

Should I get a Herpes (HSV) test?

In my opinion, there is **no** medical utility to getting tested - with a viral culture collected on a cotton swab - if you are **not** having an outbreak. An outbreak means sores or blisters in the affected area. If you **are** having an outbreak, the viral load is high enough for a culture to be reliable. However, the outbreak signs are so characteristic that it is usually easy to diagnose by physical exam, without any test - so the culture has little utility in that case, too!

When you are **not** having an outbreak, you can get a test for anti-herpes antibodies in your blood - but I don't recommend it. There are 3 problems with blood tests for herpes.

- They have a lot of false positives.
- They have a lot of false negatives.
- If the test gives a true positive (which we can't confirm without an outbreak), it still only tells you that you have been exposed sometime in the past, either to "cold sores" (oral herpes) or to genital herpes. It does not tell you whether you will have an outbreak, or when an outbreak might occur, or whether you are contagious at the time of the test or in the future.

The only times I think it is useful to do testing are when a pregnant woman is near term and is concerned about possible transmission to her infant during birth, or when a person is immune suppressed, for example with AIDS.

If you read on the Internet about HSV (herpes), you will probably see mention of two different strains, and of lab tests that identify those strains. The general idea used to be that type 1 was the "harmless" cold sore or fever blister, and type 2 was the "harmful" genital virus. Now, however, either strain can occur in either area - "above" or "below." Currently, about half of genital outbreaks are type 1, and half are type 2. It used to be thought that type 1 was milder than type 2, but there isn't firm evidence of this. I don't see much utility to typing what strain of herpes it is.

You may also read that herpes might be transmitted without the person having any symptoms. While this may be true in some cases, it has not been documented as a widespread issue. About 1 in 6 people are thought to have herpes - and this number would be much higher if everyone could transmit it at any time, without any symptoms.

Also, if it were true - if people, who had been infected in the past, were transmitting the virus at any time, without any symptoms - the only prevention would be for all of them to cease all sexual activity, for the rest of their lives. That doesn't make sense.



What does make sense? I think it is useful to understand how herpes viruses work. The family of herpes viruses ("herpesviridae") includes "cold sores" and "fever blisters," "herpes," chickenpox, shingles, Epstein-Barr virus and cytomegalovirus (both also known as "mono"). The childhood illness roseola, and the Kaposi sarcoma virus, are herpes viruses, too.

The word "herpes" is old Greek for "creeping." (For example, a snake biologist is called a 'herpetologist'.) The reason these viruses are characterized as "creeping" is because they are weak, pitiful little viruses. If the immune system sees them, for the most part, it zaps them out of existence quickly. They defend themselves by creeping away and hiding in the central nervous system. The immune system doesn't "patrol" the spinal cord and nerves as carefully, because you don't want inflammation going out of control in those areas. So they're good places for herpes viruses to creep away and hide in. Most of the time, you can't notice the viruses at all - they're dormant.

This is why a person is considered to have herpes forever - and why outbreaks happen only occasionally. The virus stays in the body, but is hiding in the nerves and spinal cord, where the immune system won't attack it. It doesn't break out to the skin and reproduce, unless the immune system is weakened or distracted.

- This can occur at older ages, like when an older person gets shingles (re-emergence of the chickenpox herpes virus). Shingles can also occur at younger ages with chemotherapy or HIV infection.
- Herpes viruses can also re-emerge when a person is under stress. Stress can provoke an oral or genital herpes outbreak. (Some women might notice outbreak symptoms when they are premenstrual, too.)
- Re-emergence can also occur when the immune system is busy fighting off an illness somewhere else, like when a child or adult gets "fever blisters" during a cold or flu.

You can read more about the lifestyle of the entire herpes-virus family at this website:
<http://pathmicro.med.sc.edu/virol/herpes.htm>



People who have genital herpes can usually tell when they are getting an outbreak. Symptoms:

- Tingling or tickling.
- Localized itching and/or burning.
- A tender red bump or blister - might be one, or might be several.
- The bump/blister breaks open and becomes a painful sore, then scabs over and heals.

Management:

There are three basic ways to manage herpes.

1.) *Prevention and symptom care.* This is most appropriate for most people. Become aware of the symptoms of an outbreak starting (see above), and if you notice any of these, take the following measures immediately:

- Reduce your stress.
- Increase your sleep. Nap or rest during the day. Lying down quietly is as good as sleeping.
- Improve your nutrition (three balanced meals a day, and plenty of plain water).
- Reduce alcohol and other substance use, and quit smoking, if you haven't already.
- Consider taking additional vitamins, like extra vitamin C and vitamin B complex.
- Some people apply vitamin E to the skin to help with healing. Don't rub, squeeze, or pick at the blisters.
- Prevent spread of the virus by not having any mouth or genital contact with anyone else when you are noticing symptoms. This includes kissing, if you are getting an oral outbreak. (Practice safe sex as a rule, when not having an outbreak.)

2.) *Antiviral medication when an outbreak is starting.* This is most appropriate for people who have more than six outbreaks every year, which is unusual. Medication may reduce the severity, duration, and communicability of the viral outbreaks, although it may not make them stop entirely. If you have a lot of outbreaks, work hard to strengthen your immune system by following the measures listed above.

3.) *Antiviral medication every day* for the rest of your life. This is most appropriate when a person has a severely compromised immune system, such as with HIV infection or chemotherapy.

If you are pregnant, consult your midwife for advice on the best way to manage risk to your infant during birth.



As a doctor, I'm concerned that public-health efforts to raise awareness about herpes has made people more paranoid about this virus than they should be. If people believe that they can only avoid contagion by never having sex again, for their whole lives - or by taking anti-viral medication every day, which is not cheap and may have side effects - many people will just go into denial, keep it secret, and try not to think about it. Then they might accidentally spread the virus more than they otherwise would have, if they'd understood how it works.

My final advice is:

1. **Don't get tested** unless you have a medical reason for needing to know whether you're at risk for dangerous consequences of infection (during pregnancy, or if immunosuppressed).
2. **If you have an outbreak** of blisters and/or sores on the mouth or in the genital area, go to a health care provider who can examine them and tell you if it is herpes.
3. **If you have had outbreaks in the past**, be sensitive to the warning signs, and do not have oral or genital contact until after any warning signs or symptoms are completely resolved. How long after? Nobody knows. I suggest one week.
4. **Ask lovers**, in a friendly and nonjudgmental way, if they think they've ever been exposed to herpes, or if they've had cold sores. Let them know you're not afraid of this tiny little virus, and that you'll support them in their self-care if they suspect warning signs of an outbreak, either "above" or "below." (I encourage calling all herpes sores "cold sores," no matter where they appear, to minimize shame.)
5. **Explain to lovers** that you have had cold sores in the past, including ones on the genitals. Let them know that you are careful to prevent any outbreaks, and that in general it's not contagious except during outbreaks. Ask them what they know so far, about the virus, and share what you know. Feel free to show this handout to them. If you were too embarrassed to tell them earlier, explain to them now.
6. **If you have frequent outbreaks** ("above" or "below"), talk to a health provider about ways to improve your immune system's function.

Watch the news, for new developments in vaccination! We already have vaccines to prevent painful shingles outbreaks (the chickenpox shot for kids, and the higher-dose "shingles" shot, for adults over 50). Herpes shots are in development, too. Prevention is the best medicine!