

GENITAL HERPES

<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>
<p>Vesicular lesions and/or painful, shallow ulcers on the genitals or adjacent areas.</p> <p>Enlarged, tender inguinal lymph nodes.</p> <p>May have a history of previous episodes of similar lesions.</p> <p>The first occurrence may last 2-3 weeks and recurrent episodes 1-2 weeks.</p> <p>May have prodromal symptoms of itching or tingling at site of lesions a few days before recurrences.</p>	<p>1. Identification of herpes simplex virus in lesion scrapings, by cell culture or antigen detection test.</p> <p style="text-align: center;">OR</p> <p>2. Typical painful lesions,</p> <p style="text-align: center;">AND</p> <p>a. Detection of multinucleated giant cells on a Tzanck or Pap smear of lesions scrapings,</p> <p style="text-align: center;">OR</p> <p>b. Exclusion of chancroid and syphilis.</p> <p>Clinical symptoms, with a history of similar symptoms <u>OR</u> sexual exposure to a person with HSV, is suggestive.</p>	<p>A. <u>Treatment</u></p> <p>1. <u>First clinical episode</u> Treat for 7-10 days, or until clinical resolution occurs with:</p> <p>a. Acyclovir 400 mg PO, 3 times a day or 200 mg PO, 5 times daily, OR</p> <p>b. Famciclovir 250 mg PO, 3 times a day, OR</p> <p>c. Valacyclovir 1 gram PO, 2 times a day.</p> <p>2. <u>Recurrent episode</u> Begin at start of prodrome or within 2 days of onset and treat for 5 days with:</p> <p>a. Acyclovir 200 mg PO, 5 times daily <u>OR</u> 400 mg t.i.d. <u>OR</u> 800 mg PO b.i.d., OR</p> <p>b. Famciclovir 125 mg PO, b.i.d., OR</p> <p>c. Valacyclovir 500 mg PO, t.i.d.</p> <p>3. <u>Suppressive therapy, for patients with 6 or more recurrences a year:</u></p> <p>a. Acyclovir 400 mg PO b.i.d. <u>OR</u> 200 mg 2-5 times daily, OR</p> <p>b. Famciclovir 250 mg PO, b.i.d., OR</p> <p>c. Valacyclovir 250 mg PO, b.i.d., <u>OR</u> 500 mg PO, once daily, <u>OR</u> 1,000 mg PO, once daily.</p>

GENITAL HERPES, continued

Management, continuedB. Counseling/Follow-up

1. Individualize; assess the emotional impact of the disease and refer for counseling, (e.g., to local HELP line or national Herpes Hotline) PRN.
2. Treatment is palliative, not curative. At the time of the first episode, options for treatment of recurrent episodes and suppressive therapy should be discussed.
3. The risk for neonatal infection should be explained to all patients, including men. Pregnant women should inform the prenatal care provider of herpes history in self or partner.
4. For patients on continuous daily suppressive therapy, discontinuation of therapy should be discussed after one year, to assess the patient's psychological adjustment to genital herpes and the rate of recurrent episodes.

C. Sex Partners

Routine exam and counseling as needed.

HERPES SIMPLEX LABORATORY TESTS

A. Type of test: Viral Isolation (culture)

- Specimen: 1. Clean area of any topically applied agents. For cervical lesions, remove mucus with swab and discard swab. Do not prepare site with disinfectants such as alcohol or betadine--they may inactivate the virus.
2. Open vesicular lesion, if necessary. Swab open lesions with a dry sterile cotton swab to obtain fluid and cells from the base of the lesions. Do not use a calcium alginate swab. Promptly place swab in tube of transport medium, break off stem where handled and discard, and cap tube. Refrigerate promptly at 2-6 degrees Celsius for no longer than three days prior to transporting to the lab.

Submission: Securely pack Viral Single Swab Outfit, with Virology Request Form, on wet ice in an insulated container for transport. **Do not freeze!**

Send to: Public Health Virology Lab, Decatur. (Turn-around time is 3 weeks)

Interpretation of results:

Isolation of the virus (with confirmation by enzyme immunoassay) means a definitive diagnosis of herpes simplex.

Inability to isolate the virus does not rule out a diagnosis of herpes. (After the lesion has been present for a few days, the chance of isolating the virus decreases rapidly.)

B. Type of test: Serologic enzyme immunoassay (ELISA), antibody testing.

[These tests are seldom helpful for diagnostic purposes. Detection of antibodies usually only indicates infection at some point in time with HSV-1, HSV-2 or both. Paired sera (acute and convalescent) with dates and date of onset of illness is needed for proper interpretation of results.]

Specimen: 5-10 ml. of whole blood.

Form: Virology Request Form, #3595.

Send to: Public Health Microbial Immunology Lab, Decatur.

Interpretation of results:

Information on interpretation will be sent with results.

