

## **Once is enough for herpes simplex virus type 1 (HSV1)** <sup>[1]</sup>

Dear Alice,

I have read a lot on the internet about herpes but there is still one thing I would like to get your advice on. My understanding on HSV 1 is that the vast majority of people have it and caught it as children and had the usual cold sore outbreaks. Then the virus goes dormant at the base of the skull and occasionally reactivates whenever our immunity is low.

I was talking to both an STI specialist and my GP and both said that if I had HSV 1 early in life (causing cold sores etc. on the face) it is extremely unlikely that I would get an HSV 1 infection of the genitals through oral sex. This was because after I have had HSV 1 I would have developed an immunity against HSV 1 (not HSV 2 though). My doctor still said it made common sense not to have oral sex when cold sores on my partner were obvious but that in our monogamous stable relationship (both having had cold sores) the risks of genital herpes from this were in any case very low. Therefore the possibility viral shedding from HSV 1 of the face causing HSV 1 infection of the genitals from oral sex is even less unlikely still.

Of course there is the possibility that my partner's cold sores might be caused by HSV 2 and therefore pose a very serious risk. I am a virgin and she has only had sex with one other guy and been intimate with another so surely the chance of us having HSV 2 is less likely given that in the vast majority of cases HSV 2 affects and is transmitted by the genitals.

We are now in a monogamous relationship. Isn't it okay to assume that any cold sores we might have are only caused by HSV 1 and thus are unlikely to cause genital herpes through oral sex because of our existing immunity? Isn't it also ok therefore not to be OVERLY concerned about non-obvious cold sore outbreaks (that may in reality just be blind pimples) and viral shedding as an obstacle to unprotected oral sex? Or am I falling into the trap of thinking "My partner and I are not promiscuous and therefore it won't happen to us?" Everything I have read says be careful because HSV 1 can give you genital herpes through oral sex; but given the fact that the vast majority of people already have HSV 1 (of the face) and have built up an immunity is this really such a great concern in a monogamous stable relationship?

Sorry for so many questions at the end. Perhaps you can just answer the one you think is most important.

Yours,

Herpes 1 Once is Enough

## **Answer**

Dear Herpes 1 Once is Enough,

For a person who has had herpes cold sores from herpes simplex virus 1 (HSV1), it is unlikely for HSV1 to be transmitted to the genitals through oral sex. Having been infected with HSV1, the immune system has already manufactured, and kept on reserve, antibodies to this virus. Thus, when the virus is encountered again, the immune system is already well acquainted with its enemy and can initiate a quick and efficient counterattack. On the other hand, for someone who has never had herpes cold sores before, infection with HSV1 through oral sex can result in a true primary episode of genital herpes. By some estimates, 50 to 90 percent of the American adult population carry antibodies to HSV1.

HSV1, most often associated with oral-facial herpes, and HSV2, the genital variety, are very similar viruses when viewed through a microscope. One major difference between the two viruses is their site of preference: oral versus genital. HSV1 prefers to enter the body near the mouth; but, the nice, warm mucous membranes of the genitals are equally inviting to HSV1 when it finds itself in that locale. Likewise, HSV2 can enter the body near, or in, the mouth and cause oral-facial herpes. However, if HSV2 enters the body above the waistline and stays there, it is still HSV2. The same holds true for HSV1 that enters the body at the genitals. The virus does not mutate based on where it ends up in the body. If it entered at the genitals, it will stay there, and any recurrences it causes will occur in the genital area.

Another source of confusion about herpes transmission is autoinnoculation. This refers to the rare instance of a person touching a lesion with active herpes virus, and then immediately touching another part of her/his body (e.g., the lips or eyes). Autoinnoculation does not happen very often — in ten percent or less of herpes cases. Furthermore, it can easily be prevented by washing your hands well with soapy water when lesions are present. Since the herpes virus likes warm, moist areas, it is virtually impossible to spread it to areas of the body covered with skin, such as arms and legs.

As for your concerns about HSV1 or HSV2 transmission through oral sex in your present relationship, it is not safe to assume that you won't get genital herpes. You and your partner need to decide for yourselves what risks you feel comfortable with. For example, if after considering all the information, you believe that you are 95 percent sure you won't get genital herpes from oral sex, you should ask yourself whether you're comfortable with that 5 percent uncertainty.

Ultimately, it's up to you and your partner to decide how comfortable you are with the assumption that you will not contract genital herpes. If you're uncomfortable with the slightest bit of risk, then you may want to take necessary precautions, such as using a dental dam or condom for oral sex. Don't want your worries to get in the way of your sexual pleasure!

Be safe and enjoy,

Alice!

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