woman who was infected before pregnancy, although the risk is much lower.

If you have sores or warning signs of an outbreak at the time of delivery, you may need to have a **cesarean delivery** to reduce chance of infection. The decision depends on many factors, including where the sores are on your body and whether the fetus would come into contact with them during delivery.

Can I still breastfeed my baby if I have the herpes virus?

Yes, in most cases. The herpes virus cannot be passed to a baby through breast milk. However, the baby could get infected by touching a sore on your body. Make sure any sores that the baby could come into contact with are covered when you hold your baby or while breastfeeding. Wash your hands with soap and water before and after feeding your baby. If you have sores on your breast, you should not breastfeed your baby from that breast.

Glossary

Antibodies: Proteins in the blood that the body makes in reaction to foreign substances, such as bacteria and viruses.

Cesarean Delivery: Delivery of a fetus from the uterus through an incision made in the woman's abdomen.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

Prodrome: A symptom that starts before the onset of a disease.

Sexually Transmitted Infection (STI): An infection that is spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

If you have further questions, contact your obstetrician–gynecologist.

FAQ054: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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