

Herpes on everyone's lips

(or almost)

Info-Herpès offers:

- Information
- Accompaniment
- Support



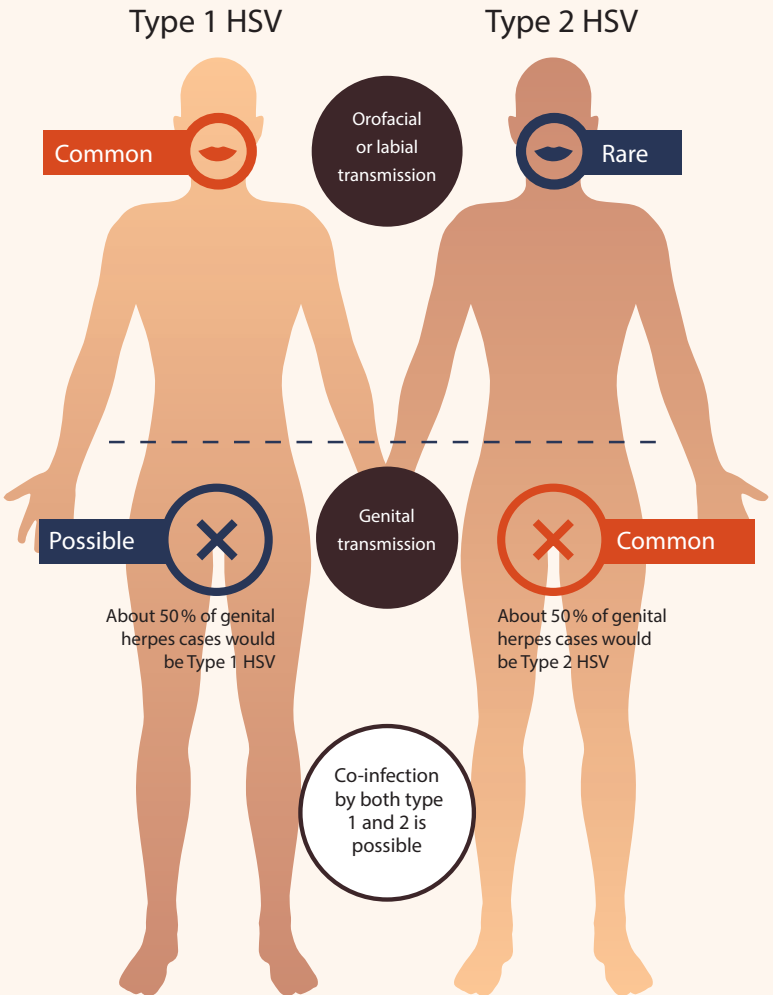
A collaboration between:

What's Herpes?

The herpes simplex Virus (HSV) is transmitted through direct skin-to-skin contact.

This sexually transmitted infection (STI) is characterized by an initial episode, followed by recurrent symptomatic episodes, also known as recurrences, eruptions or outbreaks.

- **Type 1** (HSV-1) occurs primarily on the face and mouth (“fever blisters”) and can sometimes be transmitted to the genitals or anus.
- **Type 2** (HSV-2) occurs on the anal and genital region but very rarely around the mouth.



Living with herpes

You are not alone!

The WHO estimates that globally, among people under the age of 50:

- 67% of the population lives with type 1 herpes (orofacial/labial or genital), or two out of three people.
- 11% of the population lives with type 2 herpes (genital), or one out of eight people.

Get informed

Having access to information from a trusted source is one of the key elements towards diagnosis acceptance and it can help break the myths surrounding herpes.

Over time, knowledge becomes a strength to living better with the virus and for adopting preventive strategies to avoid its transmission.

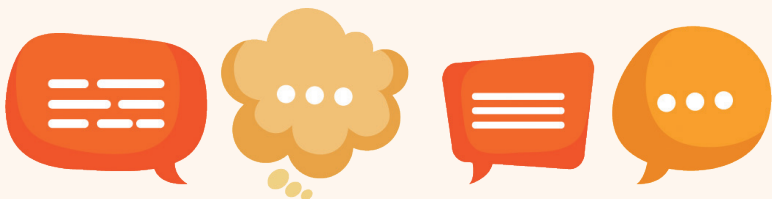
Putting things into perspective

Herpes does not define who you are. You are not the virus. It does not change your personality or your aspirations.

A person living with herpes can live a happy life with a fulfilling sexuality.

Herpes is not life-threatening (except a few rare exceptions for people with a weakened immune system or for babies during childbirth if there is no medical care).

A diagnosis of herpes can have an impact on your emotions and self-esteem. Do not hesitate to consult a sexologist or a doctor.



Signs and symptoms

You may have herpes without showing any of its symptoms. The symptoms that can possibly be caused by herpes vary greatly from one person to another. They include fever, general discomfort, muscle pain, burning sensations, redness, and sometimes pustular lesions and ulcers containing fluid.

The initial episode (also called primary infection)

Usually more painful, more intense and more diffuse than the following episodes, it can occur about a week after transmission. It can last for about 20 days without treatment.

Recurrent episodes (also called recurrences)

After the initial episode, the virus goes into a dormant state and hides in the nerve cells of the lymph nodes. When reactivated, it rises to the surface of the skin or mucous membrane through the nerves, and can sometimes cause surface symptoms and lesions.

The symptoms of recurrent episodes are less intense than the ones during the initial episode, and last on average about ten days without treatment.

Recurrent lesions are usually smaller, in lower numbers, less painful and located in the same location as during the initial episode. They can be located around the genitals or the anal region, as well as on the thighs and buttocks.

It is sometimes possible to feel the **warning signs** of a recurrent episode: **prodromes** (redness, itching and/or tingling). These appear a few hours to a few days before the lesions erupt.

Some factors that can affect the immune system and reactivate the virus may include:

- stress, anxiety or an emotional shock
- ways of living (lack of sleep, changes in seasons, etc.)
- temporary infections (fever, cold, flu, etc.)
- vaccine administration
- skin friction and irritation (allergies to certain types of fabrics, etc.)
- menstruations or hormonal changes
- sores or injuries (including genital shaving)
- dental surgery
- sun exposure
- laser hair removal

Elements that can strengthen the immune system and help reduce the frequency and intensity of recurrent episodes may include :

sleeping well, eating well, being physically active, reducing alcohol and drug use, stress management, etc.

There's no magical formula : by listening to their body everyone can find things that help make them feel well.



Diagnosis

A diagnosis of genital herpes can be done in the presence of visual signs and can be confirmed by a sampling and culture of the lesions. A blood sample can help with diagnosis in some cases, but it is not recommended as a first option.

Herpes is not usually screened for during STBBIs testing. Screening can be done if the patient requests it from health professionals.

Asymptomatic periods

It's possible to spread the virus to others even during periods when there's no lesions. The virus can be present in sufficient quantities on the surface of the skin to be transmissible, but not enough to cause sores.

These asymptomatic periods are impossible to predict and occur on average 3% of the time in the first year and 1% of the time in the next two years following transmission. They last from 1 to 2 days.

After the first year following transmission, the number of asymptomatic periods decreases.

Sometimes these asymptomatic periods occur a few hours to a few days before the onset of symptoms of an episode and may continue a few days after the herpetic lesions heal.

Suppressive antiviral therapy can decrease asymptomatic periods, if taken diligently more than 95% of the time.

Transmission

Transmission of the virus occurs in case of a direct contact with a person's skin (or mucous membrane) during a period when the virus is active:

- Sexual contact, involving contact with the skin (thigh, buttock, etc.) or mucous membranes (mouth, vulva, vagina, anus, penis), even if there is no penetration;
- Childbirth (contact between the area where the virus is active and the newborn).

There are three conditions that must happen for a transmission to be possible.

1. The virus must be active on the surface of the skin (or on a mucous membrane) of the person carrying the virus
2. There must be a gateway (lesion, wound, irritation, cut, etc.) for the virus to enter the skin (or mucous membrane) of the person who is not a carrier of the virus.
3. There must be direct contact between these two surfaces.

The virus can be active in the skin:

- a few days before recurrences occur;
- for the entire duration of a symptomatic episode;
- a few days after the lesions heal;
- during asymptomatic periods.

A person living with genital herpes may be at higher risk of contracting other STBBIs (such as HIV) as herpes lesions on the skin surface can act as a gateway for other types of infections.

If the transmission of herpes by sex toys is possible by sharing them (without disinfection), indirect transmission by an object (such as towels, toilet bowl, etc.) is uncommon..

Active Virus



Sexual relations



Physical contact



Childbirth



Treatments

There is currently no curative treatment to completely eliminate herpes from the system of a person carrying the virus. They will live their whole life with herpes.

However, there are very effective antiviral drugs to reduce symptoms such as valacyclovir (Valtrex), acyclovir (Zovirax) and famciclovir (Famvir). They can be taken in two different ways.

- **Episodic treatment:** Taking antiviral treatment as soon as possible after the onset of symptoms or prodromes. This type of treatment can help prevent and/or increase the healing process of recurrent episodes.
- **Continuous treatment:** Taking daily antiviral treatment, in preventive mode, to reduce the number of recurrences, asymptomatic periods and risk of transmission. This suppressive treatment must be taken more than 95% of the time to reach its maximum effectiveness.

Prevention strategies

If there's currently no preventive or therapeutic vaccine, however, it's possible to reduce the risk of herpes transmission through:

- The use of external (male) or internal (female) condom and/or of dental dam, if they cover the areas where lesions may occur. The addition of lubricant is recommended to reduce friction that can open a gateway for the virus to enter the body.
- Disinfection of sex toys or use of new condoms on them with each partner
- Watching for signs of recurrences (prodromes)
- Sexual abstinence during episodes of prodromes, active recurrences and within days of lesion healing
- Daily use of antivirals in continuous mode, at least 95% of the time
- Use of oral antivirals by the pregnant person, starting at the 36th week of pregnancy
- Cesarean delivery if genital lesions are present at the end of pregnancy

The Info-Herpes project provides information and support to all people affected by herpes (those living with the virus and their loved ones and partners). **We believe it is possible to have a healthy and fulfilled sexuality while living with the herpes virus.**

Remote intervention

Support and information given by email and by phone to help overcome stigma and deconstruct the myths related to herpes to find strategies for a better life with the virus. .

Support groups

Monthly meetings to exchange with other people impacted by herpes and to exchange knowledge and experiences related to herpes. .

Thematic workshops

Sessions on specific themes related to sexuality and herpes.

Herpes 101 training

Developed to familiarize sexual health workers with the realities of people living with herpes. This training can also be adapted to be given to people living with herpes. It can help to update knowledge, break myths and give tools to stakeholders. .




All of our activities are free of charge !

Contact us!

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Follow-us!

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