Time to talk about herpes

All things considered, we’ve come a long way. We’re getting better at discussing what were once delicate topics. For example, many women now freely and openly discuss menopause, while 50 years ago it was still often referred to in hushed tones as ‘the change’.

However, there is still some way to go in breaking down the stigma around a virus that’s so common, it affects one in eight people – genital herpes.

What is herpes?

There are two types of the herpes simplex virus – HSV1 and HSV2. Oral herpes, commonly known as cold sores, is caused by HSV1.

In the past, genital herpes was typically always caused by HSV2. However, that has now changed, says Dr Joanne Peel of the Melbourne Sexual Health Centre. “More than half of genital infections today are due to HSV1,” says Dr Peel. “This is believed to be as a result of the increase in oral sex, particularly among young people.”

HSV1 is transmitted via oral to oral, oral to genital, and genital to genital contact. HSV2 is transmitted only via genital to genital contact.

Today, children are less likely to be infected with cold sores, for example, from kissing parents and other young children. However, HSV1 still remains far more common than HSV2, says Dr Peel. “In fact, it is estimated that up to 80% of people in Australia carry HSV1, compared to around 12% for HSV2,” she says.

Young women more at risk

Anyone who is sexually active is at risk of getting genital herpes, even if they don’t have vaginal or anal sex because the HSV1 virus can be transmitted by oral sex. Dr Peel says younger people, “particularly young women under 25 years of age”, are at a higher risk of genital HSV1 versus HSV2.”

“We strongly encourage young women to advocate for their own health and try to negotiate condom use assertively,” she says.

How is herpes spread?

First, let’s talk about how it’s not spread. Despite what you may have been told, you can’t get herpes from toilet seats, bedding, or swimming pools, or from touching objects around you such as taps, soap, or towels.
The herpes virus enters the body through breaks in the skin, or tiny skin abrasions around the mouth, genitals or anus. These abrasions are generally caused by friction during sex, and are often so small they cannot be seen. The virus will then live in nerve cells, “where it will essentially stay for life”, says Dr Peel.

For most of the time the herpes virus won’t cause any problems. In fact, a person “may not even know they are infected with the virus,” says Dr Peel. However, at certain times, the virus will infect skin cells at the surface, causing an outbreak.

**Signs and symptoms of herpes**

Despite how common herpes is, Dr Peel says it’s often under-recognised because it often has no, or very mild, symptoms. However, others can have noticeable symptoms, which may include:

- itching or irritation around the anal or genital area
- sore genitals that may cause pain and difficulty urinating
- skin splits
- painful blisters
- open sores (ulcers) in or around the mouth, the genital area or the anus.

To confirm genital herpes, a swab is taken from an ulcer or sore and sent to a lab for virus DNA detection. This will confirm HSV and identify if it is HSV1 or HSV2.

**How it’s treated**

Dr Peel says initial painful bouts of herpes can be treated with an antiviral medication for 7-10 days.

After that, bouts of it can then be treated with short (one-day) courses, started at the very first sign of symptoms.

Recurrences tend to be less severe, with fewer sores in a more localised area. People may not realise they even have it as the symptoms can be so minor – such as a mild itch or irritation.

Dr Peel says frequent recurrences can be suppressed by taking a continuous daily dose of as little as one antiviral tablet daily. Continuous daily dosing has been shown to reduce transmission to partners, she says.
How can people protect against genital herpes

To protect yourself from genital herpes, it’s important to avoid sex with people with active sores; this includes avoiding oral sex with anyone who has an active cold sore, says Dr Peel. “Use condoms – which should be put on before there is any genital skin-to-skin contact,” she says.

She says using a lubricant during genital to genital contact is also important, as it will help reduce the chances of friction that can cause the tiny abrasions that may let the herpes virus enter the body. However, she says although condoms can greatly reduce the risk of transmission, they do not prevent it completely, as outbreaks of genital herpes can occur in areas not covered by a condom, such as during oral sex.

Even though herpes is very common, genital diseases in general carry more stigma than other diseases. Although this attitude is starting to change, it can still be distressing for a person to be diagnosed with genital herpes, particularly as the virus will stay with them for life.

“People can often become anxious at the prospect of a herpes diagnosis and feel like their sex life is over,” says Dr Peel. She says referring to herpes as a skin condition affecting the genitals, rather than a sexually transmissible infection, may be helpful in reducing stigma.

A herpes diagnosis doesn’t mean the end of your sex life. “We want people to feel reassured that herpes is very common and that the episodes can be treated,” says Dr Peel.

Find more information on safer sex and STIs.

Download a useful resource from the Melbourne Sexual Health Centre: Herpes fact sheet.