

GENITAL HERPES

KEY POINTS

The NZHF has a range of resources to assist patients and clinicians.

Phone: Herpes Helpline tollfree **0508 11 12 13**

Website: www.herpes.org.nz

A diagnosis of genital herpes can have a profound effect. Patients tell us they want –

- To be given accurate up-to-date information.
- To be provided with the best treatment available.
- To be involved in decisions about treatment and management.
- To be referred for specialist care or advice when appropriate.
- Genital herpes is a common infection caused by Herpes Simplex Virus Type One (HSV-1) and Herpes Simplex Virus Type Two (HSV-2) and as many as one in five adults in New Zealand have genital herpes due to HSV-2. Up to 50% of first episode (see Glossary of Terms on **page 3**) genital herpes is due to HSV-1.
- HSV-2 is more common in women than men, with prevalence increasing with age.
- Genital herpes is under-recognised and under-treated. Minor lesions are common; any recurring localised genital symptoms or lesions should be investigated as possible genital herpes.
- Laboratory confirmation of the diagnosis and typing, by HSV PCR is important, but should not delay treatment. HSV serology is not recommended as a routine diagnostic tool.
- Oral antiviral treatment is safe, effective and generic brands are very cheap.
- Oral antiviral treatment of the first clinical episode (without waiting for results) should always be offered, regardless of the time of symptom onset.
- The '72 hour' herpes zoster rule does NOT apply to first episode genital herpes infection and treatment should be given regardless of time of presentation.
- Antiviral therapy of recurrent genital herpes may be suppressive or episodic. Some patients prefer suppressive antiviral therapy. It is often considered for those with frequent and/or severe recurrences or associated psychosocial morbidity. For those on episodic antiviral therapy, it is more effective when patients start therapy themselves at the first signs of a recurrence; this requires anticipatory prescribing.
- Neonatal HSV infection is a rare but potentially fatal disease of babies, occurring within the first 4-6 weeks of life. Symptoms are non-specific and a high index of suspicion is required. Most neonatal HSV infections are acquired at birth, generally from mothers with an unrecognised first genital herpes infection acquired during pregnancy.
- Specialist advice on management should be sought for a woman with a history of genital herpes and active lesions at term and especially in the high-risk situation of a first episode up to 6 weeks prior to delivery.

There are no vaccines currently available for HSV infection, but the pipeline is rich with candidates in various phases of development. Vaccines are currently being developed both to prevent HSV-2 infection (preventive) and to treat HSV-2 infection (therapeutic).¹