

Herpes-Dispelling the Myths

“The simple truth about a common Problem”

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2008

Is it shameful to have herpes?



**Ordinary people leading ordinary lives.
No need for question marks.**

The Herpes Family

**HSV 1: Herpes Simplex Virus Type I: Oral (genital)
Cold sores**

HSV 2: Herpes Simplex Virus Type II: Genital Herpes

VZV: Varicella Zoster: Chicken Pox, Shingles

CMV: Cytomegalovirus: Virus like illness and
Immunosuppressed visceral disease

EBV: Epstein-Barr Virus: Glandular Fever

HHV 6: Human Herpes Virus Type 6:

HHV 7: Human Herpes Virus Type 7:

HHV 8: Human Herpes Virus Type 8:

How common is herpes?

Am I likely to get it?



Sero Epidemiology Studies of HSV-1 Infection

- 50% in higher socioeconomic groups by 30 years
- 80% in lower socioeconomic groups
- Commonly transmitted through oral genital sex

MERTZ G.J. Epidemiology of Genital Herpes
Infectious Disease Clinics, North America
Vol 7, No.4, December 1993

Genital Herpes- HSV-1

- 3933 positive genital herpes
- Overall, 37% genital isolates HSV-1
- 53% in <25yrs
- 30% in 25 to 35 yrs
- 26% over 35yrs

E. Gray, 10-yr audit Waikato region NZ Med J 2008

Genital Herpes –HSV-2

- Nearly 1 in 5 (18%) of 32 year olds in a Dunedin study had HSV2
- Most HSV2 infected persons have not had their infection diagnosed
- 80% of those with genital herpes are asymptomatic
- Commonly transmitted by people who don't have any symptoms

Dunedin study of 32 y.o. HSV-2

- Overall, 18% positive HSV-2
- More common for women (23%) than men (15%)
- Risk increases with age at least into the 30's
- 60% women and 50% men with new HSV-2 infections reported <4 partners
- Health promotion needed at this age too....

N Dickson Sex Trans Inf 2007

Summary Prevalence Genital Herpes HSV-1 & HSV-2

- Sero prevalence studies HSV-2 underestimate the prevalence of genital herpes
- 18% of 32yrs old –HSV-2
- 37% of all Genital Herpes is caused by HSV-1
- >30% over 30 year olds have genital herpes

Psychological Impact

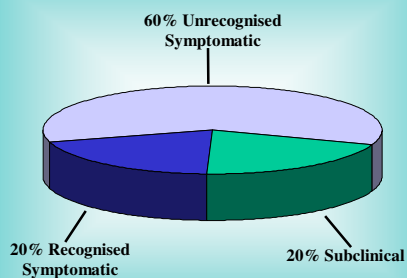
"I was completely shocked and felt that my life was over, certainly my sex life. No one would want me or love me."

Tina

Do people always know if they have genital herpes?



How Herpes Presents



Are herpes “cold sores” on the mouth the same as genital herpes?



FACT

- Cold sores primarily caused by HSV-1
- 37-50% genital herpes caused by HSV-1
- less likely to get recurrences with type 1 than 2
 - Average of one episode a year
- Treatment same

E. Gray, 10-yr audit Waikato region NZ Med J 2008

Are people with herpes always infectious?



FACT

- Skin-to-skin contact, usually genital-to-genital or oral-to-genital
- Auto inoculation rare – if in facial area it stays there
- GH virus on skin of 'A' (even when no symptoms) enters through broken skin (e.g. micro-abrasions during intercourse) of 'B'.
- May or may not reactivate at a later time

Asymptomatic Transmission

- About 5% of time virus is shed from skin when symptoms not present
- 95% of time when no symptoms are present people are not infectious
- People who are symptomatic have advantage of being able to detect symptoms and avoid contact

Possible Outcomes of a Recent Herpes Infection

- Most of those infected will have asymptomatic (no symptoms) infection and never be aware of symptoms of genital herpes
- Others (approx 5%) may have their first clinical episode within 2 days to 3 weeks of exposure
- Some will have no immediate clinical episode but will occur months to years later
- Recurrence or recurrences at a later date months or years after infection

Summary on Transmission

- Transmission may occur when partner unaware they have herpes
- Factors influencing transmission
 - Previous exposure to HSV-1
 - Females seem more susceptible
- And of those that developed HSV-1 & 2 antibodies, only 20% became symptomatic

So how will I know if I have it?



FACT

For those that experience symptoms.....

- Flu like symptoms, aches pains down back of legs
- Tingley buzzing sensation in skin
- Blisters, sores, cracks in skin or small pimples

Symptoms and Recurrences

- First ever episode can be more painful
- Recurrences usually mild and less painful
- 4 per year if HSV-2
- 1 per year if HSV-1
- Recurrences tend to decrease over years

Some Factors Influencing Recurrent Attacks

- Virus type
- Stress
- Fatigue
- Depression
- Menstruation
- Concurrent infection
- Ultraviolet light
- Skin Trauma
- Heat & Cold
- Masturbation
- Allergic reactions
- Intercourse-related

Do STI checks or cervical smears always test for herpes?



FACT

Only if symptoms present

- GP or Sexual Health Clinic or Family Planning
- History taken and genital examination
- Swab from lesion - laboratory
- A negative result does not exclude HSV
- Ask if result showed HSV-1 or HSV-2

Diagnosis

- Patient history and clinical presentation may help determine a primary from a recurrence
- Laboratory confirmation is essential but should not precede initiation of treatment
- A negative result does not exclude HSV
- Request typing to distinguish between HSV2 and HSV1

Collection & Testing

Tests

- The isolation of the virus in tissue culture is the accepted gold "standard". Other methods are PCR and DFA (Direct Fluorescent Antibody)

Collection

- Sterile swab of base of lesion preferably from a blister
- Culture specimen placed in refrigerator & needs immediate delivery as delays reduce sensitivity; not an issue with PCR swab
- Culture results several days to 1 week; PCR within 48 hours

These tests have good positive predictive value but higher false negative rates

Treatment First Episode Genital Herpes

- **ACICLOVIR** 200mg 5 x daily for 5 days or
- **400 mgs 3 x daily for 5 days**
- *Always treat regardless of time frame (unlike 72hr Zoster rule)*
- Encourage fluid intake to keep urine dilute
- Saltwater baths
- Pain relief (ie. Aspirin, Panadol, etc)
- Basic education, written material and support
- Offer appointment to come back in one week

NZHF Helpline

"My Doctor was lovely but couldn't help me enough when I was in despair... The best thing I ever did was call the helpline. After nearly a year of upset I felt I had my life back after 30 minutes on the phone"

Tina



Toll free 0508 11 12 13

Recurrent Genital Herpes

- Most people won't require tablets
- Oral anti viral tablets available
- ACICLOVIR 400mg 3 x daily for 5 days
- Have tablets at home ready to take
- Understand all the facts – read our booklet
- Phone toll free 0508 11 12 13

Herpes Suppression

“Suppression is the use of aciclovir given constantly over a defined period of time to prevent viral reactivation and recurrences”

Suppressive or Prophylaxis Treatment

- Very few require this but available and safe
- Significant severe/frequent recurrences
- Helps prevent transmission to a partner

How to take Suppressive Treatment

- ACICLOVIR 400mg twice daily
- Need to be committed
- Take regularly 12 hourly, 7 days week
- Take for at least 6 months

“shared management”

Can people with herpes get pregnant and have children?



FACT

- Does not affect fertility in men or women
- Women can have normal pregnancies and vaginal delivery

Pregnancy & Herpes

- Very rare to pass herpes onto babies
- Having herpes confers immunity due to maternal antibodies and much lower rate of viral shedding- Very low risk 0-3%
- Greatest risk when acquired for the first time in last 3 months of pregnancy

Telling a partner

“The first time I told someone I had genital herpes in the early stages of a relationship, he said: ‘You want to know something ... I have too’. I couldn’t believe it ... all that worry ... I had to laugh.”

Tina

Is herpes passed through blood?



FACT

- Herpes is not carried in the blood
- Can still donate blood
- Only passed through direct skin to skin contact

Herpes Blood tests

- Herpes Simplex Type specific antibody IgG

Helpful for-

- Confirmation of past history if swabs negative
- Determine HSV status in pregnancy
 - Counselling regarding avoidance of primary infection may be helpful

HSV Serology (IgG)

- Can cause psychological morbidity
- Counselling pre and post test necessary
- Test limitations
 - 16% false positive in low risk groups
 - 2 weeks to 6 months conversion
- Routine screening not recommended

Does herpes cause cervical cancer?



FACT

- Not associated with Cervical Cancer or abnormalities
- HPV (human papilloma virus) associated with cervical abnormalities

If you have herpes do you always have to wear condoms in new long term monogamous relationships?



FACT

- Condoms should be worn in any new relationship...
- Understand and discuss issues
- Most choose not to continually wear condoms long term
- Getting herpes is just part of life
- Partner may already have herpes

Relationships

“Since my herpes diagnosis my romantic life has improved. I have had two relationships and both have been so much deeper and more meaningful than before. I am happy and in love”

Tina

Can I pass herpes to myself from my mouth to my genitals by touching my own genital?



FACT

- Antibodies provide protection
- Very rare to pass the same type to another site

Is it risky living in the same house as someone with genital or facial herpes?



FACT

- When virus leaves skin cells it dies
- Not spread through sharing communal facilities, towels, baths, swimming pools, toilets or washing machines.....

So, is herpes just an irritating skin infection?



FACT

It can be when you know the facts.

Winning the War in Your Mind

The emotional impact of being diagnosed with herpes is often much worse than the condition and it doesn't deserve the upset it causes

Knowing the facts and getting herpes in perspective neutralises the "stigma" attached to a diagnosis.

Support Groups

“It has been so helpful to meet other people with herpes. You realise you are not alone or different . It helped me move on and forward to a completely normal life”

Tina

NZHF Helpline

The helpline offers the following further options

- Push 1:** to speak to a counsellor
- Push 2:** for an information pack to be sent
- Push 3:** to listen to treatment options
- Push 4:** for information about herpes support groups



Toll free 0508 11 12 13

Website

www.herpes.org.nz

Pregnancy & Herpes

Transmission to fetus or newborn

- Intrauterine
- Perinatally
- postnatally
- Risk highest with primary infection < 6weeks from delivery
- Most primary infections unrecognised/or silent

Pregnancy & Herpes Key Practice Points

Take HISTORY

- Oral or genital herpes including partner
- Consider blood test to determine HSV status
- Advise risk of acquisition and how to minimise
 - Condoms
 - Suppressive aciclovir

Pregnancy & Herpes First Episode

- Aciclovir according to clinical condition
- Third trimester from 34weeks
- Onset labour < 6 weeks after first episode
- Obtain type specific serology to determine if primary
- Ceasaerian section

Pregnancy & Herpes First Episode

- Take specimens for culture from baby within 48hrs NOT less than 24hours
- Symptomatic and/or cultures positive
 - Take bloods and CSF for Viral Culture before starting treatment
 - Aciclovir as per guidelines
 - Educate parents –recognise infection