EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Information Leaflet for Patients

Genital Herpes

The aim of this leaflet

This leaflet has been written to help you understand more about genital herpes. It will tell you what it is, what causes it, and what can be done about it.

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INFORMATION LEAFLET FOR PATIENTS 2023

Genital Herpes

What is genital herpes?

Herpes is a recurrent, life-long viral infection of the skin, mouth, and genitals. When located around the genitals (vulva, vagina, cervix, and anus) it is called *genital herpes*.

What causes genital herpes?

Genital *herpes* is caused by a virus, the *Herpes Simplex Virus* (HSV - mostly type 2, but sometimes type 1, which usually causes infection of the lips and mouth).

How do I acquire the disease and when is the risk of transmitting the virus the highest?

Genital *herpes* is a sexually transmitted infection. This means that when you have the primary infection, you need to be tested for other sexually transmitted infections. If your sexual partner(s) has lesions, he/she needs to be examined too.

Recurrences are a reactivation of an existent (but l*atent* or sleeping) infection and not a new infection; therefore, you do not need to be checked for other sexually transmitted infections again each time.

The risk of virus transmission to a partner is higher when you have blisters and just before you get clinical symptoms (a stage called *prodrome*).

It is important to remember that the use of condoms does not always prevent transmission. You should therefore not have sexual contact when you have any clinical symptoms. However, in the absence of lesions, the risk of transmission is still present because of the possibility of unrecognized viral shedding which can occur even in a long-term faithful relationship.

Is genital herpes hereditary?

No.

What does genital herpes look like?

A visible *herpes* infection often starts with an itchy or painful red spot that will develop into small blisters within a few hours, which then rapidly become small open wounds (*erosions*). They later form little crusts on the skin. Single blisters may join up to form bigger blisters and may be painful. In healthy people, the lesions are superficial and will heal without scars. Sometimes, a raised temperature, swollen lymph glands, muscle pain, tiredness, or difficulties passing urine (*urinary retention*) may occur.

The first (primary) infection occurs when the virus penetrates the skin or the mucosa. The body will react with a defence mechanism by activating the immune system. However, many women, who are infected, remain a symptomatic and do not develop visible signs of the first (primary) infection.

Following the first infection, the virus remains *latent* (or sleeping) in the local nerve at the infected site usually lifelong. In some people, the virus becomes active from time to time (*recurrence*). In some women, factors like menstruation, sexual intercourse, a raised temperature (for example with flu), decreased immune defences/system may trigger the *recurrence*, or it may happen for no obvious reason. In these individuals, the herpes virus returns to the same area as the initial infection and new lesions appear with variable frequency (*recurrence* or *relapse*). The recurrent blisters may be preceded by itching or pain before they appear. This is known as a *prodrome*. Then the spots and blisters appear, and will heal without scars in about 7 days.

Are there potential complications of the infection?

In healthy people, complications in genital *herpes* are rare.

However, when you acquire your *herpes* infection, you may suffer from the following:

- Short-lived nerve problems (such as urinary retention) which usually clears without treatment
- An added infection with yeast (*candida*) or bacteria of the genital area
- In patients with a lowered immune system (e.g. in HIV-infected individuals or cancer), *recurrences* tend to be more frequent and widespread, with deeper lesions that take longer to heal, and may form scars.

Are there risks for the unborn baby?

The baby can catch the virus from the mother through the placenta (during pregnancy) or during delivery. For women with genital *herpes* (primary *herpes* infection), the risk of transmission from mother to baby is highest (30-50%) either at delivery or near the time of delivery (within 6 weeks). The risk of transmission is low (<3%) in recurrent *herpes* lesions present at delivery or if primary genital *herpes* infection is acquired during the first half of the pregnancy.

If the baby is infected by the virus before delivery, he/she is at risk of problems with the brain and the eyes. *Herpes* virus transmission to the baby is mainly during delivery rather than during pregnancy. The risk for infection depends mainly on the severity and timing of the mother's infection, and is highest in primary infection near delivery, or if the mother is very ill with *herpes* or the baby is premature.

If the baby is infected by the virus during delivery or as a newborn, the infection may be limited to the skin, mucosa and/or the eyes (45%), may involve the brain (30%), or the infection may be widespread involving many organs like lungs, liver, and the brain (25%).

How is the diagnosis made?

Clinical examination is often sufficient to make the diagnosis. A swab from a fresh lesion should be taken to confirm the viral infection if your clinician decides a test is necessary. Biopsies of the skin lesions or blood tests are not useful.

Can genital herpes be cured?

No, the virus remains in the body, usually in a silent stage. Reactivation can only be suppressed by antiviral drugs (see treatment below).

How should it be treated?

There are two antiviral agents recommended for the treatment of genital *herpes* in pregnancy: Acyclovir or Valacyclovir, the latter being better absorbed by the body. Acyclovir or Valacyclovir are also the drugs of choice for newborn babies, because they have a good safety profile.

In a primary/first infection, mild local antiseptic creams or lotions may help to avoid secondary infection of the lesions. Oral painkillers (e.g. paracetamol) are recommended for pain control. Local anaesthetics or cold compresses can also be helpful at reducing symptoms. Acyclovir cream is not effective and is therefore not recommended for genital *herpes*.

Every episode of genital herpes (either primary or recurrence) should be treated with Acyclovir or Valacyclovir. This may be given orally in recurrent episodes and early in pregnancy (first or the second trimester), but must be given intravenously, when infection occurs for the first time or close to delivery. Treatment may be started for 4 weeks before delivery to prevent recurrences and viral shedding around delivery.

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What can I do to take care of this during pregnancy?

A careful medical history should be obtained by the clinician with regard to the mother's and her partner's *herpes* infections (oral and genital). *Herpes antibody* tests (blood tests) are not recommended as a screening test.

A C-section is needed in the following situations:

1) Cases with active disease or prodromal symptoms at time of delivery
2) Primary infection in the 6 weeks preceding delivery
3) Recurrent disease when lesions are present at time of delivery
4) In cases of previous infection earlier in the pregnancy (and if swabs positive)

What needs to be done for the baby at risk?

If the baby was delivered vaginally and the mother has active *herpes* lesions or a positive swab at the time of delivery, the baby needs to be treated with intravenous Acyclovir.

If the mother carries the risk of transmitting *herpes* to her baby (i.e. an old infection that comes back periodically), a rapid test (*PCR assay*) at delivery is required. A swab needs to be taken from the mother's genital site to detect the virus.

A newborn baby is also at risk of infection if a nurse or a visitor has oral *herpes*!

Blood tests to check for *herpes* antibodies (*serology*) are not recommended.

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