

Can I catch herpes from objects and surfaces?

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Speaking theoretically and using previous studies of models of herpes, it is possible that an individual actively shedding virus from an open sore will leave some infectious virus on a surface, and someone else may come in contact with this virus and could get infected. Practically, the chance for this to happen is not very high. It is likely very low.

Just a few points:

1. *The virus needs to be active to infect.*
2. *The virus needs epithelial cells to survive and replicate.*
3. *The outer layer of the skin does not have active or live cells.*
4. *The virus cannot burrow through the outer layer of the skin. There needs to be a break in the skin, micro-abrasion, or a cut. The introduction of skin to skin friction can be a factor as well.*
5. *The virus can easily be introduced to areas that have mucosal membranes; eyes, mouth, anus, vagina, or inside the nose.*

Outside of the body, the herpes virus is quite unstable and quickly loses infectivity in an environment that is not a human (as some research papers demonstrate). Some papers indeed show that a live virus can survive {1} more than 30 minutes

and up to a few hours on surfaces, however, this does not mean the virus is strong enough to infect. Correlation does not guarantee causation. (Other [study](#)). Scientists and the medical community will state (on many different [websites](#)) that it is best to avoid sharing utensils and objects with someone who has an apparent outbreak (cold sore) on their mouth, it's just good advice. This is because an active lesion is highly infectious, and the risk of passing it on is still possible.

It is also paramount to understand that herpes is everywhere and has been so for a few million years. The chances of making it to adulthood without contracting it are quite rare. The numbers prove this. {2} Herpes is not the end of the world, almost everyone has it. Human beings are creatures of touch; it's how we communicate, so it makes perfect sense that most people on the planet would share this virus. Did you know that most people on the planet never experience an outbreak when they are [infected](#)? And can go many years before experiencing one, if they do at all? Not to mention that the current [testing methods](#) are lacking in perfect accuracy. {3}

So what are your chances of getting infected from herpes that was on a surface like a toilet seat or a towel? Well, the chances are not 0, but only slightly above - so highly doubtful.

It is paramount to understand that within the realm of herpes there are many possible outcomes due to the complex behavior of the virus. This personal relationship with herpes can be best summed up by saying, "It's complicated."



References

{1}

Survival of Herpes Simplex Virus Type 1 on Some Frequently Touched Objects in the Home and Public Buildings [Link](#)

Survival of Herpes Simplex Virus in Water Specimens Collected From Hot Tubs in Spa Facilities and on Plastic Surfaces [Link](#)

Decreasing Herpes Simplex Viral Infectivity in Solution by Surface-Immobilized and Suspended [Link](#)

Survival of Herpes Simplex Virus Type 1 in Saliva and Tap Water Contaminating Some Common Objects [Link](#)

{2}

Prevalence of herpes

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0140765#sec007>

Genital herpes infection is common in the United States. CDC estimates that, annually, 776,000 people in the United States get new genital herpes infections. {1} Nationwide, 11.9 % of persons aged 14 to 49 years have HSV-2 infection (12.1% when adjusted for age).{2} However, the prevalence of genital herpes infection is higher than that because an increasing number of genital herpes infections are caused by HSV-1. {3} Oral HSV-1 infection is typically acquired in childhood; because the prevalence of oral HSV-1 infection has declined in recent decades, people may have become more susceptible to contracting a genital herpes infection from HSV-1. {4}

1. Satterwhite CL, Torrone E, Meites E, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis*, 2013. 40(30):187-93

2. McQuillan G, Kruszon-Moran D, Flagg EW, Paulose-Ram R. Prevalence of herpes simplex virus type 1 and type 2 in persons aged 14–49: United States, 2015–2016. *NCHS Data Brief*, no 304. Hyattsville, MD: National Center for Health Statistics. 2018

3. Xu F, Sternberg MR, Kottiri BJ, et al. Trends in herpes simplex virus type 1 and type 2 seroprevalence in the United States. *JAMA*, 2006. 296(8): 964–73.

4. Bradley H, Markowitz L, Gibson T, et al. Seroprevalence of herpes simplex virus types 1 and 2—United States, 1999–2010. *J Infect Dis*, 2014. 209(3):325-33.

<https://www.cdc.gov/std/herpes/stdfact-herpes.htm>

{3}

Up to 50% of positive HerpeSelect ELISA IgG herpes test (which is the most common), can sometimes be false. In fact, results whose values were close to the threshold value, have a 90% chance of being false positives. This is one of the reasons [doctors avoid testing](#). So a test result that is very close to the threshold value (around or just above) 1.1 might be false positive. Tests 3.0 and above are considered positive.

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"How did you get herpes? It's really quite simple. You're a human being and you're alive. Welcome to the planet."

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