

Recurrent Genital Herpes

Introduction

General

- **80% of recipients of suppressive therapy for recurrent genital herpes will remain asymptomatic** for the duration of treatment
- **Suppressive therapy does not result in cure**, nor does it significantly alter rate of recurrences following cessation of therapy
- **Asymptomatic shedding is reduced by ~96%**, therefore transmission risk is substantially reduced but not eliminated

Suggested criteria for commencement of suppressive treatment of HSV:

- Positive culture required
- At least 6 attacks per year, OR
- Infrequent but very severe/neurologic complications, OR
- Significant psychosocial issues

In the latter case, counselling should be strongly encouraged.

Management

- **Aciclovir 400mg bd po**
- **A treatment break is suggested at the end of 1-2 years**, as due to the variable natural history of recurrences, frequency may have diminished and ongoing suppression may not be necessary.
- The treatment plan should be discussed with the patient, entered in the notes, and the patient should be reviewed in accordance with this.
- Side effects are uncommon - nausea or dizziness are the most common of these.
- Access to **Famciclovir** is possible for patients who are **intolerant of Aciclovir via an Exceptional Circumstance application**
- Care should be taken with patients with renal disease
- There are no known adverse effects of long term therapy

General

- Side effects – rare, but include nausea and gastrointestinal upset, headache and dizziness
- Psychosocial issues
- Initial treatment should be for 1-2 years, followed by a break of at least 3 months to assess frequency of episodes
- Prior to the treatment break patients should be counselled regarding the reasons for stopping and should be warned that they can expect an outbreak to occur within a few weeks of stopping treatment

Breakthrough Episodes

- Uncommon but may occur
- Suggest referral to a Specialist Sexual Health Service for verification and increase of dose if appropriate
- Check that patient is taking medication as prescribed

Review to check that symptoms not due to other pathology, eg dermatitis.

Pregnancy

- **Routine prophylaxis for symptomatic control is not recommended in pregnancy**
- **All pregnant women with recurrent genital herpes in pregnancy should be reviewed by a sexual health physician or an obstetrician** as specific counselling regarding the management of the pregnancy and delivery is required

Episodic Treatment

General Comments

- **This is only of benefit in patients who have relatively infrequent episodes and who have a prolonged prodrome**, as commencement of treatment after lesions have appeared confers no benefit in terms of shortening the episode or ameliorating symptoms
- If the course is commenced at the first sign of prodromal symptoms, the episode **may** be aborted or shortened.
- Treatment decisions should be based on clinical findings.

Referral Guidelines

Referral to a Specialist Sexual Health Service is recommended for:

- Suspected breakthrough episodes on therapy
- Suspected allergy/intolerance to Aciclovir
- Pregnancy issues if appropriate

Further Information

Note: An in-depth guideline for the management of Genital Herpes has been produced by the Professional Advisory Board of the Viral Sexually Transmitted Infection Education Foundation.

www.herpes.org.nz