

GENITAL HERPES – KEY POINTS

- 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 genital herpes is due to HSV-1.
- HSV-2 incidence is higher in women than men, with cumulative incidence 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 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. Many patients prefer suppressive antiviral therapy. It is particularly recommended for those with frequent and/or severe recurrences or associated psychosocial morbidity. For those choosing 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.
- Vaccine trials for HSV continue to be disappointing.

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.

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

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

Website: www.herples.org.nz