

Genital herpes – the basics

Genital herpes is a common sexually transmitted infection (STI) caused by a virus (herpes simplex virus or HSV). There are two types, herpes simplex type 1 and herpes simplex type 2. Globally most people (about 6 in 10) have type 1, and just over 1 in 10 people have type 2. Herpes can affect different parts of the body:

- On the genitals (vulva or penis) or around the bottom (anus), known as genital herpes.
- On the face around the mouth and nose (herpes simplex type 1 only), known as cold sores.
- On the fingers, known as herpetic whitlow.

However, most people with herpes do not develop sores so do not realise they have the infection. In people who do develop sores, the first illness can last from a few days to several weeks. Some people get flu-like symptoms first, then tiny bumps on the skin. These bumps then turn into blisters or ulcers. The ulcers then slowly heal. In most people symptoms appear between two and twelve days after being exposed to the virus. However, some people develop sores months or even years after getting the virus.

The virus enters the body via the skin. It then travels along the nerve that supplies that area of skin and hides in the nerve. Sometimes the virus will travel back down the nerve to the skin and cause symptoms again. Repeat symptoms are usually in the same area of skin first affected by the virus. Sometimes the virus travels down a different nerve branch which results in sores in a new but nearby area.

How common is genital herpes?

Most people will have herpes simplex virus over the course of their life. About 70% of people in the UK will have a herpes infection somewhere on their body by the age of 25. Not all of these will have genital herpes. Many will have cold sores or a herpetic whitlow but not infection of the genitals. However, a very large number of people in the UK do develop genital herpes. In most countries more people have herpes than in the UK.

How do you get genital herpes?

Herpes is passed on by skin to skin contact, through touching or rubbing. This can happen during any kind of sex: vaginal, anal and oral. If a person has skin sores at the time of sex, there is a high risk of them passing on the virus. In most cases herpes is only found on one area of a person's body. So if your partner has herpes on their penis or vulva, you can get the virus by touching those parts of their body. If you have oral sex, herpes can be passed from the mouth to the other person's genitals, or from the genitals to the mouth. Herpes cannot be passed on from towels, swimming pools, saunas or from toilet seats.

What would I notice if I had genital herpes?

Most people with herpes do not realise they have it because they have no symptoms or very mild symptoms. Only 1 person in 3 with herpes knows that they have it. If you do get symptoms these can start with a flu-like illness when you get herpes infection for the first time. An area of skin on the genitals then becomes red and bumps develop which change into blisters. These then break open to leave painful ulcers. Some people get swollen glands in the groin. After several days the ulcers may develop crusts and after a few weeks the skin heals completely. It is very rare for herpes to leave scars. Sometimes dark-skinned people are left with pale patches in the affected area of skin.

How do I get tested for genital herpes?

The doctor or nurse will take a swab from a sore. The sample is then tested in the laboratory. There is a blood test for herpes simplex but it is not very accurate so it is not usually offered by clinics.

A person with herpes should be tested for other sexually transmitted infections. This can be done at a sexual health clinic. Some GPs also offer this service.

How is genital herpes treated?

It's not always necessary to treat it. If this is the first time you have had herpes, a course of antiviral tablets (e.g. aciclovir) may be helpful if you've had the sores for more than six days, the treatment probably won't help as your immune system will have kicked in. The sexual health staff will advise you about this. Painkillers such as paracetamol and ibuprofen can be used to ease any pain. You should keep the sores clean by bathing them with salt water every day.

If the sores are near your urethra (from where you pass urine or pee) it may be painful to pass urine. Sitting in a warm bath when you pass urine may help to reduce the pain. You may be given lidocaine anaesthetic gel or ointment to numb the area and make peeing more comfortable. You can buy lidocaine gel or ointment from the chemist without a prescription.

Important information about your treatment

If you are given treatment, this should make the sores less painful and help them to heal more quickly. All treatments from sexual health clinics are given to you in the clinic, free of charge.

Will my genital herpes come back?

In some, but not all, people the herpes sores come back (recur). However, such recurrences are usually smaller and much less painful than the first episode. Recurrent genital symptoms occur more often with type 2 infections than with type 1.

How is recurrent genital herpes treated?

Most people find that recurrences don't happen very often. If herpes does come back, it usually mild and heals quickly, even without treatment. However, a small number of people will find that recurrences can become troublesome. In this situation, taking antiviral treatment can be helpful. Some people take medication for a few days if herpes recurs. This is called episodic treatment. Other people take medication every day to prevent recurrences. This is called suppressive treatment. The sexual health clinic can help you to choose which treatment is best for you.

What about my partner?

Testing for genital herpes is not a routine part of a sexual health screen. If your partner has never had any herpes symptoms, it is not essential for them to attend a sexual health clinic. If your partner is pregnant they should attend the clinic for advice. They should also attend if they think they have had genital herpes, or they are worried.

When can I have sex again?

Sexual partner who already has herpes

If you and your partner have the same virus you cannot pass it back to each other. You can start having sex again when you feel comfortable about it.

New sexual partner or current sexual partner who doesn't know whether they already have herpes

If you have just had herpes for the first time, wait until your skin has healed before having sex with a new partner. Delaying sex in this way makes it much less likely you might pass on the virus to your partner. However, it is still sometimes possible to infect your partner even when you have no sores

on the skin. Using condoms every time you have sex makes it less likely you can pass the virus on. People who tell their partners that they have genital herpes are less likely to pass it on. The clinic staff can give you advice about the best way to tell a partner. You can start suppressive treatment. This reduces the risk of passing on herpes to less than 2%.

Do I have to tell sexual partners about my herpes?

Telling your partner about your herpes diagnosis has been shown to reduce the risk of passing it on to them. Telling your partner helps you to avoid sex when you have sores or feel that you are going to develop sores. Itching or tingling before sores appear is called a prodrome. You might have read about people being prosecuted for passing herpes on to partners. This is exceedingly rare. Telling your partner helps protect you.

Telling your partner about your herpes diagnosis before planning a pregnancy means that you and your partner can get advice from your midwife or a sexual health service on how to prevent passing on herpes to your partner during pregnancy (see 'Genital Herpes in Pregnancy' below).

The clinic staff can give you advice about the best way to tell a partner.

Can I pass the virus on if I have no symptoms?

If your partner has not had herpes in the past you can pass the virus on to them even if you have no blisters or sores. This is because of 'asymptomatic shedding' of the virus (when small amounts of virus are on the skin without feeling or seeing anything). The risk is much greater in the first 6 months after you get herpes. Asymptomatic shedding happens less over time and it is rare after two years. However, after this time it is more common in people who have frequent recurrences. Condoms and suppressive treatment reduce but do not completely eliminate the risk.

What happens if my genital herpes is left untreated?

First episode genital herpes will heal up even if you have no treatment. Healing is faster if you started treatment soon after developing sores.

Can I get herpes again?

This is very unlikely and most people only get herpes once, in one part of their body. Occasionally you can spread herpes to other areas of your body. This can happen by touching a sore and then rubbing an area of broken skin or your eyes. This risk is greatest when herpes sores develop for the first time. Washing your hands after touching your sores will prevent this.

Getting type 1 herpes does not protect people from getting type 2 (and vice versa). However, if someone does get the other type of herpes virus, that person often has few (if any) symptoms.

Genital herpes in pregnancy

First episode genital herpes before 28 weeks of pregnancy

If you first have herpes before 28 weeks of pregnancy treatment is recommended. You should take tablets while you have symptoms, and from 32 weeks of pregnancy until your baby is born. If you are at high risk of preterm labour, treatment is advised when you have symptoms. Treatment is also advised from 22 weeks of pregnancy until your baby is born. You should be able to have a vaginal birth (unless there are other reasons not to) as the risk to your baby is very low.

First episode genital herpes after 28 weeks of pregnancy

If you first have herpes symptoms after 28 weeks of pregnancy, treatment is advised. You should take treatment until your baby is born. You may be offered a Caesarean section to reduce the

chance of your baby getting neonatal herpes. Your baby will need to have some tests and treatment after birth to reduce the risk further.

Recurrent genital herpes in pregnancy

When you first get genital herpes, your immune system makes antibodies (proteins). These cross the placenta and go into your baby, and will provide protection to your baby. If you get genital herpes before pregnancy, your immune system protects the baby. Flare-ups of genital herpes during pregnancy do not affect your baby.

You will be offered antiviral tablets from 32 weeks of pregnancy to take until your baby is born. If you are at high risk of preterm labour, treatment is recommended from 22 weeks of pregnancy. Treatment should continue until your baby is born.

Even if you have a flare-up when you go into labour and give birth, the risk to your baby is extremely low. Most women who have recurrent genital herpes will have a vaginal birth. Your doctor or midwife will talk to you about this.

Please see our separate [Genital herpes and pregnancy – patient information leaflet \(click here\)](#) for more detailed information

The Herpes Viruses Association (HVA)

The HVA is a patient support group which for many years has helped and advised people with herpes infection.

HVA Helpline 0345 123 2305 (weekdays only)

HVA e-mail info@herpes.org.uk

HVA Website www.herpes.org.uk

This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). The information in the leaflet is based on the 'British Association of Sexual Health and HIV (BASHH) UK Guidelines on the Management of Genital Herpes' published by BASHH in 2024.

For more information regarding BASHH: <https://www.bashh.org/resources/guidelines>

The leaflet was developed following The Information Standard principles developed by NHS England. For more information: www.england.nhs.uk/tis/the-info-standard/

If you would like to comment on this leaflet, e-mail us at: admin@bashh.org.uk. Please type 'Genital Herpes PIL' in the subject box.

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