CONDITION

Genital herpes

Genital herpes is a lifelong viral infection that can cause recurring genital blisters or sores.

WHAT IT IS
Lifelong genital infection with herpes simplex virus

BODY SYSTEM
Skin, nerves, and reproductive system

MAIN SYMPTOMS
Painful sores, tingling, painful urination, swollen glands

WHAT CAUSES IT
Infection with herpes simplex virus type 1 or 2

HOW IT IS DIAGNOSED
PCR swab of a fresh sore; sometimes type-specific blood tests

MAIN TREATMENT
Antiviral medicines and symptom relief

CAN IT BE CURED?
No, the virus remains in nerves

IS IT AN EMERGENCY?
Sometimes, with confusion, severe headache, or inability to urinate

LONG-TERM OUTLOOK
Outbreaks often become less frequent over time

Overview

Genital herpes is a common sexually transmitted infection caused by herpes simplex virus type 1 or type 2. It affects the skin and nearby nerves around the genitals, anus, buttocks, or upper thighs.

HSV-1 usually causes oral cold sores but can infect the genitals through oral sex. HSV-2 more often affects the genital area. Genital HSV-1 generally causes fewer repeat outbreaks than genital HSV-2.

After infection, the virus remains inactive in nearby nerves and may later reactivate. Some people have repeated painful sores, while others have mild symptoms or none they notice.

Herpes can pass to another person when no sores are visible, known as asymptomatic shedding. Treatment can shorten or prevent outbreaks and reduce transmission risk, but it

cannot remove the virus.

Symptoms may appear long after infection, so a diagnosis usually cannot show when the virus was acquired or who it came from.

Symptoms

Many people do not notice symptoms or mistake them for shaving irritation, ingrown hairs, thrush, insect bites, or skin cracks.

Before sores appear, you may notice tingling, itching, burning, or shooting pain in the genital area, buttocks, or legs. This early warning is called a prodrome.

An outbreak may cause:

Sores may occur on the penis, scrotum, vulva, vagina, cervix, anus, buttocks, or thighs. Internal vaginal or rectal sores may be difficult to see.

A first noticeable outbreak may be more extensive and cause fever, headache, body aches, tiredness, or swollen glands. However, it does not necessarily mean the infection is recent; the virus may have been present for months or years.

Repeat outbreaks are usually milder, shorter, and limited to a smaller area. Genital HSV-2 tends to reactivate more often than genital HSV-1.

- Small blisters that break open and form painful shallow sores
- Genital or anal itching, burning, or tenderness
- Pain when passing urine, especially if urine touches a sore
- Unusual genital or urethral discharge
- Swollen glands in the groin

Causes and risk factors

Genital herpes is caused by close contact with skin or body fluids carrying HSV-1 or HSV-2. The virus enters through delicate genital, anal, or oral tissue or tiny breaks in the skin.

Transmission can happen through vaginal, anal, or oral sex and through genital-to-genital contact without penetration. Oral HSV-1 can pass to a partner's genitals through oral sex.

Risk is highest when blisters, sores, or warning symptoms are present, but transmission is also possible from skin that looks normal. Having sex without a barrier method, having an untreated or unrecognized infected partner, and having multiple partners can increase exposure.

Condoms reduce risk but do not cover every area that may carry the virus.

Genital herpes is not usually spread through toilet seats, towels, swimming pools, bedding, or ordinary household contact.

A pregnant person can rarely pass herpes to their baby around birth. Risk is greatest when genital herpes is acquired late in pregnancy, before enough protective antibodies have developed.

Diagnosis

If you have a new blister or sore, a clinician can take a swab. A nucleic acid amplification test, often called PCR, can confirm herpes and identify HSV-1 or HSV-2.

A viral culture may also be used but is more likely to miss the virus as a sore heals. A negative swab does not always rule out herpes, especially if the area is dry or nearly healed.

A type-specific blood test may be considered when there are no sores to swab, symptoms recur despite negative swabs, or a sexual partner has genital herpes.

Blood tests cannot show where the infection is, when it happened, or who transmitted it. HSV-1 antibodies may reflect an oral infection acquired in childhood. Some low-positive HSV-2 results are false positives and need confirmation. HSV IgM tests are not recommended because they cannot reliably identify a new infection.

A clinician may also recommend tests for other sexually transmitted infections because they can cause similar symptoms or occur together.

Treatment and management

Antiviral medicines such as aciclovir, valaciclovir, or famciclovir slow viral multiplication but do not clear HSV from the nerves.

Treatment is usually offered for a first clinical outbreak. Starting promptly can shorten symptoms and help sores heal. Later outbreaks may be treated in two ways:

Suppressive treatment can also lower the chance of passing HSV-2 to a partner, although it does not remove the risk. Treatment choice depends on outbreak frequency, symptom severity, pregnancy, other health conditions, and personal preference.

Keep sores clean with plain water, wear loose clothing, and avoid picking them. A cool compress or warm bath may ease discomfort. Pouring lukewarm water over the area while urinating can reduce stinging. Ask a pharmacist or clinician about suitable pain relief.

Avoid vaginal, anal, and oral sex from the first tingling or burning until all sores have fully healed. Wash your hands after touching the area and avoid touching your eyes.

If you are pregnant or planning pregnancy, tell your maternity team about your own or your partner's history of genital herpes. Antiviral treatment may be used during pregnancy. Delivery planning depends on when infection occurred and whether sores or warning symptoms are present.

- Episodic treatment: started at the first warning symptom or appearance of sores
- Suppressive treatment: taken regularly to reduce frequent or distressing outbreaks

Complications

Most outbreaks heal without lasting skin damage. Complications can include severe pain, bacterial infection of sores, and difficulty passing urine. Severe swelling or pain may cause urinary retention, meaning the bladder cannot empty.

HSV can rarely cause meningitis. Symptoms may include severe headache, neck stiffness, light sensitivity, fever, or vomiting. Infection can also become widespread in people with severely weakened immune systems.

Touching a sore and then an eye may spread HSV to the eye. Eye herpes can affect vision and needs prompt assessment.

Genital herpes can make HIV easier to acquire or transmit during sexual exposure, especially when sores are present.

Neonatal herpes occurs when a newborn acquires HSV, usually around birth. It is uncommon but can be serious. Pregnancy and delivery planning lower the risk.

Some people experience shame, anxiety, fear of rejection, or relationship strain. Accurate information and supportive conversations can help.

Prevention

There is no guaranteed way to prevent genital herpes other than avoiding sexual skin-to-skin contact. Because transmission can occur without visible symptoms, precautions reduce rather than remove risk.

Helpful measures include:

Condoms do not cover all genital skin. Washing or urinating after sex and using antiseptics do not prevent herpes.

Outbreaks cannot always be prevented. Some people notice triggers such as illness, stress, friction, menstruation, or lack of sleep, but these differ between people.

- Avoiding sex during tingling, burning, blisters, or sores
- Using external or internal condoms consistently
- Using a barrier during oral sex
- Not receiving oral sex from someone with a cold sore
- Discussing herpes and other sexually transmitted infections with partners
- Considering suppressive antiviral treatment when appropriate

Living with it and what to expect

Sores heal, but the virus remains in the body. Some people never have another recognized outbreak, while others have occasional or frequent recurrences.

For many people with genital HSV-2, outbreaks become less frequent and severe over time, although this is not guaranteed. Genital HSV-1 usually recurs and sheds less often.

Herpes does not usually affect fertility or prevent a healthy pregnancy, but extra planning is needed if infection may be new or symptoms occur near delivery.

You can still have intimate relationships. Telling a partner before sexual contact allows informed choices. Explain that herpes can spread without sores, barriers lower risk, and antiviral treatment can provide further protection.

Follow-up is useful if outbreaks remain frequent, treatment does not control symptoms, side effects occur, or herpes affects your emotional well-being. Treatment can be reviewed as your needs change.

When to get medical help

Arrange a routine or prompt appointment for new genital blisters, ulcers, or unexplained pain. A fresh sore offers the best chance of an accurate swab. Seek advice promptly for a first outbreak because early antiviral treatment may help.

Contact a clinician promptly if:

Seek urgent same-day care if you cannot pass urine, have severe genital swelling, develop widespread sores, or have a painful red eye, blurred vision, or strong sensitivity to light.

Seek emergency care for confusion, marked drowsiness, a severe headache with neck

stiffness or light sensitivity, or rapidly worsening illness.

A newborn with fever, poor feeding, unusual sleepiness, breathing trouble, seizures, or blisters needs immediate emergency assessment, especially after possible herpes exposure around birth.

- Sores are not healing or keep returning
- Pain is difficult to manage
- You have a weakened immune system
- You may have been exposed to another sexually transmitted infection
- Herpes is causing significant anxiety or relationship difficulties
- You are pregnant, planning pregnancy, or develop symptoms during pregnancy

Common questions

Is genital herpes curable?

No. Antiviral medicines cannot remove HSV from the nerves, but they can shorten outbreaks, reduce recurrences, and lower transmission risk.

Can I have genital herpes without knowing?

Yes. Many people have no recognized symptoms or mistake mild symptoms for another skin problem. The virus may still pass to a partner.

Can I pass herpes when I have no sores?

Yes. Asymptomatic shedding allows transmission when skin looks normal. Risk is higher during an outbreak or warning symptoms. Condoms, avoiding sex during symptoms, and suppressive treatment lower risk.

Does a positive test mean my partner was unfaithful?

Not necessarily. Herpes can remain unnoticed for months or years, and tests usually cannot show when infection happened. A first recognized outbreak does not prove recent transmission.

Can genital herpes affect pregnancy or the baby?

Most people with established herpes have healthy pregnancies and babies. The main concerns are acquiring herpes late in pregnancy or having active symptoms near delivery. Tell your maternity team about any personal or partner history.

Can I get genital herpes from a toilet seat?

This is extremely unlikely. HSV spreads mainly through direct skin-to-skin or sexual contact and does not survive well on surfaces.

Sources

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- U.S. Preventive Services Task Force. Genital Herpes Infection: Serologic Screening
- American College of Obstetricians and Gynecologists. Genital Herpes