

# **The Updated Herpes Handbook**

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# Herpes Viruses

Viruses cause herpes infections. A virus is a microscopic organism that invades cells and, while it is there, disrupts the normal activities of the cell. There are eight human herpes viruses. They include herpes simplex 1 (HSV 1), herpes simplex 2 (HSV 2), varicella-zoster virus (VZV), Epstein-Barr virus (EBV), cytomegalovirus (CMV), human herpes virus 6 (HHV 6), human herpes virus 7 (HHV 7), and human herpes virus 8 (HHV 8).

HSV 1 is the virus usually associated with cold sores (also called fever blisters) that occur on the lips, nose, chin, and other parts of the face. Many HSV 1 infections are contracted during childhood, and most infections go completely unnoticed because the symptoms can be minor or not apparent.

About 56% of people over age 14 in the United States display evidence of a previous HSV 1 infection when their blood is tested for HSV 1 antibodies. The percentage is declining over time, perhaps as more people recognize that “herpes” causes cold sores and more care is taken not to kiss others when cold sores are present.

HSV 2 is the virus usually associated with genital herpes infections. About 22% of people in the US over the age of 12 show evidence of HSV 2 infection when their blood is tested by a test that accurately distinguishes between HSV 1 and 2. Of those infected with HSV 2, only about 10% know it.

Varicella-zoster is the virus responsible for chicken pox and for shingles (also called herpes zoster). After a person recovers from the outbreak of chicken pox sores, the virus remains in the body in the nerve cells. At some point in the future, the virus can again travel to the surface of the skin and cause the disease called shingles. Shingles is characterized by

painful blistery sores on one side of the body only. It can appear anywhere, but most often, it appears on the chest, back, or face. In older people especially, shingles can be an unpleasant ordeal. Even after the blisters are gone the pain can remain for months. This is called post herpetic neuralgia.

Although shingles blisters can look a little like HSV 1 or 2, it is not the same thing, and an experienced professional can determine the difference with accurate testing. But sometimes the two (simplex and zoster) get mixed up. The way to tell the difference is that simplex recurs but zoster almost never does. Only 3% to 4% of people who get zoster ever have a recurrence, and of those who do, almost no one recurs again unless they have a highly compromised immune system. There is now a vaccine called Zostavax that reduces by half the risk of getting shingles. This vaccine is approved for people age 60 and over. The cost is about \$175 and is strongly recommended to reduce the risk of getting shingles and post herpetic neuralgia

Epstein-Barr virus is the most common cause of mononucleosis. Most adults will test positive for Epstein-Barr antibody, even if they have never had recognized mononucleosis.

Cytomegalovirus (CMV) infections in healthy adults usually go unnoticed. Most adults show evidence in blood tests of having been infected with cytomegalovirus. However, if a mother first contracts CMV while she is pregnant, it can cause serious problems in the unborn baby. Cytomegalovirus is also a problem for people whose immune systems are not functioning properly like those who have HIV or AIDS.

Human herpes virus type 6 causes roseola in children. Human herpes virus type 7 causes a rash in slightly older children. Human herpes virus type 8 causes Kaposi sarcoma (KS), an infection seen mostly in AIDS patients but occasionally in other populations, too.

If you have further questions about varicella zoster, Epstein Barr, CMV, or HHV 6, 7, or 8, you may wish to contact your clinician. The rest of this book discusses only the herpes simplex viruses. When the word "herpes" is used, it will refer to genital herpes infections unless otherwise stated.

## Symptoms

Genital herpes infections are classified in three categories: primary, non-primary (initial), or recurrent. A PRIMARY outbreak is defined as an outbreak that occurs in a person who has no prior antibody to herpes simplex virus meaning they have never had either HSV 1 or HSV 2. Primary symptoms are sometimes more severe. However, most individuals who experience a true primary outbreak have symptoms that they do not consider troublesome, or they may have no symptoms at all.

Those people who do have symptoms with their primary outbreak may have whole body involvement: headache, aching joints, tiredness, fever, pain in the legs, and flu-like symptoms. The lymph nodes in the groin often become enlarged and tender and may feel like large peas under the surface of the skin. When lymph nodes enlarge, it should actually be seen as a good thing because it means the immune system is mounting an aggressive response to the herpes infection. Lesions or sores also may appear in the throat or mouth.

Genital symptoms may include sores (often on both sides of the genitals), painful urination, itching, and a discharge from the penis or the vagina. The sores begin as blisters then break open and form ulcers in the skin. Women often do not notice the blister stage on the labia because the labia rub together with movement and the blisters

are rapidly broken. What remains are ulcers. Lesions on the inner labia do not form crusts. Instead, new skin replaces the sores. Women will usually have lesions on the cervix as well, and men may have them inside the penis in the urethra which explains the discharge described above as infected cells slough off from those areas. Some women with primary herpes infections also get a yeast infection in the vagina that makes the itching and discharge more bothersome.

Frequently, a new crop of herpes lesions will appear five to seven days after the first batch. The typical primary outbreak lasts from two to three weeks in those individuals who notice symptoms. NON-PRIMARY (or initial) first episode infections occur when a person who has previously been infected with HSV 1 newly acquires HSV 2. The existing antibody to HSV 1 keeps the HSV 2 infection mostly under control, and HSV 2 symptoms may be overlooked completely. However, the antibodies to HSV 1 do not keep someone from getting HSV 2. So, a person could have a history of cold sores caused by HSV 1 (or have been infected without knowing or remembering it) and still get genital herpes that is caused by HSV 2.

The symptoms for non-primary first episode infections are less severe than for the primary infection and most go unnoticed. The sores usually cover a smaller area, the whole-body symptoms described above are less likely to occur, and recovery time is typically shorter. It is important to note that most people in this category have outbreaks that are minor enough to go unnoticed. As many as 80-90% of first time genital outbreaks go unrecognized.

RECURRENT infection occurs in people who have had a previous HSV infection at or near the same site on the body. For those with genital herpes, that includes having outbreaks anywhere in the "boxer shorts" area. A single group of nerves supplies the genitals, thighs, lower abdomen, rectum and buttocks. A person need not

have had sexual contact in any part of that area to have outbreaks there. For example, one need not have had anal sex to have an outbreak around the rectum.

For some people, outbreaks occur in the same place every time, but sometimes outbreaks move to a new location. During recurrent outbreaks, most people do not experience whole-body symptoms like headache, fever, etc. The sores cover a still smaller area, and many people do not experience with their outbreaks. The average recurrence lasts about 2 to 10 days. Fifteen to 30 percent of women have virus present on the cervix during recurrences. These are averages, and outbreaks can vary a great deal even in the same person. A person could have genital herpes for 30 years, not know it, and then have their first recognized recurrence. When they finally do have an outbreak they recognize, it can cause unnecessary havoc in relationships if suspicions of infidelity arise.

**A FEW WORDS ABOUT ORAL HERPES:** Because oral herpes can cause a genital sexually transmitted infection, it needs to be discussed briefly in this book. However, it should be noted that the vast majority of oral infections (cold sores and fever blisters) are not sexually transmitted. Oral herpes is often acquired in childhood, and is frequently the result of an adult with a cold sore kissing a child. But many acquisitions happen totally without symptoms. Adults who get an oral first infection can have symptoms that are both dramatic and painful. Blisters can develop around the mouth, inside the mouth, and on other places of the face. The lymph nodes in the neck and head may enlarge and become very tender. Like with genital herpes, the infected person may feel like they have the flu.

Most often, people infected with oral HSV 1 have recurrences that occur on the border between the lip and the face. These are commonly known as cold sores or fever blisters. Herpes does not cause canker sores, which are sores that occur inside the mouth. When people have cold sores, they should not give oral sex to others. Like with genital herpes, there

is a risk of giving off (or shedding) the oral herpes virus without any symptoms being present. HSV 1 (is shed from the mouth of people with recurrent cold sores on about 18 out of every 100 days sampled. Though herpes outbreaks rarely occur inside the mouth, shedding of the virus can occur from inside the oral cavity.

HSV 1 now causes about a third of first time genital herpes outbreaks. At the first outbreak, there is no difference between how type 1 and type 2 behave. However, if a person has been infected with type 1 genitally, they are far less likely to have recurrences. The recurrence rate for genital HSV 1 infection is about one outbreak every other year compared to HSV 2 genital infection that recurs four to six times per year. It is very important when herpes lab tests are done (either blood or swab tests) that positive results are typed as either HSV 1 or 2. It is important to know the viral type because a person who has HSV 1 genitally can still acquire HSV 2 genitally (the reverse almost never happens). In addition, HSV 1 genital infection can happen in a relationship where neither person has ever had another sexual partner but the couple engages in oral sex.

## **Prodrome**

About half the people with genital herpes experience something known as prodrome. Prodrome is a set of symptoms that occurs before an actual outbreak is present. Itching, tingling, a crawling-under-the-skin feeling, pain down the back of the leg or in the buttocks, may all be signs of a recurrence on the way. Some people experience the prodrome signs but have no recurrence. This is called an "aborted" outbreak.

Over time, a pattern may emerge that will help predict the onset of a herpes outbreak. The virus can certainly be transmitted during prodrome, so at that point one should stop having sexual contact with the infected area, be it the mouth or the genitals. It may be helpful to keep

a calendar of prodromes and outbreaks for a while to see how well one can predict a recurrence. Developing an awareness of prodromal symptoms is one way to try to reduce the chances of transmitting virus to another person.

"Triggering mechanisms" are those things that seem to be associated with the onset of an outbreak. Menstruation, sunlight, pregnancy, birth control pills, diet, friction (which includes prolonged or vigorous intercourse, oral sex or masturbation), stress, illness, and heat have all been identified as **possible** triggering mechanisms. Again, keeping a calendar of events associated with outbreaks may help to identify one's own triggering mechanisms, if indeed there are any. It is worth noting that only one study has shown that stress, and only extended duration stress, has any relationship to recurrences. Several other studies have not confirmed a stress connection, but stressing out about having stress is not helpful either.

People who have genital HSV 2 have an average of four to six outbreaks per year. This varies greatly from person to person, with some having as many as two outbreaks per month to others having outbreaks only once every five years. Men generally have one more outbreak annually than do women. The first year of having herpes may not be a good measure of things to come; people may have more outbreaks in this first year than they do subsequently. Giving off the virus without symptoms is also more common during the first six to twelve months of having herpes.

## **Diagnosing Herpes**

Genital herpes can be challenging to diagnose, but an accurate diagnosis is the

cornerstone for everything that follows and is absolutely essential. Proper diagnosis cannot be stressed strongly enough. Methods are changing rapidly, so be prepared for some ambiguity and misinformation about the process. But don't settle for anything less than conclusive. You don't have to, and you'll be glad that you persevered in getting the best possible answers.

There are three ways in which the diagnosis of herpes can be made. They include a physical examination, swab tests, and/or a blood test. With all three techniques, a carefully gathered medical and sexual history adds to accuracy.

## **Physical Examination**

A physical exam is one of the most frequently used (and least reliable) diagnostic methods. A physician, nurse practitioner, physician's assistant or RN trained in STD evaluation usually does the exam. First, the examiner completes a verbal health history related to the course of the illness. They will need to know what sexual practices the patient participates in (oral sex, vaginal intercourse, anal sex) in order to know which areas to check for symptoms. This may feel awkward to patients, but it is useful to remember that people who work in the medical field are virtually unshockable. It is essential that all information requested be provided as honestly and completely as possible.

Next, they look for symptoms associated with genital herpes. For women, this may include a pelvic examination of the internal reproductive organs. If there are painful lesions, the clinician may elect to eliminate the internal part of the exam until symptoms subside. During a typical female exam, the external genitalia, vagina, and cervix will be inspected for lesions and unusual discharge. In men, the penis and scrotum will be examined for sores.

Both men and women will also be checked for signs of infection in or around the rectum, on the thighs and buttocks, in the pubic hair area, and in and around the mouth. Lymph nodes in the groin will be checked for enlargement and tenderness. **If lesions are not present, a physical exam will not provide an accurate diagnosis, to diagnose or rule out herpes infection.** The advice of the U.S. government's CDC (Centers for Disease Control) is that laboratory tests be done to confirm the opinion of the clinician. Studies have shown that clinicians, based on a clinical exam alone, incorrectly identify things as herpes that are not really herpes up to 20% of the time. Insist on lab testing in addition to an exam.

## **SWAB TESTS**

### **Viral Culture**

For a viral culture, a swab is rubbed vigorously across an area of skin that looks abnormal. The material that is gathered on the swab is put into a liquid before sending the specimen to the laboratory. The swab should be made of a synthetic material, like Dacron or polyester never cotton, and the shaft of the swab should be plastic, never wood. It may be necessary to gently open a lesion to recover enough material to get a good sample. The container with the liquid and the swab tip inside is sent to a laboratory. There, healthy animal cells are combined with the patient sample. A laboratory technician then observes the culture for changes that typically appear when herpes is present. If such changes occur, the test is declared positive, meaning that the herpes virus is present in the sample. Typing should then be done on the sample to see if the patient has HSV 1 or 2. If the changes do not occur, then the sample is declared negative, which means there was insufficient virus or no virus present in the sample.

A negative result does not necessarily mean that the person does not have herpes. If the

test is negative, it could be because the sample was gathered too late in the outbreak, that the culture was handled inappropriately in the medical office or at the lab, or that it took too long for the sample to get to the lab before processing. One study found that herpes cultures give FALSE NEGATIVE results 76% of the time when compared to the more accurate PCR test described below. That means that 76% of the time when a culture comes back negative, the person really does have herpes after all, when compared to the same sample run by PCR.

All negative cultures should be followed up with an accurate blood test three to four months from possible exposure to see if the person really has herpes. False positive cultures are extremely rare. If a culture is positive, a person can safely assume that they do have herpes. The traditional culture can take 7 to 14 days to grow. There are new tests on the market that give faster results, some as quickly as 18 hours. These may be slightly less sensitive than cultures that grow the full 7 to 14 days.

## **PCR (Polymerase Chain Reaction)**

The PCR swab test is also performed by gathering a sample from an abnormal area of skin. However, this test is much more sensitive than a culture meaning more true cases of herpes are picked up when using this test. Simply put, the PCR test takes a tiny sample of the virus and amplifies it many times so it can be seen and subsequently typed.

This test is now available routinely in large national labs but may be more expensive than culture for the self-paying patient. Smaller local labs may not yet be using HSV PCR. It is, however, four times more sensitive than a culture and should be used whenever possible for diagnosing herpes from a swab sample.

In addition, samples tested by PCR instead of culture are much more stable and less likely

to be influenced by transport issues or by the length of time it takes to get samples to the lab. In the future, culture will likely be replaced completely. Only PCR should be used to test and type spinal fluid and babies with suspected herpes infections.

## **Tzanck Preparation**

The Tzanck test is sometimes used in sexually transmitted disease (STD) clinics for a quick diagnosis, or it may be used for a quick, initial diagnosis while the culture or PCR is being run. For this test, cells from the base of a lesion are collected on a swab, placed on a glass slide, stained with a special stain, and examined under a microscope. Cells infected with herpes virus show up as very large with many centers (also known as multinucleated giant cells). Infected cells pick up the stain in a different way than uninfected cells. This test is definitely not as desirable as a culture or PCR, but a positive Tzanck, read by an experienced lab person, combined with a good physical exam, sexual history and the presence of symptoms consistent with herpes infection is reasonably accurate.

However, a negative Tzanck is not at all definitive. As with cultures, if a negative result is obtained, it should be followed in three to four months from possible exposure with an accurate blood test to determine if herpes infection has actually occurred. Also, Tzanck stains cannot separate HSV 1 from HSV 2, which is an essential part of diagnosis.

## **Pap Smear**

A Pap smear is a process similar to the Tzanck test, but a different staining technique is used. However, Pap smears tend to be available in more laboratories than Tzanck preparations.

There is a new test sometimes called a “Silver Pap” that has shown up in a few

laboratories. With this test, a herpes PCR is included in a pap smear along with gonorrhea and chlamydia testing. It is important to understand what is happening with this test that is looking to see if herpes virus is present at the time the Pap smear is taken. If the test is negative for herpes, it does not mean the person is not infected. It simply means that there was no virus present at the time the sample was gathered. Unlike gonorrhea or chlamydia, herpes virus isn't always present on the cervix of an infected person. There can certainly be confusion about the meaning of a negative "silver pap". The only way to know about herpes infection in a person not experiencing symptoms (who is asymptomatic) is to look for the antibody to the virus in a blood test, not for the virus itself.

## **BLOOD TESTS**

The most encouraging aspect of diagnosis right now involves the emergence of new, type-specific blood tests for herpes. Herpes blood tests look for the antibody to the herpes virus, and a positive antibody test means that the person is definitely infected with herpes and is infectious to others. There is no such thing as a blood test being positive because of "exposure." It's similar to being pregnant - you are or you are not, there is nothing in between. Antibody is a protein made by our bodies in response to a virus, and sometimes it can take a while for an individual to develop it. That's why it is important to wait long enough from infection until testing to make sure the test is accurate. The ideal time is three to four months from the possible infecting episode to testing.

Old-style blood tests (called crude antigen tests) could detect antibody to herpes simplex in general but were very poor at differentiating accurately between types 1 and 2. So if a person had either cold sore virus or genital herpes virus, the blood test would be positive for herpes antibody. These old style tests are not reliable because they imply that they can tell the difference between HSV 1 and 2 but really cannot. So a person could be told they had HSV 2

(which is almost always genital herpes) when really they had HSV 1 (still most often the cold sore virus). This inability to distinguish between the two viruses is called cross reactivity.

The new tests, called type-specific serologic tests (or TSST), do distinguish between HSV 1 and 2 with a high degree of certainty. The new accurate tests all measure a kind of antibody called IgG. They are based on the detection of glycoprotein G, a substance specific to HSV 1 or HSV 2. TSST do not mistakenly detect antibody from other herpes viruses such as chicken pox.

A type-specific IgG blood test may also help sort out a new from an old infection. Let's say someone develops a lesion in the genital area. A swab test is taken, either culture or PCR, and the result shows HSV 2 detected. At the same visit, a blood sample is drawn. The TSST test is negative for HSV 2. This would indicate that this is a first infection because virus is present but not enough time has passed for antibody to the virus to be made by the body. So the combination of a positive swab test and a negative antibody blood test for the same type means the person has a first infection with that herpes simplex virus. IgM (a different kind of antibody than IgG) tests do not accurately distinguish between the types of virus (HSV 1 and HSV 2) nor can they accurately tell a new infection from an old one. IgM tests may also erroneously pick up other herpes viruses like chicken pox or mono virus. IgM tests for herpes should be avoided completely.

So, who should have blood tests for herpes anyway? This is still somewhat controversial, but here is a partial list of those who might be good candidates for a herpes blood test:

1. Anyone who has had a sexual partner in the past and wonders if they may have gotten herpes without developing symptoms.

2. Someone who has been diagnosed with herpes by a visual exam alone and either wants confirmation of the diagnosis or to have his or her virus typed.
3. Someone who has had repeated or a single negative herpes culture from skin lesions that were suspected to be herpes by the examining clinician. Since herpes cultures and even PCR swabs can be falsely negative, a blood test should be used as a follow up test when sufficient time for seroconversion (going from a negative blood test to a positive blood test.)
4. Someone who has had symptoms diagnosed as recurring urinary tract or bladder infections but never grows out bacteria on a urine culture. Instead of an infection in the bladder, they may have herpes lesions in the urethra (herpetic urethritis). Urine hurts while passing over these open lesions in the urethra because urine is acidic, and there are white cells on a urine dip test because these herpes lesions produce white cells so these white cells are picked up by the urine as it leaves the body.
5. Anyone who wants to get screened for sexually transmitted diseases. Typical STD screens do not include a herpes test. You need to ask if herpes testing is included and, if not, request that it be added to the STD screen. Herpes is the most prevalent STD in the US today. Chlamydia and genital warts are more incident infections – that is there are more new cases of those in a year than new cases of herpes. But because most people eventually get treated for chlamydia and most people clear genital wart virus within 12-24 months after acquiring it and no one clears HSV 2 infection, HSV 2 is the more prevalent STD in the US today.
6. Pregnant women who want to know if they are infected or still vulnerable to genital HSV infection.

There are now five type-specific, glycoprotein G based, serologic tests available:

## **Western Blot**

The oldest test, the Western Blot, was developed at the University of Washington by Dr. Rhoda Ashley Morrow, and, in the U.S., is still done only at that facility. It is very accurate. Samples can be sent to the University of Washington laboratory from any place in the United States. For more information, call 206-598-6066.

## **HerpeSelect**

The second and third tests, the HerpeSelect IgG for Herpes Simplex 1 and 2, are produced by Focus Diagnostics. HerpeSelect has two test formats: The EIA (or ELISA) and the Immunoblot. They are both glycoprotein G based tests, accurately distinguish between HSV 1 and 2, and are very sensitive and specific for herpes. The HerpeSelect is the test a clinician would optimally get when sending blood to a national reference lab and requesting a type-specific serology. The following are test codes that should be used when ordering these tests at the two large national laboratories. We're unable to know or list the codes for smaller community laboratories.

### Quest Diagnostics

HerpeSelect HSV-2 ELISA: 3640x

HerpeSelect HSV-1 ELISA: 3636x

Both HSV-1 and HSV-2 (but separately): 6447x

Confirmation of HSV 2 by inhibition assay: 17170X

### LabCorp

HSV-2 ELISA: 163147

HSV-1 ELISA: 16489

Both HSV-1 and HSV-2 (but separately): 164905

## **Biokit**

The Biokit test looks for antibody to HSV 2 only and is an in-office test. Blood is collected using a finger prick, and the test takes about five minutes to run. It must be performed in a laboratory that has been nationally certified, but most clinician's offices are not.

## **Captia**

The Captia test is also done in the ELISA format, but in some studies was found to take longer to detect antibody after infection than the HerpeSelect test. It is a type-specific antibody test.

## **Timing**

It is important to remember that the proper timing of testing is critical. Let's say that a person had sex with a new partner and, three weeks later, they got a blood test for herpes. The test value comes back at 0.9, which is negative. The blood, however, may have been drawn too soon for an accurate test result. If blood is redrawn three or four months after sexual exposure, the result might be strongly positive.

Sometimes getting a blood test for herpes can be difficult. Some clinicians still don't know about the new blood tests, and may incorrectly tell patients that there is no way to diagnose herpes unless they are having symptoms. Sometimes the wrong test is ordered like crude antigen tests or IgM tests. Sometimes people feel odd about asking for the newest and best test. If you're having difficulty getting one of the newer type-specific blood tests for

herpes, there are websites where you can order a test yourself. A frequently used one that uses the correct test is [www.healthcheckusa.com](http://www.healthcheckusa.com). Remember, you want only IgG testing, not IgM testing, which is, unfortunately, also offered on that website.

## **Suggestions about Diagnosis**

If you have questions about the tests that have been run on your behalf or any part of the exam, ask your clinician. The more you understand about what's going on, the less anxiety you'll feel in the long run. A high level of anxiety during the diagnostic visit may make it hard to think of the right questions to ask. If that happens to you, make a list of what you want to know, call back and ask your questions. You may find your clinician will have more time for your questions if you set up an appointment to go in for a consultation.

## **Transmission**

Genital herpes is transmitted from one person to another through sexual contact. Sexual contact includes intercourse, oral-genital contact, and rubbing the genitals together without being separated by clothing. This is sometimes known as “outercourse.”

When someone has a cold sore on their mouth (or simply has an oral infection with no sores present) and gives oral sex to someone else, the virus can be spread from the mouth of the infected partner to the genitals of the uninfected person. The receiver of the oral sex might then get genital herpes. The virus type doesn't change (that is, it doesn't change from type 1 to type 2), but the cold sore virus will simply live, and possibly recur, in the area of the genitals.

Cold sores have been around for a long, long time, and some people find it hard to accept that these can indeed be the source of genital herpes infections. But as oral sex becomes more common, the incidence of getting genital herpes in this way is increasing. Anal intercourse can also transmit the virus to the rectal area, though many people who get herpes outbreaks around the rectum and the buttocks have never had anal sex. This can occur when the virus travels along a slightly different nerve pathway to get to the surface of the skin than along the nerve pathway that goes to the genitals.

Adults and children can (but rarely do) transmit the virus from one part of their own body to another. This phenomenon is called autoinoculation. Autoinoculation almost always occurs during the first outbreak when the immune system has not yet produced an immune response to the herpes. Autoinoculation is quite uncommon or many more children would have genital herpes because of touching their cold sores and then touching their genitals as children often do. One specific area of concern is the transmission of the virus from the mouth to the eyes. If someone has a cold sore, it is important that they wash their hands carefully between touching a sore and rubbing their eyes. Saliva should not be used to wet contact lenses. HSV 1, not HSV 2, causes the majority of ocular HSV.

One of the most difficult things to learn about herpes is that there is a chance that the virus can be transmitted when there are no apparent lesions. Women can have virus on their cervix with no sores on the outside of their body. Men can have the virus present inside of the urethra with no external sores. The virus can be given off from the genital skin of both men and women with no sores through microscopic breaks in the skin. This is called asymptomatic shedding; giving off the virus from the body when there are no visible symptoms. The more sensitive our virus detection methods become, the more viral shedding we can identify. Shedding rates vary based on location of virus and type of virus. The chart below is a guideline about how often shedding happens in healthy adults.

HSV 2 genital	15-20% of days evaluated
HSV 1 genital	3-5% of days evaluated
HSV 1 oral	18% of days evaluated
HSV 2 oral	1 % of days evaluated

We know that up to 70% of new cases of herpes are transmitted from someone showing no apparent symptoms at the time they infect their partner. Research has shown that asymptomatic shedding occurs more frequently during the first year of having herpes than it does subsequently.

This information about viral shedding may present difficult emotional concerns about sexuality, and, unfortunately, there are no guarantees for fail-safe methods of dealing with this thorny issue. It is probably true that many people who have herpes DO have symptomatic episodes when they give off virus but do not recognize them as herpes symptoms. We

thought for a long time that all herpes was “remarkable” meaning that we would know for sure if an outbreak were occurring. But now we know this isn't the case and that herpes has multiple faces; many of them unrecognizable. The truth is that most genital herpes symptoms are mild and very easy to miss.

People don't get genital herpes from an inanimate object such as a hot tub or swimming pool. Generally, the chemicals present in hot tubs and swimming pools easily kill the virus. We do recommend, however, that during an outbreak, one not share their towel with another person. Towels stay wet and warm for a while, and the virus could conceivably live for a very short time in that environment. Warm water and soap will easily kill the vulnerable virus on surfaces and clothing. Some studies have shown that the virus can live for a short time outside of the body, but there are no documented cases of anyone contracting herpes from an inanimate object.

People often want to know what the chances are of getting herpes from another person. Overall, the risk is about 10% per year that an infected male would transmit HSV 2 to an uninfected female. That is, if 100 infected men were having one-on-one sex with 100 uninfected women, about 10 women would get infected per year. If the situation were reversed, about 4 uninfected men would get herpes in a year from infected women. We do not have good studies on same gender couple transmission rates as the sexual practices in same gender couples vary a good deal which makes accurate transmission rates more difficult to obtain.

The studies that gave us those numbers were based on the following criteria:

- 1) No sex during outbreaks,
- 2) No daily antiviral medication and,

3) No regular use of condoms.

A study completed in the summer of 2002 evaluated whether antiviral therapy, taken daily, could reduce the risk of transmission of HSV 2 from an infected partner to an uninfected one in healthy, heterosexual adults over the age of 18. The person with herpes took either Valtrex 500 mg daily or a placebo (a sugar pill or inactive substance). The study followed the couples for a total of 8 months, drawing the blood of the uninfected partner monthly to look for infection. The study found that the taking of Valtrex daily reduced transmission by 48% over placebo.

We know that condoms also reduce the risk of transmission by about half. Condoms appear to offer a bit better protection for uninfected women than they do for uninfected men.

When both condoms and antiviral therapy are used, transmission rates can be greatly reduced. Even then, there is a small chance that transmission can occur.

## **Treatment**

There have been many attempts to find a cure for herpes, but to date, no permanent cure has been found. However, great progress has been made on treating the disease, and research is constantly being conducted on all aspects of the infection.

### **Antiviral Therapy**

In 1985, the first of the oral antiviral medications became available for general use. There are now three antivirals available in the US: acyclovir, Valtrex (valacyclovir) and Famvir (famciclovir). All three drugs work equally well when taken as directed. There may, however,

be compliance advantages for medicines requiring less frequent dosing because if you have to take your pills less often you are probably going to be better at taking them. They will, therefore, “work better.”

The antivirals may be taken in one of three ways: first episode therapy, episodic therapy (the taking of medication during outbreaks only), and suppressive therapy (taking medicine every day). The first two uses of the drug attempt to shorten the length and severity of a specific outbreak. Taking medication during outbreaks, either first or future ones, has not been shown to impact future recurrence rates of herpes.

The third use of the drug, for suppression of outbreaks (i.e., to prevent outbreaks from coming), is recommended for anyone who has frequent outbreaks, who is bothered by them, or who has an uninfected partner. Studies with these drugs have found that 80-90% of the people who take the drug for suppression have greatly reduced frequency of outbreaks or do not have outbreaks while taking the drug. The virus is still present in the body, and, after the drug is stopped, the outbreaks and shedding return to a normal level. While the risk of asymptomatic shedding may be greatly reduced by the medication, it is not stopped altogether.

An antiviral medication works something like this: the drug presents itself to the herpes virus as being a chemical element that the virus needs to reproduce itself. But it is really just a phony, and when the virus tries to reproduce after it takes up the medicine, it can't. The virus doesn't die off completely, but it doesn't reproduce effectively either.

None of the antivirals have been proven safe for use in pregnant women, but data has been gathered about the use of antivirals in pregnancy and most obstetric clinicians use the medicines suppressively in the last month of pregnancy to try to prevent outbreaks and/or

shedding near the time of delivery. If a woman should become pregnant while taking antiviral medication, she should discontinue its use and consult her clinician.

## **Acyclovir (generic)**

This anti-viral medication was first FDA approved as a topical treatment for first-time outbreaks. The topical cream form of the medicine was shown to shorten the first outbreak very slightly, but it had no effect on subsequent outbreaks. Topical acyclovir has no useful place in the treatment of recurrent genital herpes.

Oral acyclovir is indicated for use in one of three ways:

***First time outbreaks:*** 400 mg three times a day for 7-10 days.

***Recurrences:*** 400 mg three times a day for 5 days or 800 mg twice a day for two days.

***Suppression:*** 400 mg twice a day every day.

Acyclovir is also available for intravenous use in babies and adults for whom more aggressive treatment is necessary. It is available in a liquid form for people who have difficulty swallowing pills.

## **Valtrex (valacyclovir)**

This FDA-approved medicine may be used for first outbreaks, for recurrent outbreaks, and for suppression. It is also approved to reduce transmission of genital herpes from an infected person to an uninfected one.

*First time outbreaks:* 1000 mg twice a day for ten days.

*Recurrent outbreaks:* 500 mg twice a day for three days.

*Suppression:* 1000 mg once a day for people who have 10 or more outbreaks per year. 500 mg once a day for people who have 9 or fewer outbreaks per year. It is taken every day.

## **Famvir (famciclovir)**

This antiviral medication has been FDA approved for recurrent disease and for suppression. The FDA has not approved Famvir for first episode treatment, though the CDC does describe a dosing regimen for this purpose:

*First time outbreaks:* 250 mg three times a day for ten days.

*Recurrent outbreaks:* 125 mg twice a day for five days.

*Suppression:* 250 mg twice a day every day.

## **Treatments That Need Further Testing To Determine Their Effectiveness In Treating Genital Herpes**

**L-Lysine** is a naturally occurring amino acid, available at health food stores. Studies have not shown L-Lysine to be effective in preventing or shortening herpes outbreaks. However, some people report favorable results. Probably an equal or greater number report no

improvement while taking L-Lysine. There are no known harmful effects from taking reasonable doses of L-Lysine. A larger study is needed to determine if there is any benefit from taking this nutrient daily.

**Resiquimod** is an immune modulator whose sister drug, imiquimod or Aldara, has shown good success in treating genital warts. One study showed some limited benefit while using resiquimod for treating genital herpes.

## **Other Treatments**

There are also treatments for herpes that do not involve medicines. Reasonable attempts to reduce tension or stress may be beneficial for some people. Exercise is becoming an increasingly popular way to raise one's spirits. Counseling, relaxation techniques, massage and meditation all fall into this category. Before paying \$100 plus per hour for counseling, however, check the credentials of the therapist. A credible professional will not be offended when you ask about his or her qualifications. On the other hand, beware of a medical person who says that adding a psychological approach to treating a physical illness is pure rubbish.

## **Treatments Shown To Be Ineffective In Treating Herpes**

There are some treatments for herpes that have been tried and have been found to be of no use. These treatments include:

**Ether**

**Chloroform**

**Neutral Red Dye With Light Activation**  
**Lithium Succinate Cream**  
**BHT**  
**Glossypol**  
**Proflavine**  
**Small Pox Vaccine (May Also Be Harmful)**  
**Bacillus Calmette-Guerin (Bcg) Vaccine**  
**Influenza Vaccine**  
**Polio Vaccine**

## **Symptom Relief**

The physical symptoms of herpes can range from very painful to slightly bothersome to none at all. Suggestions for relieving some of the symptoms are included in this chapter. These are not cures, and the suggestions are not verified by scientific experiments.

### **Loose clothing, cotton underwear**

**Mechanism of action:** allows air to circulate more freely around the genitals. This speeds drying of the lesions and reduces chaffing. Synthetic fabrics don't "breathe" well. Women: use pantyhose with cotton crotches when possible. Better yet, wear longer skirts with no panties.

**Use:** self-explanatory

**Precautions:** none

**Availability:** everywhere

**Cost:** depends upon how fashionable you are!

## **Drying agents, such as Burrow's solution, and cornstarch**

**Mechanism of action:** speeds the drying of lesions by absorbing excess moisture.

**Use:** dissolve drying agents in water, using directions on the package. A good method is to use a sitz bath (a small amount of water used to soak the genital area only as opposed to the whole body.) Sprinkle cornstarch lightly over the genitals.

**Precautions:** soaking too often or too long may make the outbreak worse. Two 15-minute soaks a day is probably enough.

**Availability:** can be purchased at your local drugstore. Special sitz bath tubs are also available -- new mothers with sore stitches and people with hemorrhoids also buy these tubs so you need not feel self-conscious.

**Cost:** \$1.00 to \$5.00

Note: A total body warm bath may help lesions feel better and be relaxing. A bubble bath, however, may be irritating.

## **Sprays that contain anesthetic (pain killing) agents**

**Mechanism of action:** spray is applied to the skin; the nerve endings it touches will be temporarily numbed. These same products are sold to relieve pain of sunburn, hemorrhoids, and other skin problems that produce pain.

**Use:** using a spray makes it possible to avoid touching the lesions.

**Precautions:** sprays can cause skin irritation on some people.

**Availability:** can be found in drugstores and grocery stores. These products generally contain an active ingredient ending in -caine (e.g., xylocaine, procaine, etc.) Ask the pharmacist for guidance in choosing a product if you have trouble choosing.

**Cost:** \$5.00

Here are some miscellaneous suggestions for symptom relief that may sound a bit strange but do work for some people.

**Tannic acid:** found in black tea, has been found to be useful in reducing itching and pain. Loose tea can be put in the bath, or a moist tea bag can be placed against the sores similar to how it is used for sunburn to reduce pain.

**Ice:** applied directly to the area of the outbreak has been reported by some people to lessen the severity of an outbreak, and, if used during prodrome may stop the outbreak from coming on. You may have difficulty picturing ice applied to the genitals, but it is not difficult to do. Put some cracked ice in a plastic bag, tie it off tightly, and wrap it in a thin towel. You now have an ice pack. Put it inside your underwear to hold it in place. Oral outbreaks may also be helped by ice application.

For women, particularly, urine passing over lesions can cause a stinging, burning sensation, as the acidic urine contacts openings in the skin. Pouring water over the genitals while urinating, or urinating into a tub of water (a sitz bath would also work), helps dilute the acid and washes it away. Increasing fluid intake will also make the urine less concentrated and less likely to burn.

## **Vaccines**

A vaccine to protect against infection with herpes simplex virus is currently being tested in the USA. It is a sub-unit recombinant type vaccine, which means it contains only a small portion of the virus' genetic material. The vaccine is effective only in women and only for those women who are negative for both HSV 1 and 2. A large-scale trial involving this vaccine started in 2003. This vaccine will not help a person who already has herpes but, if proven effective, may be useful for women desiring to lessen their chances of contracting it. If you or a partner is interested, check to see if there is a vaccine trial going on in your area at: <https://web.emmes.com/study/vid/herpevac/>

There are also therapeutic vaccine trials ongoing for those already infected with HSV 2. The goal of a therapeutic vaccine is to enhance the body's immune response to herpes and decrease the frequency with which shedding or outbreaks occur.

## **Pregnancy**

Genital herpes is of particular concern to pregnant women. Certainly, women with herpes can have healthy, normal children. However, some special problems may arise with pregnancy and genital herpes.

Ideally, type-specific antibody testing is done during the pregnancy to determine who in the relationship has herpes and who does not. Blood is drawn around 20 weeks of gestation. If the mother is positive for HSV 2, even if she has never had symptoms, precautions should be taken at the end of pregnancy and at the time of delivery to protect the baby. These precautions include suppressive therapy from 36 weeks until delivery, avoiding the use of

scalp electrodes for fetal monitoring during labor, avoiding premature rupture of membranes, and performing a c-section if an outbreak is present in the boxer shorts area at the time of delivery. The likelihood of a newborn contracting herpes in these circumstances is very small. For the woman with established genital herpes going into the pregnancy, the risk of neonatal herpes is about 1 in 5,500 deliveries.

If the mother's blood test shows that she is antibody negative for HSV 2, then optimally, her partner is tested for antibody. If the father of the baby is HSV 2 positive and the mother is HSV 2 negative, precautions should be taken so the mother doesn't get infected with HSV 2 in the third trimester of the pregnancy. A primary outbreak in the last trimester of pregnancy puts mother and baby at a greater risk for a premature delivery and at much greater risk of infecting the baby at birth. Women who contract herpes during late pregnancy who have NOT had an opportunity to make antibody before delivery have a 30-50% chance of infecting their babies. Couples in this situation should avoid intercourse in the third trimester. If that is not workable, then the infected male partner should be placed on daily suppression and condoms should be used without exception during intercourse.

If the mother's blood test shows that she is antibody negative for HSV 1 and 2, and her partner's blood test shows infection with HSV 1 only, and the partner has ever had a cold sore, then the partner should not give oral sex to the mother during the third trimester. New HSV 1 genital infection during the third trimester can result in transmission to the baby and is very serious. If the partner tests positive for HSV 1, the mother is negative for HSV 1 and 2, and the site of the partner's HSV 1 infection is unknown, abstaining from both oral sex and intercourse during the third trimester is the safest course of action.

The major concern about herpes and pregnancy is that a baby may become infected with herpes virus if it passes through the birth canal when herpes virus is there. Even if antibodies

to the herpes virus are transferred from mother to baby during pregnancy, the antibodies are not adequate to completely protect all babies against infection. Newborns do not have an immune system that is capable of dealing with herpes, and they can become very sick or die from herpes infections.

A woman who falls into one of the following categories should be followed carefully during her pregnancy and delivery:

1) A woman who has a history of having genital herpes or who recently acquired the disease, or

2) A woman whose sexual partner has herpes infection (genital **or** oral herpes, if the partner gives oral sex to the mother).

This information can be scary for all pregnant women and especially for women who have known genital herpes. But sharing information openly with OB clinicians will almost always result in safe deliveries and healthy babies.

Newborns should not be exposed directly to cold sores. If the mother has a cold sore at the time of delivery, she should avoid kissing her baby until the cold sore has healed. The same is true for all other people with cold sores who are around a newborn. Some women are concerned about breast-feeding and herpes. If the mother has no breast herpes lesions, she may certainly breast feed the baby.

## **Women's Concerns**

It has been described in the past that women who have herpes have an increased risk of

developing cervical cancer. Portions of the genetic material of the herpes virus have been identified in tissue samples from women with cervical cancer. However, the role of herpes as a *cause* of cervical cancer is completely unproven. Many factors are linked to cervical cancer; early sexual activity, multiple sex partners and smoking. But clearly the prime culprit in cervical cancer is certain strains of genital wart virus or human papilloma virus (HPV.) Women who have herpes should not be concerned about a greater risk for cervical cancer if they do not have HPV (genital/cervical wart virus). Women should talk about their clinicians about the vaccines that are now available to prevent infection with many strains of HPV.

## Sexuality

First and most importantly, herpes does not bring an end to sexuality. Having herpes does mean that some changes will need to occur in the way a person expresses sexuality. Generally, the greatest concerns lie in the area of transmitting the virus to another person.

When considering what kind of sexual practices can spread the virus, just remember that the virus should not come into contact with the uninfected partner. For instance, if a man has herpes on his penis, he may still give oral sex to his female partner (assuming he has no oral infection). This may all seem obvious, but thinking about the various combinations of body parts and mucous membranes may open up new possibilities for sexual expression when symptoms are present. It can also clarify which sexual practices present the greatest risk for transmission to others.

**Intercourse should be avoided completely during outbreaks for maximum safety when one partner is infected and the other is not.**

Sleeping in the same bed with someone who has herpes will not, by itself, transmit the

virus. Virus is not shed asymptotically from places where there is thick skin, like the buttocks. It may be better to wear underwear, pajamas, or a nightgown to bed during an outbreak if there is likely to be contact with lesions during the night because old habits and sleepy erotic instincts tend to ignore herpes. Cuddling and snuggling with infected partners during an outbreak is very important to let them know they are still desirable and loved. Outbreaks are a time for support and extra closeness in other ways besides intercourse.

Occasionally, someone with herpes will have difficulty performing sexually -- inability to achieve an erection and/or premature ejaculation in men or difficulty achieving an orgasm in women. Sometimes these problems are directly related to the fear of giving herpes to partners. If one ejaculates rapidly, the penis is in the partner a shorter time, and the virus is less likely to be spread (or so the fearful or subconscious thoughts go). If someone is worrying a great deal about transmitting the disease, it is hard to focus enough on the feelings, both physical and emotional, surrounding lovemaking and to achieve an orgasm. The key to resolving these problems lies in talking openly and gently about them with partners. Good communication skills are an invaluable aid. If you need a tune-up here, see *Tender Talk: A Practical Guide to Intimate Conversations*, also published by The Portland Press, at the address listed on the back of this book.

## **Telling New Partners**

Some people report that having herpes has changed the way they begin a sexual relationship. If you are not currently involved in a relationship, the issue of telling new

partners will come up. It is essential to disclose your herpes status to new sexual partners prior to having sex. When making the decision to disclose this information, it is useful to put yourself in others' shoes -- would you have wanted to know your infecting partner had herpes before you had sex with him or her? Telling all future partners is best for many reasons.

First, they will be given the opportunity to make an informed decision about the future of their own health. Herpes means different things to different people. To some, it may be quite frightening; to others it isn't a big deal. For example, a woman who is trying to become pregnant would see herpes in one way while a woman who won't be having more children would see it in another. A person you have just met that evening may not wish to take the same risk that someone you've known for a long time would be willing to take.

Second, if you do not tell a partner until after you have had sex, the question of trust comes up. They will rightfully wonder what else have you not told them about yourself. Also, it takes a great deal of energy away from a relationship to hide something that is important.

Third, you may be denying your partner an opportunity to be supportive of you around a sensitive topic.

Fourth, you may have the typical and inaccurate belief that you will have a hard time finding a partner who will accept you with your herpes. Telling a prospective partner will test the validity of that belief. Our experience indicates that far more people accept sexual partners with herpes than reject them. This is clearly linked to the kind of relationship they have established prior to "getting the news."

So how do you actually tell someone that you have herpes? Find a time when the two of you can be alone. It is preferable to bring up the subject long before you are heavily into

foreplay. Rather, choose a time when it looks like things could possibly become sexual but haven't yet gotten there. You may wish to begin by saying something like, "It looks more and more like our relationship is developing into something sexual. Before that happens, I need to let you know something that may present us with a challenge. I have genital herpes." Don't expect that the first time you do this you will be cool, calm, and collected. You may even back out once or twice before being able to have this talk.

When you tell someone, choose your words carefully. Avoid terms such as "terrible, incurable, and incredibly painful." Try to be as matter of fact as you can. If it helps, practice in front of a mirror, or try out your approach first on a close friend.

Would you feel as awkward about telling someone you were diabetic or had a heart condition? Probably not, but this seems different because it involves sexuality. Statistics show that the more sex partners you have, the more likely it is that you will get a sexually transmitted disease. But remember, in this case, it only takes one sexual encounter to contract an infection that stays with you for life.

So, once you've given someone the news, what's next? Imagine they just sit there looking stunned. You might say, "Do you know what herpes is, have you heard much about it?" We think it is very useful to have some suggestions for books they might read -- this one for example! Or they may want to view the patient counseling DVD on our website. Let's say they look at you with great passion, and say quickly, "It doesn't matter. I'm ready to sleep with you no matter what you have." Sounds tempting -- an instant acceptance. But think about the reason you told them -- a chance for them to make a well thought-out choice. That's hard to do on the spur of the moment. The last thing you need is for them to wake up in the morning and regret their impulsiveness.

One option would be to say, "Actually, I'd like you to take some time to think about it. If you still want to be together, let's just sleep together but hold off on sex until you've had time to digest this for a little while." Certainly, another possibility is that they will say, "Wow, I was worried about bringing that up, but I have herpes, too." If you both have the same viral type of herpes, you need not worry anymore about passing virus back and forth.

Let's say they look at you with shock and say, "I couldn't possibly take the risk of getting herpes. You're a nice person, but I think I'll say good night now." So the worst scenario has come to pass, and you feel hurt and defeated. Try to take a little time and get some perspective. They were rejecting the *herpes* and not you as a total person. It is important to remember that the rejection does not make you worth any less as a person. You may be deprived of a relationship that you really wanted. However, there are other people who will accept you and the risk. The next time, or the time after that, things will go better.

Let's say they instead need some time to think about it. They don't call for a few days, and when they do, they seem less passionate and more like a friend. The important thing is to give them time. Remember that you told them so they could make a choice. Some people can do that faster than others. If the relationship pleases you, it is probably worth the wait to see what will happen next. Let's say you decide to sleep together and the relationship falls apart a month later. Some people quickly say, "Well, it was the herpes. He or she just couldn't handle it." Maybe it was, but herpes can become an excuse for the relationship not working out when in fact it had nothing to do with how things worked out. It's a temptation to stop looking at the other aspects of how you function as a partner and focus only on the impact of herpes.

The next section of this book is authored by Dr. Ricks Warren, a psychologist in private

practice in Portland, Oregon. He has counseled many people with genital herpes over the years and offers a unique insight into effective strategies for dealing with the psychosocial issues surrounding genital herpes. You'll appreciate his down-to-earth advice and practical suggestions.

## **Making Adjustments**

**L. Ricks Warren, Ph.D., Psychologist**  
**Portland, Oregon**

I'm a psychologist in private practice, and I counsel people with a variety of challenges. In recent years, I have become involved in working with people who are trying to cope more successfully with having genital herpes.

My approach is based on the notion that our sustained emotional reactions result not only from what happens to us but largely from what we **think** about what happens. It goes something like this:

Let's say two people go through a divorce. One person thinks, "I am a total failure, and I am doomed to be alone forever." The resulting emotions would likely be depression and despair. The other person thinks "I have suffered a great loss, but it is certainly possible to make a new life for myself." The resulting emotions for that person are likely to be sadness and grief but also hopefulness about the future. These two people had the same thing happen to them, but they feel quite differently because of their different ways of thinking about their divorce.

My approach to counseling, then, attempts to help people in distress identify the

particular beliefs that are causing their continued emotional upset. After determining their unhelpful beliefs, we work together to develop more helpful and realistic ways of thinking. The result is feeling emotions that help them obtain their goals in life.

Since I've been practicing this variety of counseling for the past 20 years, I wasn't surprised that people with herpes vary greatly in their emotional responses. Many people take the news in stride, make the necessary alterations in their sexuality, and proceed without much difficulty. However, some people have more trouble doing this. My goal with these folks is to help them discover the specific beliefs they hold about having herpes that are creating their emotional discomfort.

Let me hasten to add that I'm not minimizing the difficulties that herpes presents to some people. As with any change in health status, one's lifestyle may have to be changed in certain ways, and a variety of emotions (like anger, frustration, sadness) are normal especially in the beginning. However, by changing certain ways of thinking depression, anxiety, shame, and hostility can be reduced so that people with herpes can adjust successfully to this change in their lives.

What are the main types of thinking that cause the most emotional distress? Specific categories of problem thinking are listed here with examples of destructive thoughts, followed by a more constructive alternative.

## **Overgeneralizing**

**Destructive thought:** I'm a less worthwhile person since I have genital herpes.

This type of thinking causes problems because it involves identifying with one's herpes - "I

**am** my herpes."

**Constructive alternative:** My worth as a person is not affected by having herpes. I am a person with hundreds of different characteristics, some positive and some negative. Herpes is only one characteristic, not all of me.

At times, particularly during outbreaks, you may like yourself less, feel like you are less desirable, less attractive. The herpes seems to dominate your thoughts, and you find it hard to remember what your positive attributes are. But they're there. Keep reminding yourself about them. No, you aren't perfect, but you weren't flawless before you had herpes either. People are drawn to you or move away from you for a variety of reasons; herpes is only one of many. Having herpes will challenge you to build on your strengths and encourage you to look honestly at your shortcomings.

**Destructive thought:** I will **never** find anyone who will want to be sexual with me, because I have herpes.

This belief, rather like fortune telling, generalizes from the present to the entire future with no evidence to support the conclusion.

**Constructive alternative:** Where is the proof that I will never have a sexual, long-term relationship? Some people may not want to take the risk of getting herpes, but there are most likely people who will, especially if the other aspects of the relationship are good.

When some people are first diagnosed as having herpes, they swear they'll never have sex again, that the risk of being rejected by someone is simply too great to bear. This kind of thinking implies that there is no way you could stand it if you were rejected. What about a life lived all alone? Wouldn't that, in the long run, be very hard to stand if you would have

preferred to with someone? How would it feel to be 85, alone, and all you could look back and say is, "Well, at least I didn't give anyone small blisters on their penis/labia?"

The reality is that once you begin having sex in your life, it is very hard to simply stop being sexual. The frustrations and emotional conflict that arise as a result of trying to become celibate due to herpes may be worse than having the condition. It is important to remember that the fears about transmitting herpes will ease with time, and a realistic plan to prevent transmission will replace the fears.

**Destructive thought:** Let's say I am honest with a sexual partner, and they are willing to have sex with me, even with the herpes presenting a small risk. I would be a terrible person, totally responsible for ruining their life, if they got herpes from me.

This belief is an example of **over** responsibility for another person's right to make choices. It also assumes that herpes would be **devastating** to them.

**Constructive alternative:** A full life involves risk taking. While I would be deeply disappointed and sorry if an informed sexual partner contracted herpes from me, it would not be my entire fault. Other people have the right to make their own choices and take risks. It doesn't have to devastate their lives.

Transmitting herpes is only one risk that you'll take in a relationship. You also risk losing someone to an incompatibility in personalities. You risk that you will grow apart over time. And there are risks involving money, children, and sex. The risk list is even longer, and herpes is only one item on it.

## **Catastrophizing**

**Destructive thought:** Having herpes is catastrophic!

This belief usually implies that having herpes is simply too much to bear and that one cannot possibly be happy in spite of having herpes.

**Constructive alternative:** Having herpes is certainly inconvenient, and an unfortunate hassle. However, other people manage to find happiness (they do, you know) in spite of their herpes, and so can I.

If you really think that having herpes is a catastrophe, get more information about the disease. The more you know, the better you can cope. Read this book again more carefully. Consult the other sources at the end. Seeing a counselor may also be helpful (further detail in the treatment section.) Having a close friend to talk to is very useful as keeping all your thoughts inside can make you feel pretty lonely.

## **Demanding**

**Destructive thought:** I **should** not have contracted herpes, and my infecting partner **should** not have given it to me.

These thoughts involve jumping from the realistic desire to have avoided getting herpes to the unrealistic demand that such an undesirable thing **must** not have happened.

**Constructive alternative:** I wish so much that I had not contracted herpes, but at the time I got it, I was unaware that my partner was contagious. We did the best we could given the information we had at the time.

**Destructive thought:** I **should** not have to deal with the pain, discomfort, and practical

problems associated with herpes.

This thought also implies that one's preference for not having to endure misfortune **must be** granted.

**Constructive alternative:** I certainly don't like dealing with the disadvantages of having herpes, but life often deals us unfair blows. It is truly part of the process of being human.

It isn't essential to use the specific constructive alternatives suggested above to replace self-defeating ones, but it is important that you come up with your own believable, more helpful ways of thinking.

In order to exchange helpful beliefs for unhelpful ones, three steps are recommended. First, try to see why the helpful thoughts are actually more reasonable than the unhelpful ones. Second, frequently **remind** yourself that the unhelpful thoughts will lead to emotional distress while the helpful ones will lead to emotions that will help you achieve your goals. Third, **act** in accordance with the more helpful beliefs. This involves facing the discomfort of risking new relationships, if you're currently unattached. It involves **not** becoming reclusive and acting as if you don't deserve the benefits of sex and intimacy.

In summary, herpes itself may involve physical discomfort and impose certain restrictions on one's spontaneity. Many people experience a variety of intense emotions when they first find out they have herpes. Anger, sadness, and confusion are all normal. However, if you are significantly depressed or immobilized with fear of the future, there are effective ways of combating these difficult emotions and regaining your confidence. See if you can identify the beliefs that are hurting you and make a concerted effort to change them. For help with this process, I suggest reading *Feeling Good* by David Burns and *A New Guide to Rational*

*Living* by Albert Ellis and Robert Harper.

## **Personal Recollections from Westover Heights Clinic Patients**

### **One Man's Story**

I am a 30-year-old man, have a professional career, many friends, lots of outside interests, and genital herpes. In all of my life, I have had two sex partners (sort of).

About three years ago, I had intercourse for the first time. My upbringing, very Catholic, frowned heavily on premarital sex, so I waited a long time. The woman I slept with was a good friend; someone I had known for years. We made love once, and I wore a condom. However, before we had intercourse, she also gave me oral sex. About a week later, I noticed a rough, sore area on my penis. My family doctor said it was probably a friction burn, so I ignored it, and sure enough, it went away.

My next partner was someone I never did have intercourse with, but we engaged in a fair amount of oral sex. A year after the first rough spot appeared, a second one came up. This time I went to a private sexually transmitted disease clinic where they cultured the spot. It came up positive for HSV 1.

So in my life I had had intercourse once, wearing a condom, and here I am with genital herpes. In the three years I have apparently had it, I have had only the one recurrence. Both women deny any history of genital herpes, but the first one does have a history of cold sores. I cannot remember whether or not she had a cold sore on her mouth when we had sex together,

and neither can she. In either case, I certainly do not, in any way, blame her for this.

I have not had sex since then because I really want to wait to have sex until I am married. Telling someone would be hard for me and I do worry about giving this to someone else. But I know that the rate of viral shedding for genital HSV 1 is low and when I find someone special in my life, I believe I can manage the herpes issues.

Interestingly enough, herpes has had, in one way, a positive impact on my life. Before the herpes, I tended to be rather intolerant of other people's flaws, particularly things that I interpreted as an absence of moral character. But now, I too, have a "flaw." Truly, it can happen to anyone. The people at the clinic have helped me to see this as less catastrophic, and when I compare it to people who have other serious illnesses, I am able to see it in a more realistic light. The fear that someone I know might find out I have herpes is a major concern. I know other people who have herpes, but I cannot bring myself to share this with them. Perhaps I am worried that they would think I am not as "good" a person, though in my heart, I do not think that about them.

I still have a way to go in adjusting to this disease. On the other hand, I think I have already come a long way. Thoughts of herpes do not constantly run through my mind anymore. I hope one day soon I will meet someone I care enough about and trust enough to tell that I have herpes. In fact, there's this very attractive woman who works in my office that I've been admiring lately. Perhaps I'll soon take that risk! After all, I'm not herpes. I just have herpes.

## **One Woman's Story**

My story about herpes began two years ago. I had been dating the same man for about a

month when it became clear that the relationship was going to expand to a sexual involvement. One evening, he gave me the painful piece of news that he had genital herpes. He was having recurrences about once every two months, lasting a week, sometimes more. This man had become very special to me -- we were involved in the same career, we enjoyed many of the same activities like sailing, the symphony, and dinners with mutual friends. The decision to sleep with him in spite of the herpes was not a difficult one. I knew a little about the disease, and had read the Time magazine article, the one with the big red H on the cover. He assured me that he would always check himself for sores before sex, and if I wanted him to, he would wear a condom when we made love (I didn't want him to.) He took medicine to deal with his outbreaks, but his doctor didn't see the need for him to take the medicine daily. So, we began to sleep together at least 3 or 4 times a week. He was always careful to check himself first. A few times, lovemaking was interrupted by him saying he felt some twinges, and he wanted to stop just to be safe. This was quite disconcerting, and I found myself thinking about getting herpes when we were making love, instead of thinking about what was happening in bed. At times, this made it difficult to achieve orgasm. But as more time went by, I began to think less and less about herpes and more and more about how happy I was with this man.

One night we made love in the middle of the night, and in the morning, he spotted a small sore on his penis. We both panicked, and I immediately went to my nurse practitioner for an exam, which revealed nothing irregular. However, about a week later, I noticed a very tender area on my right labia. Looking with a mirror, I saw only a small spot that looked like it had been rubbed raw. Being the cautious type, I went back to the nurse practitioner for another exam. She felt that it was probably not herpes but took a culture anyway just to ease my mind, I think. Five days later she phoned me to tell me it was positive for HSV 2. I went back a third time to see her for more information and a shoulder to cry on. My partner was incredibly supportive, and felt considerable guilt over infecting me. The sore area was gone in a couple of days. I felt fine for a month, and then, just before my period, another sore appeared. Even

though I knew I had been taking a risk, I felt angry and powerless. But because my partner already felt so bad, I kept all that inside and tried to be calm and reasonable at all times. Around that time, the relationship began to go downhill. We talked less, fought over little things, and made love infrequently. Now I was mourning the loss of intimacy we had had, *and* the problem of having herpes. I thought, "What if no one else wants me now that I am imperfect?" The relationship had looked so promising in the beginning -- so much in common, so special. What had gone wrong? I think that his guilt about giving me herpes and my unspoken resentment had clearly taken its toll.

We decided to seek counseling. We had both been divorced once and had come to the realization that good couples are partly made, not born. If we wanted this to work, we would have to work. The psychologist helped us talk about our unspoken agendas and encouraged me to look at my fears about herpes in a more realistic way.

Fortunately, this story has a happy ending. I started on daily suppressive therapy to reduce the frequency of my outbreaks and just having them mostly gone makes me feel so much better. We have worked through many of our problems and discovered that for us, herpes does not need to be a major factor in our relationship. We are still dealing with the day-to-day couple issues that everyone faces. Time had allowed us both to see that herpes is only one small part of who we are and what our relationship is all about. I'm glad we hung in there together and got help for our issues. I feel really hopeful about our future.

## **Recommended Resources**

### **Websites:**

[www.herpesdiagnosis.com](http://www.herpesdiagnosis.com) (info on diagnostic tests)  
[www.ashastd.org](http://www.ashastd.org) (nonprofit info on all STDs, also addresses of support groups)  
[www.IHMF.com](http://www.IHMF.com) (international perspective on HSV)  
[www.boards.webmd.com/topic.asp?topic\\_id=90](http://www.boards.webmd.com/topic.asp?topic_id=90) (questions and answers)  
[www.niaid.nih.gov](http://www.niaid.nih.gov) (National Institutes of Health website)  
[www.cdc.gov/std/](http://www.cdc.gov/std/) (Centers for Disease Control website)  
[www.herpeshomepage.com](http://www.herpeshomepage.com) (networking site)  
[www.MPwH.com](http://www.MPwH.com) (meet others with herpes)  
[www.healthcheckusa.com](http://www.healthcheckusa.com) (order you own blood test)  
[www.herpeselect.com](http://www.herpeselect.com) (info on blood test)  
[www.biokitusa.com](http://www.biokitusa.com) (info on blood test)

**Hotline:** Toll free herpes hotline: (888) 411-4377

**Financial Assistance for medicines:**

[www.IPP.GSK.com](http://www.IPP.GSK.com) (Valtrex patient assistance)  
[www.pharma.us.novartis.com](http://www.pharma.us.novartis.com) (Famvir patient assistance)  
[www.herpeshomepage.com](http://www.herpeshomepage.com) (link with mail order pharmacy with great prices)

**Good Books:**

*Managing Herpes: How to Live and Love With a Chronic STD.*

Charles Ebel and Anna Wald

*The Truth About Herpes.* Stephen Sacks

*Understanding Herpes.* Lawrence Stanberry