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Genital Herpes Guide

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Sexual Health: Genital Herpes

Genital herpes is a highly contagious infection usually spread through intercourse with a person with infected sores, but it can be passed through oral or anal sex as well. It may also be spread even when sores are not visible.

Genital herpes can also be transmitted (spread) to a newborn during birth if the mother has an active infection.

What Causes Genital Herpes?

Usually, this infection is caused by the herpes simplex virus-2 (HSV-2) although herpes simplex virus-1 (HSV-1), the virus responsible for cold sores, may occasionally cause this disease. It can be spread by an infected partner who does not have any sores and may not even know they have the disease.

How Common Is Genital Herpes?

At least 45 million American adults and adolescents have genital herpes – that's 1 out of every 4 to 5 people, making it one of the most common sexually transmitted diseases. Since the late 1970s, the number of Americans with genital herpes infection has increased 30%, mostly in teens and young adults.

Genital herpes is more common in women than in men.

How Do I Know If I Have Genital Herpes?

Most people infected with genital herpes have very minimal or no signs or symptoms of their disease. The first attack of herpes usually follows this course:

Skin on or near the sex organ becomes inflamed. Skin may burn, itch or be painful.

Blister-like sores appear on or near the sex organs.

Sores open, scab over, and then heal.

Symptoms that may also be present when the virus first appears include:

Swollen glands

Fever

Headache

Burning when passing urine

Muscle aches

The first outbreak of herpes can last for several weeks. After the outbreak, the virus retreats to the nervous system, where it remains inactive until something triggers it to become active again.

Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first episode. Although the infection can stay in the body indefinitely, the number of outbreaks

tends to decrease over a period of years.

How Often Do Outbreaks Happen?

How often outbreaks occur depends on the person. On average, people with herpes experience about four outbreaks a year. The first outbreak usually is the most painful and takes the longest to heal. The pain and recovery time often decrease with each outbreak.

What Triggers an Outbreak?

It depends on the person. Some commonly reported triggers include:

- Stress
- Illness
- Surgery
- Vigorous sex
- Diet
- Monthly period

How Are Genital Herpes Diagnosed?

Your doctor can diagnose genital herpes by visual inspection if the outbreak is typical, and by taking a sample from the sore(s). But, HSV infections can be difficult to diagnose between outbreaks. Your doctor may check for ulcers internally -- on the cervix in women and the urethra in men. Blood tests that detect HSV-1 or HSV-2 infection may be helpful, although the results are not always easy to interpret.

How Is Genital Herpes Treated?

There is no cure for genital herpes, but your doctor can prescribe anti-virus medicines, in pill or ointment form, that may help the sores heal faster.

Over-the-counter painkillers may help with the discomfort.

If recurrences of your genital herpes are frequent, your doctor may prescribe an antiviral medication (Famvir, Valtrex and Zovirax) to take on a regular basis to help suppress the outbreaks.

How Does Genital Herpes Affect a Pregnant Woman and Her Baby?

Outbreaks of genital herpes during pregnancy have been associated with miscarriage, stillbirth, prematurity, and herpes infection causing severe brain injury and possible blindness in the baby. Still, women with herpes can give birth to healthy babies. If you have herpes and plan to have children, discuss your illness with your doctor.

How Can I Protect Myself From Herpes?

- Do not have sex with someone who has an open sore on his or her sex organs.
- Always use a latex condom during sex.
- Limit your number of sex partners.

Taking antiviral medications (like Valtrex) can reduce the risk of a person with genital herpes from spreading the disease, but that doesn't eliminate the risk. Be sure to practice the measures listed above to decrease risk.

Can Herpes Be Cured?

There is no cure for herpes. Once a person has the virus, it remains in the body. The virus lies inactive in the nerve cells until something triggers it to become active again. These herpes "outbreaks," which can include the painful herpes sores, can be controlled with medication.

What Can I Do If I Have Herpes?

Many people who find out that they have herpes feel depressed knowing that they will always have the virus and can give it to others. But you are not alone. If you have herpes, you should learn all that you can about herpes. Information will help you to manage your disease and feel better about yourself. It also helps to talk about your illness with a trusted friend.

If you have herpes, you can still have sex, if you use a condom (and/or have your partner use a condom), and you tell your partner about your illness. You also can still have children.

For More Information

Contact the CDC National STD Hotline: 1 (800) CDC-INFO (232-4636)

National Herpes Hotline: 1 (919) 361-8488

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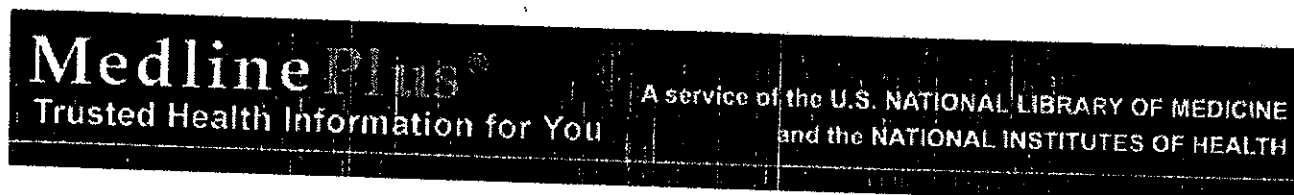
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Medical Encyclopedia: Herpes labialis (oral Herpes simplex)

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Alternative names

Cold sore; Fever blister; Herpes simplex - oral

Definition

Herpes labialis is an infection caused by the herpes simplex virus. It leads to the development of small and usually painful blisters on the skin of the lips, mouth, gums, or lip area. These blisters are commonly called cold sores or fever blisters.

Causes, incidence, and risk factors

Herpes labialis is an extremely common disease caused by infection of the mouth area with herpes simplex virus, most often type 1. Most Americans are infected with the type 1 virus by the age of 20.

The initial infection may cause no symptoms or mouth ulcers. The virus remains in the nerve tissue of the face. In some people, the virus reactivates and produces recurrent cold sores that are usually in the same area, but are not serious. Herpes virus type 2 usually causes genital herpes and infection of babies at birth (to infected mothers), but may also cause herpes labialis.

Herpes viruses are contagious. Contact may occur directly, or through contact with infected razors, towels, dishes, and other shared articles. Occasionally, oral-to-genital contact may spread oral herpes to the genitals (and vice versa). For this reason, people with active herpes lesions on or around the mouths or on the genitals should avoid oral sex.

The first symptoms usually appear within 1 or 2 weeks -- and as late as 3 weeks -- after contact with an infected person. The lesions of herpes labialis usually last for 7 to 10 days, then begin to resolve. The virus may become latent, residing in the nerve cells, with recurrence at or near the original site.

Recurrence is usually milder. It may be triggered by menstruation, sun exposure, illness with fever, stress, or other unknown causes.

Symptoms

Warning symptoms of itching, burning, increased sensitivity, or tingling sensation may occur about 2 days before lesions appear.

- Skin lesions or rash around the lips, mouth, and gums
- Small blisters (vesicles) filled with clear yellowish fluid
 - Blisters on a raised, red, painful skin area
 - Blisters that form, break, and ooze
 - Yellow crusts that slough to reveal pink, healing skin

- Several smaller blisters that merge to form a larger blister
- Mild fever (may occur)

Signs and tests

Diagnosis is made on the basis of the appearance or culture of the lesion. Examination may also show enlargement of lymph nodes in the neck or groin.

Viral culture or Tzanck test of the skin lesion may reveal the herpes simplex virus.

Treatment

Untreated, the symptoms will generally subside in 1 to 2 weeks. Antiviral medications given by mouth may shorten the course of the symptoms and decrease pain.

Sores caused by Herpes often come back again and again. The antiviral medicines work best if you take it when the virus is just starting to come back -- before you see any sores. If you the virus returns frequently, your doctor may recommend that you take the medicines all the time.

Wash blisters gently with soap and water to minimize the spread of the virus to other areas of skin. An antiseptic soap may be recommended. Applying ice or warmth to the area may reduce pain.

Take precautions to avoid infecting others (see Prevention).

Expectations (prognosis)

Herpes labialis usually disappears spontaneously in 1 to 2 weeks. It may recur. Infection may be severe and dangerous if it occurs in or near the eye, or if it happens in immunosuppressed people.

Complications

- Spread of herpes to other skin areas
- Secondary bacterial skin infections
- Recurrence of herpes labialis
- Generalized infection -- may be life-threatening in immunosuppressed people, including those with atopic dermatitis, cancer, or HIV infections
- Blindness

Herpes infection of the eye is a leading cause of blindness in the US, causing scarring of the cornea.

Calling your health care provider

Call for an appointment with your health care provider if symptoms indicate herpes labialis and symptoms persist for more than 1 or 2 weeks.

Call if symptoms are severe, or if you have a disorder associated with immunosuppression and you develop herpes symptoms.

Prevention

Avoid direct contact with cold sores or other herpes lesions. Minimize the risk of indirect spread by thoroughly washing items in hot (preferably boiling) water before re-use. Do not share items with an infected person, especially when herpes lesions are active. Avoid precipitating causes (especially sun exposure) if prone to oral herpes.

Avoid performing oral sex when you have active herpes lesions on or near your mouth and avoid passive oral sex with someone who has active oral or genital herpes lesions. Condoms can help reduce, but do not entirely eliminate, the risk of transmission via oral or genital sex with an infected person.

Unfortunately, both oral and genital herpes viruses can sometimes be transmitted even when the person does not have active lesions.

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Updated by: Hilary M. Babcock, M.D., Medical Director of Occupational Infection Control, Barnes-Jewish and St. Louis Children's Hospitals; Instructor of Medicine, Infectious Disease Division, Washington University School of Medicine, St. Louis, MO. Review provided by VeriMed Healthcare Network.

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