GENITAL HERPES

Genital herpes is a chronic, lifelong, sexually transmitted disease caused by herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2). HSV-1 typically causes small, painful, fluid-filled, orolabial lesions, i.e., cold sores or fever blisters on lips. It can even be acquired from contact with apparently normal skin that is shedding the virus. Historically, HSV-2 caused the majority of cases of genital herpes, but an increasing percentage of cases are now caused by HSV-1 (10%). Historically, HSV-2 caused the majority of cases of genital herpes, but an increasing percentage of cases are now caused by HSV-1 (10%). The natural history of genital herpes includes first-episode infection of the skin and mucous membranes, establishment of latency in the dorsal root ganglion, and subsequent reactivation. The majority of genital infections are transmitted by persons who are either unaware they are infected with HSV-2 or are asymptomatic when transmission occurs. Efficiency of sexual transmission is greater from men to women than from women to men. Moreover, the likelihood of transmission declines with increased duration of infection. A recent CDC study documented that the seroprevalence of HSV-2 in the United States among persons aged 14-49 years was 16.2% overall. Seroprevalence was highest among women (20.9% vs. 11.5% for men) and non-Hispanic blacks (39.2%). Seropositivity increases with age from 1.4% in adolescence to 26.1% in the fourth decade and with number of reported lifetime sex partners (3.9% with one to 26.7% with ≥10). Importantly, of those who were seropositive for HSV-2, 81.1% had not received a diagnosis.
Complications in Pregnancy

HSV is acquired by approximately 2% of susceptible women during pregnancy. The risk of acquisition during pregnancy is relatively uniform—30% in the first trimester, 30% in the second, and 40% in the third. Importantly, only a third of these seroconversions are associated with symptoms, while two-thirds are subclinical or asymptomatic. Seroconversion during pregnancy is not associated with an increased risk of low birthweight, prematurity, IUGR, stillbirth, or neonatal death. However, women who acquire HSV during pregnancy may develop disseminated disease with pneumonitis, hepatitis, and encephalitis. The risk of neonatal transmission is also higher among women who seroconvert during pregnancy, especially those who acquire the infection in the third trimester. This is related to an increased likelihood of recurrences (average within four months) and viral shedding within the first two years after acquiring the infection as well as the shortened time available for the infant to acquire potentially protective maternal HSV antibodies to cross the placenta.

The neonate may acquire herpes infection either in utero, or during, or immediately after birth. The former route (intrauterine or transplacental infection) is rare; the latter (perinatal infection) is more common. Transplacental HSV infection is a consequence of primary maternal HSV infection during pregnancy and is often devastating for the infant. Infants develop skin lesions at a rate of 92%, and 92% will also develop central nervous system lesions, including microcephaly, hydranencephaly and microphthalmia. Death occurs in 31% of cases, and neurologic sequelae develop in nearly all survivors, even with the use of antiviral chemotherapy.

Perinatal acquisition of HSV by the neonate is usually the result of contact with the infected, maternal lower genital tract during delivery. It may also be acquired from maternal or paternal oral-labial infection or from a hospital worker with herpetic whitlow (herpetic lesions on the fingers or around the fingernails). Several factors influence the transmission of HSV from mother to neonate: HSV type, the
Most mothers of infants who acquire neonatal herpes lack histories of clinically evident genital herpes.

mother’s clinical stage of infection, anatomic site of viral shedding, use of fetal scalp electrode, and the specificity of passively transferred HSV antibodies from mother to infant.

The risk of transmission to the neonate is high (30-50%) among women who acquire genital herpes near the time of delivery. On the other hand, the risk of neonatal herpes from an asymptomatic mother with a history of recurrent genital HSV is less than 1 in 1,000. However, because more women have asymptomatic recurrent HSV than acquire HSV during pregnancy, the majority of neonatal HSV infections are acquired from mothers with recurrent HSV. Viral shedding from the cervix is associated with an increased risk of transmission. The passive transfer of HSV-2 antibodies (but not HSV-1), from mother to fetus, appears to be protective.

Neonatal HSV infection has three forms: Disseminated (25% of cases); CNS (30% of cases); and skin-, eye- or mouth-only. Disseminated disease is manifested by coagulopathy, liver dysfunction, pulmonary failure, and often death, even when current antivirals are used. Neonatal HSV infection of the CNS is manifested by seizures, lethargy, irritability, temperature instability, and bulging fontanelle, and has a lower mortality rate, but a high rate of morbidity. Skin-, eye-, or mouth-only infection has both a low mortality and morbidity rate when antiviral agents are used.

Prevention of Neonatal Herpes

All Pregnant Women: All pregnant women should be asked carefully about their personal history of genital and oral HSV and that of their partner. At the onset of labor or rupture of membranes—whichever comes first—all women should be asked about the symptoms of genital herpes and prodormal symptoms. In addition, all women should be examined carefully for herpetic lesions at the onset of labor or rupture of membranes. Use of rapid tests or expert inspection may be useful.

Women with a history of recurrent HSV: Many experts also recommend empiric acyclovir prophylaxis for women with a history of recurrent genital HSV infection from 36 weeks gestational age until delivery. Patients should be counseled to notify their provider if they have prodormal symptoms or genital lesions at the onset of labor and/or membrane rupture. In general, the routine use of fetal scalp electrodes during labor is discouraged for women with a history of genital herpes.

Women without known HSV: Women without a history of HSV should be counseled to abstain from intercourse and receptive oral sex with partner(s) known or suspected of having genital or oral HSV respectively. Some specialists recommend offering type-specific serologic tests to uninfected women whose partners have HSV. Serologic results are helpful in guiding counseling regarding risk of acquiring infection during pregnancy and the use of antiviral therapy.

Symptomatic women (recurrent or first episode) at time of birth: In order to prevent neonatal herpes, it is currently recommended that women with either symptomatic, recurrent, or first-episode genital herpes at the time of delivery receive a cesarean delivery. However, if an infant inadvertently delivers vaginally to a mother with genital lesions, it is recommended that cultures for HSV be obtained from eyes, nasopharynx, mouth, and rectum, at 24 to 48 hours of life, and that empiric treatment be given with acyclovir, for 7-10 days, while closely observing the infant for signs and symptoms of disease. These infants should be followed with close consultation with a pediatric infectious disease specialist.
Screening
ACOG does not recommend routine HSV seroscreening, but does acknowledge that it may be beneficial in selected populations of couples. For example, seroscreening should generally be offered to women whose partners are infected with HSV, to HIV-positive women, and possibly to those diagnosed with other STDs.

Diagnosis
The clinical manifestations of genital HSV occur as four distinct syndromes. A person’s prognosis and the type of counseling needed depends whether the person has HSV-1 or HSV-2. In addition, pregnancy counseling and management varies with the clinical syndrome. The characteristics of the four clinical syndromes are compared in Figure 16.

PCR is 3 to 5 times more sensitive than viral culture for detecting HSV, and is now the preferred diagnostic technique because of the relative ease of specimen handling, its improved sensitivity for detecting virus in both active lesions and asymptomatic shedding, and because of its faster turnaround time. Viral culture and typing can be available within 48 to 72 hours, and when vesicle or pustule lesions are present, 80-90% of viral cultures will be positive. However, ulcers and crusted lesions are less likely to be culture positive. Non-culture tests, such as direct fluorescent antibody (DFA) and enzyme immunoassay (EIA), are fairly sensitive (>85%) and rapid (2 to 12 hour) methods, particularly for detecting HSV in healing lesions where cultures are likely to be negative. Only the DFA can differentiate HSV-1 and HSV-2. Cytology, using either the Tzanck test or Papanicolaou smear, is insensitive and nonspecific, and should not be relied on for HSV diagnosis.

Type-specific HSV serology tests are very useful in determining whether an initial clinical episode of genital herpes is a primary or non-primary infection. Type-specific antibodies to HSV develop during the first several weeks to a few months following infection and persist indefinitely. The presence of the HSV-2 antibody indicates anogenital infection. However, the presence of HSV-1 does not distinguish anogenital from orolabial infection. Type-specific serologic testing is indicated in the following situations: Suspicious lesions are culture negative; suspicious lesions are too late or too dry to culture; atypical presentations of genital herpes; recurrent undiagnosed genital ulcers; acquisition more than 6 weeks prior to examination; and a sex partner with herpes.

Third trimester serial cultures for HSV are NOT recommended in asymptomatic women with a history of HSV. However, all pregnant women should be examined for evidence of genital herpes upon admission to the hospital or birthing center for delivery.
Table 15 Key Principles of Best Practices for Screening, Treatment and Follow-up for Genital Herpes in Pregnancy[^35]

<table>
<thead>
<tr>
<th>Screening</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type-specific HSV antibody testing for:</td>
<td>Indications:</td>
</tr>
<tr>
<td>• HIV-positive women</td>
<td>• First episode primary or non-primary infection</td>
</tr>
<tr>
<td>• Asymptomatic pregnant women with partners with genital HSV infection</td>
<td>• Episodic treatment of recurrent episodes</td>
</tr>
<tr>
<td>• + women with other STDs</td>
<td>• Suppression from 36 week GA until delivery, to reduce risk of perinatal transmission, for women with first episode primary and non-primary and recurrent infection</td>
</tr>
</tbody>
</table>

For women who are seropositive with no clinical history of HSV, suppression therapy is not currently recommend.[^35][^69]

• Anti-viral suppressive therapy for the infected male partner of a seronegative monogamous woman is plausible, but has not been studied and is not currently recommended by the CDC.[^35]

See CDC treatment recommendations

Diagnostic Testing

For first clinical episode or recurrent undiagnosed infection:

• Type-specific HSV antibody testing
• PCR
• Viral culture of fresh lesion or DFA/EIA from healing lesion

Counseling to Include

• Natural history of disease,
• Sexual and perinatal transmission, and
• Methods to reduce transmission:
  o Abstain from sex when prodormal symptoms or lesions are present, and in third trimester for seronegative women with an infected partner
  o Consistently use latex condoms for intercourse when asymptomatic, and
  o Late third trimester suppressive antiviral therapy for women
• Instruct patient to alert healthcare provider if she has prodormal symptoms or lesions at the time of membrane rupture or onset of labor

[^35]: May 2011 Managing Infections in Pregnancy Toolkit 79
Table 16 CDC Treatment Recommendations for Genital Herpes

<table>
<thead>
<tr>
<th>Antiviral</th>
<th>1st clinical GH episode (mg x 7-10 d)</th>
<th>Recurrent Genital Herpes</th>
<th>Episodic (mg, days)</th>
<th>Suppressiveii (mg daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acyclovir</td>
<td>400 tid</td>
<td>400 tid x 5 d</td>
<td>800 bid x 5 d</td>
<td>400 bid</td>
</tr>
<tr>
<td></td>
<td>200 5x/d</td>
<td>800 tid x 2 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Famcicloviriii</td>
<td>250 tid</td>
<td>125 bid x 5 d</td>
<td>1000 bid x 1 d</td>
<td>250 bid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>500 mg x 1 followed by</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>250 mg bid x 2 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valacycloviriii</td>
<td>1000 bid</td>
<td>500 bid x 3 d</td>
<td>1000 daily x 5 d</td>
<td>500 daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1000 daily</td>
</tr>
</tbody>
</table>

i Treatment can be extended if healing is incomplete after 10 days of therapy.

ii Dosage and duration of treatment varies for HIV infected individuals

iii There is insufficient data on the safety of famciclovir and valacyclovir during pregnancy, therefore acyclovir is recommended for use in pregnancy
PATIENT EDUCATIONAL MATERIALS

In this section you will find examples of patient education materials for genital herpes in pregnancy.

Please also consult the links below for the most up-to-date patient education materials.

Centers for Disease Control and Prevention
   Patient Handout—Genital Herpes—The Facts
   Available in English and Spanish
   http://www.cdc.gov/std/healthcomm/the-facts.htm
   STDs In Pregnancy Fact Sheet
   http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy.htm

California STD/HIV Prevention Training Center:
   Herpes Fact Sheet—6-8th grade reading level—8/4/2009

American Congress of Obstetricians and Gynecologists
   Genital Herpes Fact Sheet
   http://www.acog.org/publications/patient_education/

Medline Plus-US National Library of Medicine, National Institutes of Health
   Genital Herpes Fact Sheet
   http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=genital+herpes
Genital Herpes

What is genital herpes?

Genital herpes is a sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2). Most genital herpes is caused by HSV-2. Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first outbreak. Although the infection can stay in the body indefinitely, the number of outbreaks tends to decrease over a period of years.

How common is genital herpes?

Results of a nationally representative study show that genital herpes infection is common in the United States. Nationwide, 16.2%, or about one out of six, people 14-49 years of age have genital HSV-2 infection. Over the past decade, the percentage of Americans with genital herpes infection in the U.S. has remained stable.

Genital HSV-2 infection is more common in women (approximately one out of five women 14-49 years of age) than in men (about one out of nine men 14-49 years of age). Transmission from an infected male to his female partner is more likely than from an infected female to her male partner.

How do people get genital herpes?

HSV-1 and HSV-2 can be found in and released from the sores that the viruses cause, but they also are released between outbreaks from skin that does not appear to have a sore. Generally, a person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission can occur from an infected partner who does not have a visible sore and may not know that he or she is infected. HSV-1 can cause genital herpes, but it more commonly causes infections of the mouth and lips, so-called “fever blisters.” HSV-1 infection of the genitals can be caused by oral-genital or genital-genital contact with a person who has HSV-1 infection. Genital HSV-1 outbreaks recur less regularly than genital HSV-2 outbreaks.

What are the signs and symptoms of genital herpes?

Most people infected with HSV-2 are not aware of their infection. However, if signs and symptoms occur during the first outbreak, they can be quite pronounced. The first outbreak usually occurs within two weeks after the virus is transmitted, and the sores typically heal within two to four weeks. Other signs and symptoms during the primary episode may include a second crop of sores, and flu-like symptoms, including fever and swollen glands. However, most individuals with HSV-2 infection never have sores, or they have very mild signs that they do not even notice or that they mistake for insect bites or another skin condition.
People diagnosed with a first episode of genital herpes can expect to have several (typically four or five) outbreaks (symptomatic recurrences) within a year. Over time these recurrences usually decrease in frequency. It is possible that a person becomes aware of the “first episode” years after the infection is acquired.

What are the complications of genital herpes?
Genital herpes can cause recurrent painful genital sores in many adults, and herpes infection can be severe in people with suppressed immune systems. Regardless of severity of symptoms, genital herpes frequently causes psychological distress in people who know they are infected.

In addition, genital HSV can lead to potentially fatal infections in babies. It is important that women avoid contracting herpes during pregnancy because a newly acquired infection during late pregnancy poses a greater risk of transmission to the baby. If a woman has active genital herpes at delivery, a cesarean delivery is usually performed. Fortunately, infection of a baby from a woman with herpes infection is rare.

Herpes may play a role in the spread of HIV, the virus that causes AIDS. Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious.

How is genital herpes diagnosed?
The signs and symptoms associated with HSV-2 can vary greatly. Health care providers can diagnose genital herpes by visual inspection if the outbreak is typical, and by taking a sample from the sore(s) and testing it in a laboratory. HSV infections can be diagnosed between outbreaks by the use of a blood test. Blood tests, which detect antibodies to HSV-1 or HSV-2 infection, can be helpful, although the results are not always clear-cut.

Is there a treatment for herpes?
There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy for symptomatic herpes can reduce transmission to partners.

How can herpes be prevented?
The surest way to avoid transmission of sexually transmitted diseases, including genital herpes, is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

FOR MORE INFORMATION:
Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
http://www.cdc.gov/std/

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

American Social Health Association (ASHA)
1-800-783-9877
www.ashastd.org

National Herpes Hotline
(919) 361-8488

National Herpes Resource Center
http://www.ashastd.org/hr
What You Should Know About Genital Herpes

Genital herpes is a sexually transmitted disease caused by the herpes simplex virus (HSV-1 or HSV-2). Herpes infection is very common in the United States, affecting about 1 in 5 people aged 12 and older, most of them women. Unfortunately, many do not know they have the virus. As high as those numbers are, however, genital herpes due to type 2 is on the decline. One of the reasons is better education about herpes and how it is spread.

How sexual transmission happens
Although herpes is called a sexually transmitted disease, it is not passed only through sexual intercourse but also by skin-to-skin contact. Two main types of the herpes virus can cause genital herpes: HSV type 1 (HSV-1) and HSV type 2 (HSV-2). HSV-1 can cause genital herpes but it more commonly causes “fever blisters,” which are infections of the mouth and lips. Most commonly, genital herpes is transmitted from a person who has a genital HSV-2 infection to a partner who does not. However, genital herpes due to HSV-1 can be spread by oral-genital sex.

Before the blisters appear, you might have symptoms that signal an outbreak: sensitive skin, tingling, burning, itching, or pain where the blisters will develop.

Know these symptoms
The most recognized symptoms of genital herpes are small painful blisters in the genital and rectal area. However, genital herpes lesions can occur anywhere in the “boxer shorts” area. Before the blisters appear, you might have symptoms that signal an outbreak: sensitive skin, tingling, burning, itching, or pain where the blisters will develop. With an initial infection, symptoms can include fever, muscle aches, fatigue, and reduced appetite. Women may also have vaginal discharge and painful urination.

When the blisters break, they can leave sores that can be very painful. The sores eventually crust over and heal, but it can take between a week (for recurrent outbreaks) and up to 3 weeks with the first outbreak.

The first outbreak is usually the worst. It is most likely to happen within 2 weeks after the virus is transmitted. Symptoms, if they exist, are generally more troublesome during the first episode. Typically, another outbreak occurs weeks or months after the first but is less severe and does not last as long. However, up to 70% of people can be infected with the virus and not have symptoms for a long time (months to years), and people can be infected with the virus for years before the herpes infection is diagnosed.

Diagnosis and treatment
Because the symptoms can vary widely and be quite subtle, genital herpes is often misdiagnosed in women. It may be diagnosed, for example, as a yeast infection, hemorrhoids, urinary tract infection, or vaginitis.

The virus can be detected by a laboratory test called a culture, in which the health care provider swabs a suspected herpes sore, but it is possible to have a culture that does not show HSV even if you have it. A blood test is more definitive.
So far, there is no cure for genital herpes. However, antiviral medicine can be taken for each outbreak. This relieves the pain and heals sores faster. To get the most benefit from treatment, you should start it as soon as you notice the early symptoms of tingling, burning, or itching. Warm baths can help relieve the pain. People with frequent outbreaks may prefer daily suppressive therapy. To help reduce your chances of spreading herpes to another person, daily antiviral therapy is also recommended.

You may get more outbreaks
The herpes virus stays in your nerve cells for the rest of your life. If the virus is reactivated, it travels along the nerves to your skin. Sometimes reactivation causes symptoms and sometimes it does not, yet the virus is still present and can be spread to others.

Various conditions can trigger a recurrence, such as fatigue, illness, menstruation, and physical and emotional stress. Sexual activity may also trigger an attack. Recurrent attacks can be as seldom as once a year, or you might never have another one. The average is about 2 to 6 per year. Over time, the outbreaks usually become milder and less frequent.

If your immune system is weakened by an illness such as AIDS or by chemotherapy or steroid treatment, outbreaks can be more severe and long-lasting.

Herpes is very contagious
One of the reasons herpes is so contagious is the person who has it often does not know it. Symptoms can be very subtle. Another reason is that the virus can be shed (released) not only from the visible sores, but between outbreaks as well, even when sores are not visible.

Women need to be very aware of the risk of herpes during the childbearing years. Transmitting HSV to a baby during birth is rare, but women with active genital herpes are often advised to have a cesarean delivery to help reduce the risk. If you are pregnant and infected with genital herpes, your health care provider may recommend taking antiviral therapy during the last month of your pregnancy to reduce your chances of having an outbreak.

Women who have herpes have a greater risk of getting HIV, perhaps because of the open sores or because of factors related to the immune system. HIV-positive people with HSV-2 may also be more contagious.

The only way to be sure of not getting the infection is to not have sex, or to be in a long-term relationship with a partner who has been tested and has no infection. Latex condoms, used correctly, can help reduce the risk. Anyone who has herpes should not have sex with an uninfected partner when any sores are visible, of course, but it is also important to remember that sores do not have to be visible for the infection to be spread. To be on the safer side, do not have sexual contact from the time of your first genital symptoms until they are completely gone. Consider using daily antiviral therapy to reduce the risk of transmitting herpes. Also avoid touching the infected area during an outbreak and wash your hands if you do touch an infected area.

Living with herpes
Genital herpes is not life-threatening, but it can be life-altering if you don’t know how to cope with it. Genital herpes can increase your risk of becoming infected with HIV and can be passed along to your child during delivery. If you or your partner has genital herpes, it is extremely important to honestly discuss the situation. Counseling can help you deal with the disease and its effects on your life. It can be a shock to be diagnosed with genital herpes, but once you know what to do about it, you can learn to live with it.

RESOURCES
- Centers for Disease Control and Prevention
  www.cdc.gov/std/Herpes/STDFact-Herpes.htm
- American Social Health Association
  www.ashastd.org/herpes/herpes_learn.cfm
- American College of Obstetricians and Gynecologists
  www.acog.org/publications/patient_education/bp054.cfm

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Lo que Usted Debe Saber sobre el Herpes Genital

El herpes genital es una enfermedad sexualmente transmitida causada por el virus herpes simple (HSV-1 o HSV-2). En los Estados Unidos, la infección del herpes es muy común, afectando aproximadamente 1 de cada 5 personas, de 12 años o más de edad, la mayoría de estas personas son mujeres. Desafortunadamente, muchas de las personas no saben que padecen de este virus. Las estadísticas son muy altas, sin embargo, el herpes genital derivado del tipo 2 está declinando. Una de las razones de esta disminución es una mejor educación sobre el herpes y la manera en la que se transmite.

Antes de que aparezcan las ampollas, Ud. puede tener síntomas que indiquen un brote: sensibilidad en la piel, hormigueo, ardor, picazón o dolor en donde las ampollas aparecerán.

De que manera sucede la transmisión sexual

Aunque el herpes es llamado una enfermedad sexualmente transmitida, no sólo es transmitida a través del coito sino también a través del contacto cutáneo. Dos tipos principales del virus del herpes pueden causar el herpes genital: HSV Tipo 1 (HSV-1) y HSV-Tipo 2 (HSV-2). El HSV-1 puede causar el herpes genital pero más comúnmente causa “ampollas febriles,” las cuales son infecciones de la boca y los labios. Más comúnmente, el herpes genital es transmitido por una persona que padece de la infección genital HSV-2 a una pareja que no la tiene. Sin embargo, el herpes genital derivado del HSV-1 puede ser diseminado por el contacto genital-oral.

Conozca los síntomas

Los síntomas del herpes genital más fáciles de reconocer son las pequeñas ampollas dolorosas en el área genital y rectal. Sin embargo, las lesiones del herpes genital pueden presentarse en cualquier área de los ‘calzóncillos.’ Antes de que aparezcan las ampollas, Ud. puede tener síntomas que indiquen un brote: sensibilidad en la piel, hormigueo, ardor, picazón o dolor en donde las ampollas aparecerán. En la infección inicial, los síntomas pueden incluir fiebre, dolor muscular, fatiga y falta de apetito. Las mujeres también pueden tener una secreción vaginal y dolor al orinar.

Cuando las ampollas se revientan, pueden dejar úlceras las cuales pueden ser muy dolorosas. Las úlceras, finalmente desarrollan costras y sanan, pero este proceso puede tomar una semana (para los brotes recurrentes) y hasta 3 semanas en el primer brote.

Normalmente, el primer brote es el peor. Lo más común es que se presente dentro de dos semanas después de la transmisión del virus. Los síntomas, si existen, son más molestos durante el primer episodio. Tipicamente, el siguiente brote ocurrirá semanas o meses después del primer brote pero es más leve y dura menos tiempo. Sin embargo, hasta 70% de las personas pueden estar infectadas con el virus y no padecer de ningún síntoma por mucho tiempo (meses o años) y también, las personas pueden estar infectadas con el virus por años antes de ser diagnosticadas con la infección del herpes.

Diagnostico y tratamiento

Ya que los síntomas pueden variar mucho y ser muy leves, el herpes genital es frecuentemente mal diagnosticado en las mujeres. Puede ser diagnosticado, por ejemplo, como una infección por levadura, hemorroides, infección del tracto urinario o vaginitis.

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El virus puede ser detectado por una prueba de laboratorio llamada cultivo, en donde el proveedor de atención médica toma una muestra de una úlcera sospechosa de herpes, pero es posible obtener un cultivo que no demuestre el HSV, aunque la persona lo tenga. Una prueba de sangre es más precisa.

Hasta ahora, no existe curación para el herpes genital. Sin embargo, el paciente puede tomar en cada brote, medicamento contra los virus. Esto alivia el dolor y sana más rápidamente las ampollas. Para obtener el mayor beneficio del tratamiento, Ud. debe comenzarlo tan pronto como se de cuenta de los síntomas tempranos de hormigueo, ardor o comezón. Los baños en agua tibia pueden ayudar a aliviar el dolor. Es probable que las personas que padecen de brotes frecuentes, prefieran la terapia cotidiana de control. También, recomendamos la terapia cotidiana antiviral con el fin de reducir la posibilidad de contagiar a otra persona con el herpes.

**Ud. puede padecer de más brotes**

El virus del herpes permanece en sus células nerviosas por el resto de su vida. Si el virus es reactivado, viaja a través de los nervios a la piel. A veces la reactivación causa síntomas y a veces no los causa, pero el virus continúa estando presente y puede ser diseminado a otros. Muchas condiciones pueden causar una reactivación, tales como la fatiga, enfermedades, menstruación y el estrés físico y emocional. Las relaciones sexuales también pueden causar un brote. La reactivación de ataques pueden ocurrir tan rara vez como una vez al año o es posible que Ud. no vuelva a padecer de otro ataque. El promedio es de 2 a 5 brotes anuales. Con el pasar del tiempo, los brotes normalmente son más leves y menos frecuentes.

Si su sistema inmunológico es debilitado por una enfermedad como el SIDA, la quimioterapia o el tratamiento con esteroides, los brotes pueden ser más severos y de más larga duración.

**El herpes es muy contagioso**

Una de las razones por las cuales el herpes es muy contagioso es debido a que la persona que lo tiene, no lo sabe. Los síntomas pueden ser muy leves. Otra de las razones es que el virus puede ser liberado no sólo por las úlceras visibles, sino también entre los brotes, aún cuando las úlceras no son visibles.

Las mujeres necesitan ser muy conscientes del riesgo del herpes durante los años fértiles. Es rara la transmisión del HSV a un bebé, durante el parto, pero frecuentemente se les aconseja a las mujeres que padecen de herpes genital activo que den a luz a través de una cesárea con el fin de disminuir el riesgo. Si Ud. está embarazada y está infectada con el herpes genital, es probable que su médico le recomiende que tome la terapia antiviral durante el último mes de su embarazo para disminuir las probabilidades de padecer de un brote.

Las mujeres que tienen herpes tienen un riesgo más alto de contraer HIV, quizá debido a que las úlceras están expuestas o debido a factores relacionados con el sistema inmunológico. Las personas con HIV-positivo que padecen de HSV-2 también pueden ser más contagiosas.

La única manera de asegurarse de no contraer la infección es no tener relaciones sexuales o permanecer por mucho tiempo con una pareja la cual ha sido examinada y no padece de la infección. Los condones de látex, cuando son usados correctamente, pueden disminuir el riesgo. Por supuesto, cualquier persona que padece de herpes no debe tener relaciones sexuales con una pareja que no está infectada, cuando alguna úlcera es visible, pero también, es importante recordar que las úlceras no tienen que ser visibles para diseminar la infección. Para estar más seguro, no tenga contacto sexual durante el período de los primeros síntomas genitales hasta que dichos desaparezcan por completo. Considere usar diariamente la terapia antiviral para disminuir el riesgo de transmitir el herpes. Además, evite tocar el área infectada durante un brote y lave sus manos si toca el área infectada.

**Viviendo con el herpes**

El herpes genital no es fatal, pero puede alterar su vida, si Ud. no sabe cómo enfrentarla. El herpes genital puede incrementar su riesgo de contraer el HIV y su bebé puede contraerlo durante el parto. Si Ud. o su pareja tienen el herpes genital, es extremadamente importante discutir honestamente la situación. Los servicios de asesoramiento pueden ayudarle a encarar la enfermedad y sus efectos en su vida. Puede ser muy impactante el ser diagnosticado con el herpes genital, pero una vez que sepa que hacer, Ud. puede aprender a vivir con la enfermedad.

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**Fuentes Informativas**

- Centro para el Control y Prevención de Enfermedades
- Asociación Social Americana de Salud
  [www.asashstd.org/herpes/herpes_learn.cfm](http://www.asashstd.org/herpes/herpes_learn.cfm)
- Colegio Americano de Obstetras y Ginecólogos
  [www.acog.org/publications/patient_education/bp054.cfm](http://www.acog.org/publications/patient_education/bp054.cfm)

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