

# HERPES (ext)

March 2010

These guidelines are based on the centre's assessment of clinical trial data and international guidelines, and are not subject to the restrictions associated with the Pharmaceuticals Benefit Scheme.

Genital Herpes simplex virus (HSV) infection may be acquired from either symptomatic or asymptomatic partners, and from either genital or oral sexual contact. About 70% is caused by HSV type 2. Most HSV infections are asymptomatic. Clinical manifestations depend on site of viral entry and immunity from previous exposure. Manifestations of newly acquired infection may be severe in non-immune persons who have had no previous exposure. Sexually acquired manifestations include genital ulceration, gingivostomatitis, urethritis, cervicitis and proctitis.

## DIAGNOSIS

Clinical

Swab for viral HSV Polymerase Chain Reaction (PCR)  
Serology should not be used in screening and only ordered when there are clear clinical indications. The practitioner who ordered the test should give the result and therefore the client may require a follow up appointment with the same practitioner.

## MANAGEMENT

Due to the possibility of psychosexual morbidity often associated with a Genital Herpes diagnosis, patients should be given adequate education, information and referrals for counseling as required. Please see the client fact sheet on this website.

## Disclaimer

The content of these treatment guidelines is for information purposes only. The treatment guidelines are generic in character and should be applied to individuals only as deemed appropriate by the treating practitioner on a case by case basis. Bayside Health, through MSHC, does not accept liability to any person for the information or advice (or the use of such information or advice) which is provided through these treatment guidelines. The information contained within these treatment guidelines is provided on the basis that all persons accessing the treatment guidelines undertake responsibility for assessing the relevance and accuracy of the content and its suitability for a particular patient. Responsible use of these guidelines requires that the prescriber is familiar with contraindications and precautions relevant to the various pharmaceutical agents recommended herein.

## Primary HSV/Initial episode:

Treatment with antiviral medications is more effective when started early, but there are still benefits with initiating treatment after the onset of symptoms. The following options are equally effective:

- Aciclovir 400 mg tds for 7-10 days<sup>1,2</sup>
- Valaciclovir 500 mg bd for 7-10 days<sup>1,2</sup>

## Together with:

- Lignocaine 2% jelly topically if needed. Exercise caution with topical anaesthesia as may cause sensitization with prolonged use.
- Paracetamol/codeine for pain relief
- Antifungal medication (preferably oral) for thrush if present; antibiotics if secondary bacterial infection is suspected
- Topical antivirals and antibiotics are ineffective
- Education and counselling for psychosocial effects of reactivation and recurrences

*Note: Genital Herpes simplex virus (HSV) infection may be acquired from either symptomatic or asymptomatic partners, and from either genital or oral sexual contact.*

About 70 % of genital herpes is caused by HSV type 2 but an increasing number of genital infections are due to HSV type 1. Most HSV infections are asymptomatic. Clinical manifestations depend on site of viral entry and immunity from previous exposure. Manifestations of newly acquired infection may be severe in non-immune persons who have had no previous exposure. Manifestations of sexually acquired herpes include genital ulceration, gingivostomatitis, urethritis, cervicitis and proctitis.

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## Treatment of Recurrent Genital Herpes

### Episodic:

Episodic therapy should be commenced within 24 hours of symptom onset.

- Aciclovir 800 mg tds for 2 days
- Famciclovir 500mg stat followed by 250mg bd for 3 doses (total 1250mg)
- Valaciclovir 500mg bd for 3 days

### Suppressive:

- Aciclovir 400 mg bd <sup>1,2</sup>
- Famciclovir 250 mg bd <sup>1,2</sup>
- Valaciclovir 500 mg once daily\* <sup>1,2</sup>

**\*In patients who have frequent recurrences (10 or more per year) once daily therapy may be insufficient.**

**These patients may require 500 mg twice daily.**

**Education and counselling may be useful for psychosocial effects of recurrences.**

*Note: Patients with proven genital herpes who have > 6 episodes annually are likely to experience substantial reduction in frequency of episodes on suppressive therapy. All patients should be given information on advantages and disadvantages of suppressive therapy in the context of their overall clinical care.*

Treatment may be interrupted at 6 months to evaluate natural history. A single episode after stopping suppressive therapy is not necessarily an indication for recommencement of suppression.

1. State of Victoria: Therapeutic Guidelines Antibiotic. Version eTG Complete April 2006, available from [tg.com.au](http://tg.com.au).
2. HYPERLINK "<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm>" \t "\_blank" Sexually Transmitted Diseases Treatment Guidelines 2006; Morbidity and Mortality Weekly Report, August 4 2006, Vol. 55 available from the HYPERLINK "<http://www.cdc.gov/>" \t "\_blank" Centers for Disease Control and Prevention HYPERLINK "<http://www.cdc.org/>" \t "\_blank" [www.cdc.org](http://www.cdc.org).