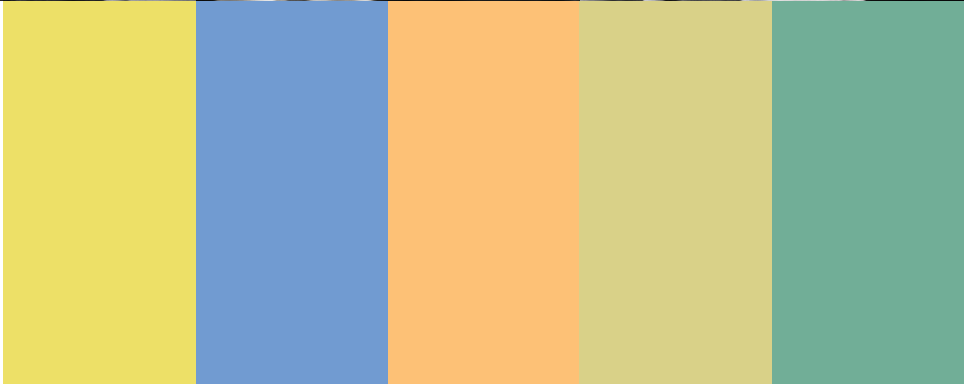


Four Tough Questions about Genital Herpes in the United States



herpes 2001



asha  American Social Health Association
Your Partner for Personal Health Since 1914

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media resources

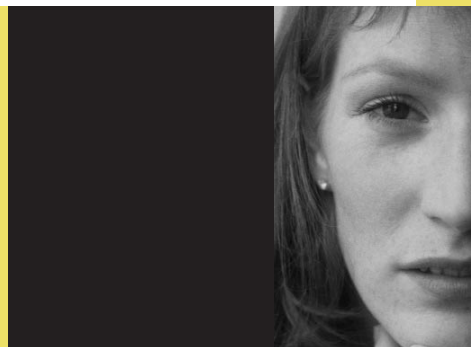
ASHA will be glad to assist journalists in arranging interviews with the subject experts quoted in this book and to provide additional source material for articles on genital herpes.

Please direct inquiries to:
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ASHA produces a series of fact sheets on a range of sexually transmitted diseases and on issues of concern to various populations (e.g., teens). Press releases and selected press background papers are available on the ASHA Web site (www.ashastd.org).

q1

Is 25 percent an acceptable prevalence for genital herpes in the United States? Will this figure reach 50 percent?



According to the government-sponsored National Health and Nutrition Examination Survey (NHANES), more than one in five Americans over the age of 12 is infected with type 2 herpes simplex virus (HSV-2), the most frequent cause of genital herpes. While overshadowed by concerns about HIV and other health issues, genital herpes has quietly jumped from 16.4 percent prevalence circa 1980 to 21.7 percent in 1991—a remarkable 30 percent increase in the 1980s.

Experts say the true prevalence of genital herpes today is probably even higher. For one thing, the NHANES data is more than five years old. For another, it reflects only HSV-2 prevalence, and a growing percentage of genital herpes is caused by HSV-1.

“This is now a serious problem requiring some hard thinking and some action in the public health realm,” says Lawrence Corey, M.D., of the Fred Hutchinson Cancer Research Center in Seattle. Assuming the same rate of increase, prevalence could now be approaching 30 percent. “No one has calculated how quickly this figure will rise, but without some public health intervention, it’s logical

to think that at some point the majority of sexually active adults will have genital herpes.”

In the past, public health officials have long considered genital herpes a very difficult STD to control for several reasons:

- 1) Its symptoms are subtle and often go unrecognized—in fact up to 90 percent of those infected do not recognize symptoms;
- 2) conventional diagnostic tests are flawed;
- 3) the infection is lifelong; and
- 4) regimens of antiviral medication to control symptoms have been expensive when compared to many of the short courses of antibiotics used to treat bacterial STDs such as chlamydia.

“This is now a serious problem requiring some hard thinking and some action in the public health realm”

“There have been a variety of challenges in tackling the herpes epidemic,” says Corey, “but the bottom line is we can’t continue to stand back and throw up our hands. We’re talking about the leading cause of genital ulcers in this country and around the world.”

Beginning in 1998, the U.S. Centers for Disease Control and Prevention

(CDC) has acknowledged the need for some sort of organized effort to stop the spread of herpes. Citing the devastating impact of genital herpes when it passes from mother to newborn at birth, and the role herpes plays in facilitating the spread of HIV, the CDC convened an expert panel to consider the problem. Among other things, the panel considered the opportunities provided by new technologies—principally new diagnostic tests capable of identifying asymptomatic carriers.

CDC has established a research agenda and begun work on two important studies examining the usefulness of more widespread herpes

testing. Many experts in the field, however, say that a far bigger commitment is needed. “The research agenda is completely out of step with the magnitude of the problem,” says Edward Hook, III, M.D., professor of medicine at the University of Alabama (Birmingham). “The need is huge. The research agenda, both in terms of dollars and scope, is miniscule.”

Herpes Fast Facts

- Herpes simplex virus is part of a larger family of viruses. Other members of the family cause chicken pox, shingles and mononucleosis.
- More than 20 percent of the U.S. population has HSV-2, the usual cause of genital herpes. Sixty-six percent of the population has HSV-1, the usual cause of oral herpes.
- There is no cure for herpes, but antiviral medication can control symptoms and reduce the frequency of viral shedding.
- Clinical signs can range from blisters and sores to rashes and small cuts. Symptoms include itching, tingling and local pain. Because the symptoms vary dramatically from person to person, many people—including health care providers—don't recognize when a person has herpes.
- New, accurate blood tests are available for both HSV-1 and HSV-2. These tests are called "type-specific." Non-type-specific tests often confuse these two viral types, giving inconclusive results.
- Most women with genital herpes have healthy babies and normal vaginal deliveries. HSV can cause neonatal herpes, a rare, but life-threatening disease. Out of 4 million births in the United States each year, less than 0.1 percent of babies contract neonatal herpes.
- Condoms can reduce the risk of genital herpes, but they do not protect 100 percent against transmission.

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Overall percentage of Americans with genital herpes	22
Percentage of American men with genital herpes	18
Percentage of American women with genital herpes	26
Percentage of Americans with genital herpes who are unaware of the infection	90
Percentage of calls to the CDC National STD Hotline on the subject of genital herpes	40
Percentage of Americans who correctly estimate that herpes affects more than one in five adults	51
Percentage of Americans who have ever discussed genital herpes with a sexual partner	18

Figure 1. Total Cases of Viral STDs

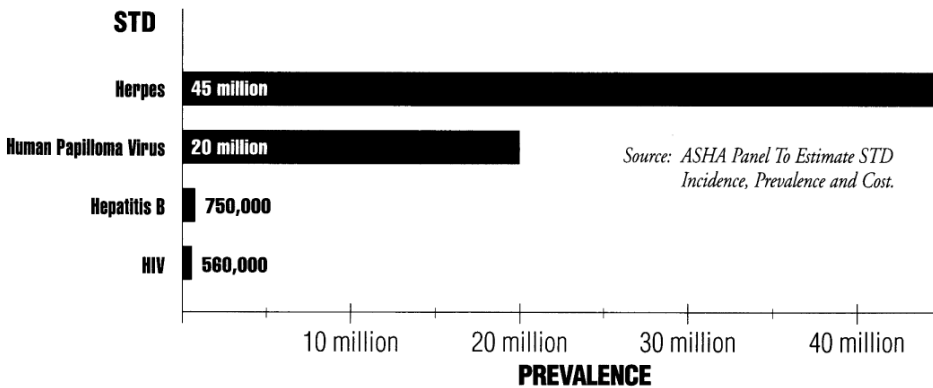


Figure 2. Estimated Annual New Cases of STDs

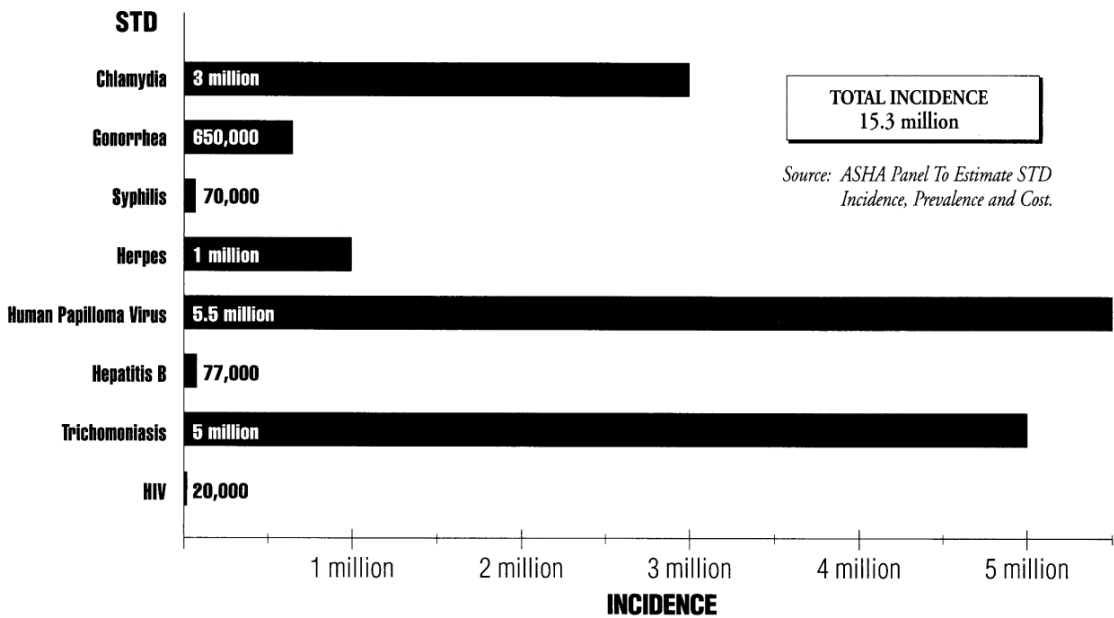


Figure 1 shows the prevalence of viral STDs, reflecting all cases in a population at a given time.

Figure 2 shows the incidence of several STDs, reflected in the number of new cases per year.

Figures representing “total cases” reflect the fact that the viral STDs such as herpes and HPV are persistent infections. As a case in point, genital herpes is lifelong and cannot be cured. Therefore, the pool of infected persons steadily grows. A number of bacterial STDs, by contrast, are readily cured, so that incidence and prevalence are more closely aligned.

The cases cited for hepatitis in both figures include only the proportion that are sexually transmitted.

q2

Is it time to start routine testing for herpes in high-risk populations?



With one in five Americans infected, genital herpes is our most common STD, and 30 percent to 70 percent of persons attending STD clinics are infected. Control efforts are stymied, however, by the fact that the majority of infected persons fail to recognize symptoms.

Given this situation, some experts are beginning to look toward routine testing in populations where herpes is most likely to be found, such as those attending STD clinics. Adding heft to this argument is the evidence that genital herpes is a risk factor for acquiring HIV infection. Scientific studies suggest that a person with genital herpes is at least two times more likely to become infected with HIV if exposed to it. And people with HIV and herpes are more likely to transmit HIV than are herpes-infected people without HIV.

“Screening for herpes is too big a mountain to climb for publicly funded STD clinics”

“I wouldn’t promote routine screening for herpes for all sexually active people,” says H. Hunter Handsfield, M.D., professor of medicine at the University of Washington

and director of the Public Health, Seattle and King County STD Control Program. “But a strong case can be made for routinely offering herpes testing in STD clinics. Certainly testing should be routinely offered to people with recurrent symptoms that suggest genital herpes and to the sex partners of persons with the infection,” says Handsfield, who was a special consultant to the CDC on genital herpes in 1997-98.

Is this feasible? Up until 1999, it clearly was not. For one thing, the most widely used diagnostic test, viral culture, required the presence of skin lesions (sores or blisters) that could be swabbed. The likelihood that lesions would be present during a clinic visit was low. In addition, viral culture often gives false negative results.

What has been needed is a blood test that can accurately identify persons infected with herpes even when no symptoms

are present. Three companies have gained approval for such tests July 1999. Three of the assays require a standard blood draw and lab work. (MRL Diagnostics has two;

Meridian Laboratories has one.) Another is a rapid test that gives results on the spot in six minutes based on a finger prick (Diagnology Inc.) or can be run on serum.

Despite the availability of these new blood tests, however, widespread testing for herpes is not on the immediate agenda for many STD clinics around the United States. “Screening for herpes is too big a mountain to climb for publicly funded STD clinics,” says Peter Leone, M.D., associate professor at the University of North Carolina and director of the Wake County STD clinics. “The state and county lack the funds to pay for the lab work, and we lack the personnel to do the counseling required for those we identify as having herpes. Not to mention the problem of following these individuals and paying for treatment. Right now, it’s just not workable. We are struggling just to keep up with the case load we have for services already mandated.

“If we hope to add HSV screening to traditional public health STD clinics,” says Leone, “we need new resources and dedicated services.”

Handsfield concedes that these are difficult issues for many public STD control

programs, but he says that the effort to increase testing services is worthwhile. “Apart from HIV/AIDS, herpes is the STD that young people worry about the most, and the rise of viral STDs calls for innovative approaches. We need to explore what kind of impact we can have on transmission by identifying people with herpes and counseling patients about symptoms and prevention. In the meantime,” he says, “all health care providers that serve persons at risk for STDs, including public STD clinics, at least should have these blood tests available for use in selected patients.”

Edward Hook III, MD, of the University of Alabama (Birmingham) that testing will be useful, but he worries that

it may be premature. “We need data on how best to provide pre-test and post-test counseling, address the issue of partner notification and so on,” he says. “It’s a positive step that research on these questions has now begun.”

What does the average consumer think? Researchers in the United Kingdom surveyed 200 persons attending a genitourinary medicine clinic, asking if they wanted to know whether they were infected with genital herpes. In that 1997 study, 92 percent wanted to know their own status, and 91 percent wanted to know their partners’ status. Similar studies in the United States have not been published.

Critics of the status quo point out that many Americans

believe they are already being tested for herpes when they visit an STD clinic or, in the case of women, when they receive an annual pelvic exam and Pap smear. “If we’re not going to include herpes, our most prevalent STD, in the testing we do at STD clinics, we should be giving people a disclaimer,” says Linda Alexander, Ph.D., president and CEO of the American Social Health Association. “People need to be educated that there is no routine testing for all STDs—and no one test that covers them all. Consumers concerned about their risk need to be more proactive in asking for specific tests if they think they have been exposed.”

HOW HERPES IS TRANSMITTED

- New genital herpes infections can result from sexual contact such as penile-vaginal intercourse, oral-genital sex and anal intercourse. Herpes may also be spread through intimate, body-to-body contact that does not involve penetrative sex.
- The possibility that herpes will be spread from one person to another exists at times when there is “viral shedding”—times when HSV is present on a skin surface or mucous membrane.
- Periods of viral shedding are often marked by signs or symptoms that herpes has become active and reached the skin. These include the classic herpes lesions—obvious blisters or ulcers that will take several days to go through a process of crusting, scabbing, and healing. Alternately, they may be very subtle lesions or symptoms such as itching and tingling that clear up in a couple of days.
- It’s also possible that the viral shedding caused by an active phase will be entirely asymptomatic.

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Prevalence of HSV-2 in STD clinic populations	30 to 70 %
Prevalence of HSV-2 in pregnant women	30 %
Prevalence of HSV-2 among those with a total of one partner (over the course of a lifetime)	10 %
Prevalence of HSV-2 among those with a total of 2 to 4 partners (over the course of a lifetime)	21 %
Prevalence of HSV-2 among those with a total of 5 to 9 partners (over the course of a lifetime)	26 %

q3

Is there still a social stigma attached to genital herpes?



Surveys and behavioral studies show that genital herpes create psychological distress in many of those diagnosed with the condition. Especially in the first few weeks and months, it can cause a variety of problems, including diminished self-esteem, feelings of embarrassment or shame, fear of rejection, depression, and other problems. Its sexual impact has also been documented in survey research. For many individuals, these issues can be more troublesome than physical symptoms, though over time the emotional distress of a herpes diagnosis lessens.

Much of the trauma associated with genital herpes is closely linked with a perceived or real social stigma attached to herpes. Those diagnosed are often fearful of rejection, and therefore, afraid to talk about it with friends and with potential partners.

“A part of the gridlock that keeps us from doing anything to stop herpes is the stigma this still carries in the eyes of the public,” says Charles Ebel, director of the STD Resource Centers for the American Social Health Association (ASHA). “It’s a topic that has been hard to bring into public discourse in

a fresh way—one devoid of jokes and innuendo, on the one hand, and high drama, on the other. This is a common and mild infection that we have the tools to diagnose and treat. It’s time for us to see it as a health issue pure and simple, and remove the emotional trappings.”

“If we’re not going to include herpes in the testing we do at STD clinics, we should be giving people a disclaimer”

The public is much better educated about the subject today than ever before. A random dialing survey of 1,000 Americans conducted by ASHA in 1999 revealed that the vast majority understood the key facts about how herpes is spread and knew that most who have the infection don’t realize it. Despite knowledge levels, however, most Americans still indicated they would regard a herpes diagnosis as traumatic.

“Historically, some of the stigma connected with herpes dates back to the early 1980s, before we had antiviral medications, when herpes was viewed as a lifelong infection that you basically couldn’t do anything about,” says Ebel. “Treatment has come a long way since then, but herpes is only now

beginning to shed its old reputation.”

Psychosocial issues and the need for more information about managing a chronic infection drive many newly diagnosed patients to seek additional help. In the United States, education and support services have been available

for more than 20 years through the National Herpes Resource Center, run by the ASHA. (ASHA is a nonprofit agency dedicated to STD prevention. A complete description of ASHA services is included on page 15 of this booklet.) ASHA continues to receive more than 100,000 telephone hotline calls on herpes every year—a clear sign that this remains a problem issue for many Americans.

The United States may have led the way, but in recent years a similar need for patient education and support services has become evident in several other countries as well. Groups focused on educating clinicians to improve management of genital herpes or providing hotlines and other resources for patients have been launched in countries

such as Sweden, the Netherlands, France, Canada, Australia and New Zealand. These support organizations have formed an umbrella organization called the International Herpes Alliance (IHA).

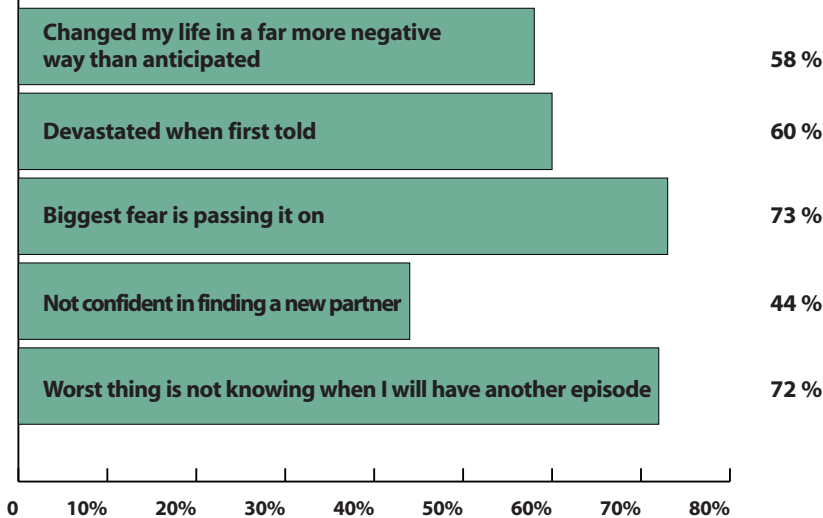
A survey commissioned by the IHA in early 2000, finds a consistent set of adjustment issues faced by people diagnosed with genital herpes in six different countries. (See below).

“Both here in the United States and elsewhere,” says Ebel, “there’s a need to destigmatize herpes—to remove some of the old baggage of the 1980s and lessen the impact this has on people’s lives.”

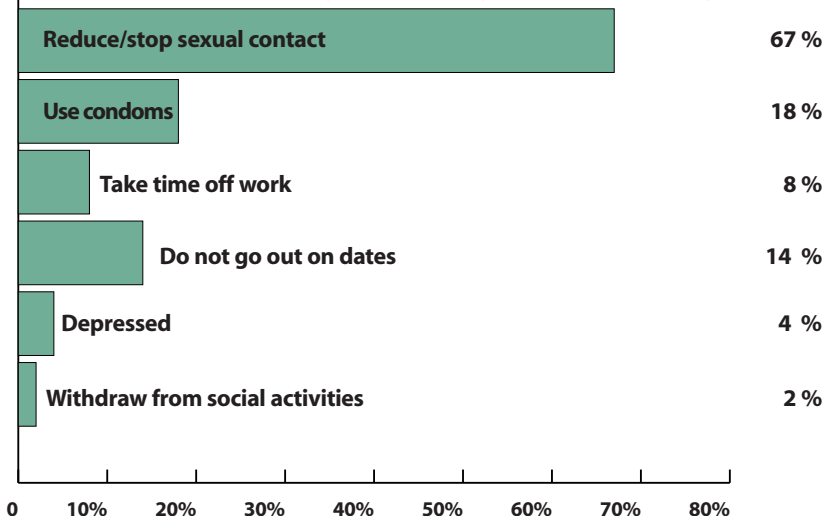
Survey results

Is the psychological distress caused by herpes a distinctly American phenomenon? Results from a survey of nearly 600 individuals in six countries indicate otherwise. Herpes created adjustment problems for a significant percentage of those interviewed in countries as diverse as Australia, France, Greece, Italy, South Africa and Sweden.

index- Percentages agreeing strongly with the following statements:



index- Percentages reporting behavioral changes due to genital herpes



q4

Do we have a herpes cure or vaccine in the pipeline? What is our best prevention strategy?



The best available therapies today are antiviral medications that attack HSV when it reactivates, thereby controlling symptoms. These drugs are now widely available. Taken daily, they can reduce the frequency of symptoms by more than 75 percent. Antivirals taken daily also reduce by as much as 90

“A major engine for this epidemic is the person who doesn’t recognize that he or she has herpes”

percent “asymptomatic viral shedding,” the phenomenon in which HSV becomes active on skin or mucous membrane surfaces in the absence of skin lesions or other symptoms. This finding raises a critical research question: If taken daily, do today’s antivirals reduce the risk of transmission between sexual partners? A research study testing this hypothesis is nearing completion.

Is a cure in the pipeline? Researchers have struggled to develop an intervention capable of eliminating HSV from the nerve roots. Because of the nature of the virus, however, and its ability to hide, a “cure” probably will continue to be elusive. Perhaps a more practical approach is developing drugs

that might keep HSV in a permanently inactive state. Therapeutic approaches that may solve this riddle are currently in development.

Effective vaccines also remain a much sought-after goal. In September 2000, scientists announced results of a study suggesting that a vaccine using viral proteins

can stimulate a hearty immune response and—at least for women—lower the risk of acquiring the virus. This vaccine was only partially effective in preventing infection but appears capable of blocking symptoms in many of those who do become infected.

“We have a lot of work ahead of us,” says Lawrence Stanberry, M.D., Ph.D., director of the Center for Vaccine Development at the University of Texas Medical Branch (Galveston). “But even the partial protection afforded by this vaccine could be a major step forward and offers hope for a way to curb the herpes epidemic. After more than 60 years of efforts to develop a vaccine against herpes simplex, we’ve finally had some success.”

Any effort to deliver this or other herpes vaccines, says Stanberry, should take into account the importance of reaching adolescents. “In some populations,” says Stanberry, “you see the prevalence of herpes rising by about 5 percent per year among teens, and it’s critical to reach people before they become sexually active.”

In addition to vaccine development, researchers are also trying to perfect topical microbicides that couples can use to prevent the spread of many different STDs.

Given the tools at hand today, what can be done to prevent the frequency of herpes from continuing to rise decade after decade?

“What we’ve learned in the past five years,” says Anna Wald, M.D., director of the Virology Clinic at the University of Washington, “is that a major engine for this epidemic is the person who doesn’t recognize that he or she has herpes. We now know that almost everybody who has antibodies to HSV-2 will have times when the virus is active and they are shedding virus. This means, in effect, they have times when they could transmit the virus to sexual partners.”

How Can Someone Reduce the Risk of Spreading Herpes to a Partner?

1. If you know you have herpes, tell your partner:

Ideally, both partners will understand the basics of herpes prevention and make decisions together about which precautions are right for them.

2. Abstain from sex when symptoms are present:

Having sex during an outbreak puts an uninfected partner at risk.

3. Use condoms between outbreaks: Condoms

help protect against unrecognized herpes by protecting or covering the most likely sites of transmission. They can also help prevent other sexually transmitted infections. However, condoms do not provide 100 percent protection.

4. Medication? If taken daily, antiviral medication

helps prevent outbreaks and reduce the recurrence of virus on the skin. Studies are under way to find out whether medication can also prevent the spread of herpes.

5. Microbicides/Spermicides? The spermicides

used in contraceptive foams, films, and gels kill HSV in lab tests. However, it is not known if spermicides can help prevent the spread of herpes.

Wald, Corey and others who have pioneered this area of research believe that it will be difficult to slow the spread of genital herpes without beginning to diagnose those

Because up to 90 percent of people confuse herpes symptoms with other conditions; however, traditional approaches won't get to the source of the problem.

years before we can actually do testing more widely. In the meantime, we need to focus on educating clinicians about genital herpes and creating tools to diagnose, counsel and manage those who do have this infection."

"We need to focus on educating clinicians about genital herpes and creating tools to diagnose, counsel and manage those who do have this infection"

who are already infected. Once diagnosed, people who have genital HSV can become educated about the virus and the ways to reduce the risk of spreading it. In addition, once counseled, most learn to recognize symptoms they had previously overlooked. For those who do have symptoms, effective treatment could be administered.

Conventional diagnostic tests like culture swabs are a hit-or-miss approach that produce a high percentage of false negatives. More complete case-finding probably means using the newer blood tests that measure antibodies quite accurately.

"Right now we have the technology, but it's new to most clinicians," says Wald. "It probably will take some



About Herpes



What Is Herpes?

Herpes is a common and usually mild infection. It can cause “cold sores” or “fever blisters” on the mouth or face (known as “oral herpes”) and symptoms in the genital area (“genital herpes”).

What Causes Herpes?

Herpes is caused by one of two viruses: herpes simplex type 1 (HSV-1) and herpes simplex type 2 (HSV-2). Herpes is different from many other common viral infections in several ways. Most importantly, herpes remains for life inside the body, hiding in nerve roots. This is called “latency.”

Herpes simplex has two phases. In its inactive or “latent” phase, it is virtually asleep. In its active phases, it may cause signs and symptoms or may become contagious.

What Happens When You First Get Genital Herpes?

When a person first contracts HSV in the genital area, the virus infects the nerves in the skin, travels to the nerve roots near the spinal column, and then returns back to the skin or mucous membranes. The initial infection with HSV often causes troublesome symptoms. These usually occur within two weeks after the virus is acquired. While some people have obvious symptoms, others have symptoms so mild they go unnoticed.

A symptomatic “first episode” of herpes often causes small ulcers or blisters that crust over and scab in a couple of weeks.

How Long Does a ‘First Episode’ Last?

First episodes may take from two to four weeks to heal fully. During this time, some people will experience several crops of sores. Some will have flu-like symptoms, including fever and swollen glands, particularly in the lymph nodes near the groin. Treatment with antiviral drugs during first episodes can speed healing by 40 percent to 50 percent.

Where Are Visible Signs of Herpes Found?

The sores or other signs of genital herpes can be found in a number of places in the genital area. For men, these include the penis, scrotum, thighs, buttocks and the area around the anus. For women, they include the vulva, vagina, cervix, thighs, buttocks and the area around the anus.

What Happens After the Initial Infection?

During active phases, the body’s immune system attacks the virus and limits further symptoms. However, HSV evades the immune defense by hiding in the nerve roots, where it remains for life.

Periodically, HSV will have active phases in which the virus returns to the skin or to mucous membranes. When these active phases cause symptoms, they are called “recurrences” or outbreaks.

What Are the Symptoms of Recurrent Genital Herpes?

Symptoms of recurrent genital herpes vary greatly from one episode to the next, and from one person to the next. Some people will have so-called “classic” blister-like sores that crust over, though with recurrent herpes these typically clear up more quickly than they do during first episodes.

In addition, many people have very subtle forms of recurrent herpes that can heal up in a matter of days. These can be mistaken for insect bites, abrasions, yeast, “jock itch,” hemorrhoids, and other conditions. These irregularities in the skin, called “lesions,” can be found anywhere in or around the genital area. Herpes lesions on the buttocks, for example, are not uncommon.

Right before an outbreak, many people experience an itching, tingling, or painful feeling in the area where their recurrent lesions will develop. This sort of warning symptom—called “prodrome”—often precedes lesions by a day or two. In some people, it will include pain in the buttocks, the back of the legs, or even lower back. These symptoms can continue throughout the recurrence.

Does Everyone With Herpes Have Symptoms?

Many people who test positive for herpes report that they have never had symptoms. However, research shows that roughly two-thirds of persons with genital HSV-2 infection do experience some form of genital symptoms and can learn to recognize these symptoms if educated about HSV.

Can Herpes Be Active Without Causing Symptoms?

Yes. In the 1980s, research showed the virus could become active without causing symptoms. This is often called “asymptomatic shedding” or “subclinical shedding.” According to the latest studies, HSV-2 causes asymptomatic viral shedding on an average of 3 percent of days per year—about one day per month. This holds true even for persons who do not have or recognize herpes symptoms.

What is a Typical Pattern of Active and Inactive Phases?

Reactivation is influenced by HSV type and by how long one has had the virus.

HSV-2

People with a marked first episode caused by genital HSV-2 can expect to have several outbreaks a year. The average is four or five. In addition, people with genital HSV-2 can expect to have some episodes of asymptomatic viral shedding. These may occur less often than recurrences, but on average they account for up to one-half of all reactivation. In most cases, the first year has the most viral activity. Symptomatic recurrences will decrease over time in the majority of people.

HSV-1

HSV-1 behaves quite differently in the genital area. With type 1 genital infection, people may have a marked first episode, but they are much less likely to have recurrent outbreaks. Their average number of outbreaks is closer to one per year in the first few years of infection. Their rates of asymptomatic shedding are lower as well.

What About Treatment?

No treatment can cure herpes, but medicines can help to keep the virus in check. Three prescription medicines are currently approved for genital herpes.

Acyclovir (Zovirax®) has been used since 1985 and is now available in a generic form. Valacyclovir (Valtrex®) uses acyclovir as its active ingredient, but is better absorbed by the body and can be taken less often. Famciclovir (Famvir®) works much the same way acyclovir does, but is also better absorbed and can be taken less often. All three drugs are similar in terms of how well they work. The major difference is how often the drugs must be taken.

All three drugs are safe and have virtually no side effects. Acyclovir has been produced as a cream for genital herpes, but the capsules or tablets are more effective.

How Often Do You Take Medication?

Patients can choose between two kinds of treatment regimens:

Episodic Therapy: This means taking medicine during an outbreak (two to five times a day) to speed healing. A person begins taking medicine at the first sign of prodrome and continues every day for five days. This can shorten outbreaks by about two days. If you choose episodic therapy, ask your doctor for a prescription and have it filled before an outbreak. Then you can start taking medicine as soon as symptoms begin.

Suppressive Therapy: This means taking medicine every day to help prevent symptoms from occurring. Suppressive therapy (one or two doses per day) greatly reduces the number of outbreaks for most people—a 75 percent reduction on average. It can prevent outbreaks completely for some. It can also greatly reduce asymptomatic shedding (the recurrence of virus on the skin). Studies are under way to find out whether suppressive therapy can help prevent transmission.

Antiviral medicine can help newly diagnosed people regain a feeling of control over their lives. It can also bring great relief to people who have frequent or bothersome outbreaks. However, many people with herpes don't feel the need to take medicine for recurrences because their outbreaks are mild. Talk with your health care provider about treatment options and what is right for you.

What If I Think I Have Genital Herpes?

If you have sores or lesions, see a doctor as soon as possible—before they go away. The doctor will look at the area, take a sample from any lesions present, and test to see if the herpes virus is present. The best test for lesions is a specific culture for HSV. If you request “viral typing,” it can tell you whether you have HSV-1 or HSV-2 (though it's not available in all labs). A culture will not work if the sores have healed.

If the sores/lesions are healing, or if you are wondering if you have acquired herpes in the past, there are now accurate blood tests that can diagnose herpes simplex. Three accurate “type-specific” blood tests for HSV have been approved since 1999. Two require a standard blood draw and laboratory work, and one is a fingerprick test done in the health care provider's office, with results in six minutes. For more information about type-specific blood tests, call the National Herpes Hotline or visit www.asbstd.org

What About Pregnancy?

The spread of herpes to newborns is rare. Most mothers with a history of herpes have normal vaginal deliveries. However, an infant who gets herpes can become very ill, so some precautions are advisable. When a woman has an outbreak at the time of delivery, a cesarean-section is usually performed.

If you have herpes, it's important to talk with your health care provider about it during a prenatal visit.

If a woman has no history of herpes but has a sexual partner who does, it's important that she avoid contracting herpes during pregnancy. A first episode during pregnancy creates the most serious risk to the baby.

public resources

National Herpes Resource Center programs and services include:

The National Herpes Hotline (919) 361-8488

The National Herpes Hotline operates Monday through Friday, 9 a.m. to 6 p.m., ET. Trained health educators answer questions about transmission, prevention and treatment of herpes. (All educational materials are mailed in plain envelopes.)

the helper

This quarterly newsletter covers the medical and social impact of herpes. A special introductory issue, *Understanding Herpes*, gives an overview of herpes simplex and what you can do to manage an infection. Each issue updates readers on new clinical research and also provides a forum for personal perspectives on herpes.


Managing Herpes:

How To Live and Love with a Chronic STD

This comprehensive book by Charles Ebel brings a reassuring, balanced perspective to the medical and emotional issues surrounding herpes. Topics include: recurrences, treatment options, transmission, pregnancy, telling your partner, impact on sexuality and new research. Includes a resource list and glossary.

For more information, or to find a herpes support group near you, visit ASHA's Web site at www.ashastd.org.

To order other educational materials about herpes, please call the ASHA Resource Center at 1-800-230-6039.



The American Social Health Association (ASHA) responds to people with questions about herpes by offering immediate help through the Herpes Resource Center and its National Herpes Hotline (919-361-8488, M-F, 9 p.m. to 7 p.m. ET). ASHA also offers referrals to public and community-based health clinics, support groups, educational brochures, a newsletter called the helper, and Web sites: www.ashastd.org and www.iwannaknow.org (for teens).

ASHA is dedicated to stopping the spread of sexually transmitted diseases and their harmful consequences to individuals, families and communities. Because herpes is sexually transmitted, raising awareness for HSV infection is critical to ASHA's mission.

Since 1914, ASHA has been working to improve the quality of life and the public health for all Americans. It is the only not-for-profit organization speaking out about the risks, prevention, screening and treatment of sexually transmitted diseases (STDs). ASHA provides accurate, up-to-date information to more than 13,000 people daily through hotlines, the Internet, print publications and letters. Individuals get accurate reliable information from trained health communication specialists. More than 3,000 health clinics and community-based organizations depend on ASHA information and support to educate the people they serve.