**Herpes Simplex Virus**

**Introduction**

Sexual health is one of the discussions that most people shy away from discussing and this can be attributed to the fact that it tends to be too private hence people become uncomfortable with it (Gilbert, Dulai, & Wexel, 2015). However, it has to be noted that sexual health is a fundamental topic that the society to be educated so as to live and engage in healthy behaviours. On that line of thought, one of the critical areas of sexual health is on the sexually transmitted infections (STIs) like HIV, gonorrhoea, syphilis, herpes et cetera. These infections can severely affect the health of an individual and thus it is important that sexual health awareness is emphasized in our society. According to Scherer, & Skancke, (2009), the change in sexual behaviors places people at high risk of contracting STIs. That being the case, this paper will focus on the case study of Justin who was infected with Herpes Simplex Virus- 1. The paper will discuss on the relevant assessment required, the role of sexual healthcare team on the case of Justin and finally how to educate infected people like Justin and the public about sexual health.

**Relevant Assessments Required for the Patient in the Selected Case Study**

According to a research conducted by Corey et al., (1983), it found out that majority of individuals diagnosed with Herpes Simplex Virus-2 normally have a general angst feverish feeling coupled with a severe outbreak of sores, ulceration or vesicles around the genitals which is inclusive of the regions around the thigh, anus and sometimes on the buttocks within the first ten to fourteen days of infection. It should be noted that HSV-2 is transmitted through unprotected sexual intercourse and affects the genital/groin region. On the other hand, HSV-1 also known as oral herpes affects the mouth and it can be noticed through cold sores (Stanberry, 2006). However, the change in people’s behaviour and specifically indulging in oral sex has led to the HSV-1 attack on the genital areas. The study (Corey et al., 1983) further elaborated that during the first episodes of Herpes Simplex Virus infection outbursts, the victim may also have swollen glands especially in the areas near the groin where the lymph nodes are located.

 An assessment conducted on Justin founds out that he has three open and inflamed lesions that are developing on his penis shaft. This is an indicator of an outbreak of the first episode of Herpes Simplex Virus infection. In addition, the glands around his groins have also swollen slightly. The lesions and swelling of the glands cause discomfort and that is the reason Justin was complaining about ache and malaise. Some symptoms associated with HSV-1 may take two weeks before being manifested, on that account, Justin may not have experienced painful urination but with time he will experience it. It should be noted as the virus multiplies mores symptoms of HSV-1 are manifested.  The symptoms exhibited by Justin fits the study by Corey et al., (1983), only that Justin has not experienced ulceration of any kind on his thigh, anus and buttock regions have no ulceration. However, as Kimberlin, & Rouse, (2004) argue such ulceration may take some time to occur, and therefore, there is no doubt that Justin has HSV-1.

The Herpes Simplex Virus tends to lie inactively in the bundle of nerves which is located at the base of the spinal cord and this is the pathological explanation for the outburst Justin experienced only ten days later after the infection. At some point, this virus will unexpectedly reactivate and travel through nerve paths eventually reaching the surface of the skin thus causing the kind of outbursts on Justin’s penis. Since the nerves in the genital area, the region around the upper thigh and buttocks are interconnected, it is expected that the outbursts will occur on either of these regions (Kimberlin et al., 2004). The lesions on his genitals are as a result of having oral sex. It has to be noted HSV-1 is common to affect the mouth and causing cold sores. Therefore, the fact that Justin indulged in oral sex increased the risk of the virus affecting his genital area. It can take up to two weeks for cold sores to occur and, therefore, Justin may experience it if measures are not taken.

**Role of Sexual Health Team Members in Handling Justin’s Case**

The positive diagnosis of HSV-1 from the blood sample of Justin that was tested can be traumatizing to Justin bearing in mind he still young only 24-years old.   The fact that the Herpes Simplex Virus-1 infection does not have a known cure is a factor that usually leads to an emotional drain for the individuals that have contracted it. It is thus vital that the sexual health team handling his case ensures that his health, emotional and future relationship are well handled to see Justin recovers well. There is the need for a multi-professional approach so that Justin receives the best care. On that note, a counsellor, nurse, and a physician are required. The first step should be counselling Justin and let him understand that despite the fact the infection does not have cure it is manageable. In addition, Justin is traumatized by the diagnosed and must be blaming himself for the reckless act. Thus it is prudent for the counsellor or healthcare practitioner to inform such a patient that contracting HSV-1 is not due to one’s carelessness as this will give the victim hope (Douglas et al., 1984). The psychological stability of a patient is critical towards one’s path to recovery (Buchacz, 2000). On that note, the medical team assigned to Justin’s case has the responsibility of encouraging Justin to accept his current health condition so as to overcome the emotional impact associated with the positive diagnosis of HSV-1. It should be noted that once Justin has accepted his health condition, medicinal therapy will be effective.

The next step will entail a medicinal approach which will involve the help of physician and nurses. Medical treatment is the cornerstone for the whole Herpes Simplex Virus-1 treatment process. Medical treatment takes three forms which includes methods like episodic therapy and suppressive therapy. For Justin’s case, the best form of therapy is suppressive therapy given that he is experiencing the virgin signs of the outbreak on the shaft of his penis since the other forms of therapy are aimed at shortening the period that an individual experiences herpes symptoms. In addition, suppressive therapy has been proven by research to be both effective and safe in controlling herpes in thousands of patients. Under suppressive therapy, antiviral treatment is disbursed and is to be taken for several days after the first sign of the outbreak in order to quicken the healing process and also prevent any other outburst from fully occurring during the period (Marconi, & Manservigi, 2014). Therefore, it is important that Justin accepts his condition and understand he has a role in making sure this intervention works out by following the instructions of the physician.

The next area the sexual health team (counsellor) is mandated to deal with is on the social stigma that Justin would be exposed to with his new condition. Given that we are living in a generation that is overly exposed to notions of sex specifically in entertainment, art, advertisements and other quarters, it would be important shaping up Justin’s new perspective of his sexuality and sex in general. In addition, it will be prudent if Justin can be convinced to contact her previous sex partner. This will help the lady (victim) also begin the treatment and also serve as motivation for both of them to overcome stigma and stay focus on their medication.

**Education needs for Justin after Diagnosis**

There are several misconceptions surrounding Herpes Simplex Virus and thus it is important to educate Justin and the public on the facts about HSV and this will enable Justin to cope better with his present condition. There are two types of Herpes Simplex Virus namely HSV-1 and HSV-2. Both of them can be transmitted through sexual intercourse. However, it should be noted that HSV-2 is mainly transmitted through unprotected sexual intercourse with an infected. Herpes Simplex Virus-1 can be contracted by having vaginal, oral or anal sex with an infected individual. Contact of your genitals with the genitals of an individual with the virus can also lead to one contracting Herpes Simplex Virus-1 since the secretions contained in this sexual fluids (inclusive of saliva) normally contain the Herpes Simplex Virus-1 virus (Corey et al., 2004).  HSV-1 greatly affects the mouth but it also affects one genital if one indulges in oral sex with an infected partner. Both HSV-1 and 2 can be transmitted to all persons regardless of race, gender et cetera.

Upon being infected one cannot know until symptoms start to manifest themselves. Therefore, no one can conclude a day(s) after unsafe sex not to have contracted the virus. Those who exhibit the symptoms normally have painful blisters and ulcerations on their genital area. It should also be known that infected individuals can pass the Herpes Simplex Virus-1 virus unknowingly to others. Apart from sex HSV-1 can be spread through other ways. This includes kissing a person who has the virus; sharing utensils, brushes with an infected person can lead to one contracting the virus (Stanberry, 2006). The bottom-line is that HSV-1 is contagious and, therefore, people should exercise a high level of hygiene. There is currently no known cure for Herpes Simplex Virus-1, but there are only treatments to control the occurrence of symptoms. The virus does not pose a health threat to the infected persons.

The safest way to prevent contracting the Herpes Simplex Virus-1 virus is avoiding sexual intercourse with random individuals who have not screened free of any Sexually Transmitted Disease. Alternatively, it is best to maintain one sexual partner whom you remain faithful to and whom you are certain is reciprocating in faithfulness. In the event that one sexual partner cannot be maintained, use condoms whenever you’re participating in sexual intercourse to reduce the risks of contracting the Herpes Simplex Virus-1 virus. The misconceptions that suggest that washing the genital area, urinating or douching after sexual intercourse amounts to preventing Herpes Simplex Virus-1 contraction is false and should be avoided at all costs. The fact that HSV-1 can be spread through indirect contact with an infected person, it is important that a high level of hygiene is observed by the individual, for instance, shared utensils should be cleaned thoroughly.

Often times, Herpes Simplex Virus-1 doesn’t cause any symptoms but when it does, the most noticeable ones are as follows: Painful ulcerations or blisters around the genitals and anus regions which take an average of twenty eight days to heal; an angst feverish feeling that accompanies the ulcerations; Outbreaks of blisters that recur severally in a year. There is no known cure for Herpes Simplex Virus-1, although there are treatments to curb its symptoms. There are medical interventions to prevent the blisters from recurring or make them disappear faster. According to Bodsworth et al., (1997), suppressive therapy can be utilized to help HSV-1 victims who have recurring outbreaks annually; this decreases the chances of one passing on the infection to their sexual partners during sexual activity. Individuals infected with the HSV-1 expect to have numerous outbreaks within a year and are more susceptible to contracting HIV infection when they engage in unprotected sexual intercourse with an individual testing positive for the HIV virus.

 The social life of Individuals with Herpes Simplex Virus-1 can significantly be affected due to emotional pressure. However, with proper education/counselling one can learn how to deal with their new state. A worse case is when one enters into the state of denial and finally becomes depressed as this can result to further health complications; it is thus prudent that sexual health team helps HSV or other STIs victim to overcome the stigmatization associated with the infection (Bayram, Beji, & Gokyildiz, 2011). In the case of pregnant women with the virus, they pose a risk of infecting their unborn babies through normal birth. It is wise to open up to your doctor about the condition so as to protect the child and in most case, HSV infections at the genitals of pregnant women lead to caesarean delivery option in order to prevent infecting the unborn infant (Fife et al., 1997). You ought to be tested for herpes when you notice unusual sores or ulcerations especially in the genital areas and if your sexual partner reports similar symptoms. In the case, of Justin, he should always consult doctors in future to test for the virus to avoid infecting his wife.

On matters of the risk of infecting others, Justin should be informed that the possibility of spreading the infection is greatest when an individual has the symptoms of a fresh-active infection. Even when there is none, it is still possible for him to still spread the infection though to a lesser scale. There is no safe time to have sex if one has herpes or other STIs; safety is that one should adopt preventive measures all through as this is what can qualify as a safe time to have sex. This does not mean that Justin should not engage in sexual activities entirely but should conscript the services of a condom whenever he does so. In conjunction with suppressive medicine, the condoms will help a lot in decreasing the danger of spreading the virus to partners who are yet to be infected particularly in his first year of infection (Sacks et al., 2004). The other crucial thing that Justin needs to be sensitized on is the issue of the number of sexual partners. Just as it is with any Sexually Transmitted Infection, the risk of getting Herpes Simplex Virus-1 increases with the number of sex partners one has. Given that Justin’s history reveals that he has been having a lot of one night stands and rarely practices safe sex in the process, continuing with such a practice in his new condition exposes him to contracting the HIV virus since it is more prevalent in individuals infected with the Herpes Simplex Virus-1 virus.

**Conclusion**

It is indisputable that sexual health is fundamental bearing in mind the change in sexual behaviours among the youths. This poses a risk to them and thus knowledge about sexual health will play a monumental role in curbing or minimizing the infection of STIs. HSV-1 diagnosis normally leads many to horde feelings of distress, fear or embarrassment. The unfortunate aspect is that one gets into the state of depression and can even commit suicide. Such a reaction of distress expected from Justin or other infected persons with STIs. It is vital that the medical team assigned to infected people like Justin to encourage them that genital herpes is a condition that can be managed. Also, the sexual health team should provide Justin with proper education that will help him along with his partner to have safe sex. The stigmatization and denial that comes along with such infections note, it demands counselling for one overcomes such emotional pressure. On that note, Justin should be counselled and if possible he can have one of his family member or close friend to help him through the recovery journey.

**References**

Bayram, G. O., Beji, M. K., & Gokyildiz, S. (2011). *Reproductive health*.

Buchacz, K. A. (2000). *Behavioral, sociodemographic, and biological correlates of susceptibility to human immunodeficiency virus type 1 and Herpes simplex virus type 2 infections*.Bodsworth, N. J., Crooks, R. J., Borelli, S., Vejlsgaard, G., Paavonen, J., Worm, A. M., ... &

Gibb, A. (1997). Valaciclovir versus aciclovir in patient initiated treatment of recurrent

genital herpes: a randomised, double blind clinical trial. International Valaciclovir Herpes Simplex Virus Study Group. *Sexually Transmitted Infections*, *73*(2), 110-116.

Gilbert, M., Dulai, J., & Wexel, D. (2015). Health Literacy, Sexual Health, and Gay Men. Toronto: Ontario HIV Treatment Network.

Corey, L., Adams, H. G., Brown, Z. A., & Holmes, K. K. (1983). Genital Herpes Simplex Virus infections: clinical manifestations, course, and complications. *Annals of internal*

*medicine*, *98*(6), 958-972.

Corey, L., Wald, A., Patel, R., Sacks, S. L., Tyring, S. K., Warren, T., ... & Stratchounsky, L. S. (2004). Once-daily valacyclovir to reduce the risk of transmission of genital herpes. *New England Journal of Medicine*, *350*(1), 11-20.

Douglas, J. M., Critchlow, C., Benedetti, J., Mertz, G. J., Connor, J. D., Hintz, M. A., ... & Corey, L. (1984). A double-blind study of oral acyclovir for suppression of recurrences of

genital Herpes Simplex Virus infection. *New England Journal of Medicine*, *310*(24), 1551-1556.Fife, K. H., Barbarash, R. A., Rudolph, T., Degregorio, B., Roth, R., & Valaciclovir International Herpes Simplex Virus Study Group. (1997). Valaciclovir versus acyclovir in the treatment of first-episode genital herpes infection: results of an international, multicenter, double-blind, randomized clinical trial. *Sexually transmitted diseases*, *24*(8), 481-486.

Kimberlin, D. W., & Rouse, D. J. (2004). Genital herpes. *New England Journal of*

*Medicine*, *350*(19), 1970-1977.

Marconi, P., & Manservigi, R. (2014). Herpes Simplex Virus Growth, Preparation, and Assay. *Methods in Molecular Biology*, 19-29. doi:10.1007/978-1-4939-0428-0\_2

Mertz, G. J., Benedetti, J., Ashley, R., Selke, S. A., & Corey, L. (1992). Risk factors for the sexual transmission of genital herpes. *Annals of Internal Medicine*, *116*(3), 197-202.

Sacks, S. L. (2004). Famciclovir suppression of asymptomatic and symptomatic recurrent

anogenital Herpes Simplex Virus shedding in women: a randomized, double-blind, double- dummy, placebo-controlled, parallel-group, single-center trial. *The Journal of infectious diseases*, *189*(8), 1341-1347.

Scherer, L. S., & Skancke, J. (2009). *Sexually transmitted diseases*. Detroit, MI: Greenhaven Press/Gale Cengage Learning.

Stanberry, L. R. (2006). *Understanding herpes*. Jackson: University Press of Mississippi.