



GENITAL LESIONS GENITAL HERPES SIMPLEX VIRUS INFECTIONS

DEFINITION	Genital herpes is a sexually transmitted disease caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2). Most genital herpes is caused by HSV-2. Many individuals have no or only minimal signs and symptoms from the HSV-1 or HSV-2 infection. When signs do occur the viral infection may be marked by a group of painful vesicles on or around the genitals or rectum. Initial outbreaks have a mean duration of 12 days, recurrent outbreaks have a mean duration of 4-5 days. The virus may be spread by direct contact, autoinoculation and asymptomatic shedding.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. Mild to no symptoms.2. Painful lesions on genitals.3. Known contact to HSV.4. Vaginal discharge and/or pruritus.5. History of positive herpes culture or type-specific serologic test.6. Dysuria.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Indurated vesicles or papules on genitals, ulcers may become confluent.2. Inguinal lymphadenopathy.3. Vaginal discharge.4. Cervicitis with vesicles.5. Fever/flu-like symptoms.
LABORATORY	May include: <ol style="list-style-type: none">1. Herpes virologic culture. Sensitivity of culture declines rapidly as lesions heal.2. Cervical Pap smear may show cellular changes associated with Herpes Simplex virus, but cannot be relied on for diagnosis of HSV infection due to insensitivity and nonspecificity.3. Serologic type-specific gG assays (specifically request when serology performed). FDA approved gG-based type-specific assays include HerpeSelect-1 ELISA IgG or HerpeSelect-2 ELISA IgG manufactured by Focus Technology, Inc.); HerpeSelect 1 and 2 Immunoblot IgG (manufactured by Focus Technology Inc.). These serology assays are not performed at the State Laboratory and must be sent to a reference lab. CDC 2010 Treatment Guidelines “Although serologic assays for HSV-2 should be available for persons who request them, screening for HSV-1 or HSV-2 infection in the general population is not indicated.”4. RPR if clinically indicated.5. Vaginitis/cervicitis screening, as appropriate.6. HIV counseling and testing.

<p>ASSESSMENT</p>	<p>Genital Herpes Simplex Virus Infection.</p>
<p>PLAN</p>	<ol style="list-style-type: none"> 1. Treatment options: <ul style="list-style-type: none"> <u>First Clinical Episode:</u> <ol style="list-style-type: none"> a. Acyclovir 400 mg PO tid for 7-10 days, OR b. Acyclovir 200 mg PO 5 times/day for 7-10 days, OR c. Famciclovir 250 mg PO tid for 7-10 days, OR d. Valacyclovir 1 g PO bid for 7-10 days. <u>Recurrent/Episodic outbreak treatment options:</u> <ol style="list-style-type: none"> a) Acyclovir 400 mg PO tid for 5 days, OR b) Acyclovir 200 mg PO 5x/d for 5 days, OR c) Acyclovir 800 mg PO bid 5 days, OR d) Acyclovir 800 mg PO tid for 2 days OR e) Famciclovir 1000mg PO bid x 1 day OR f) Famciclovir 500 mg PO once followed by 250 mg PO bid x 2 days. g) Famciclovir 125 mg PO bid for 5 days, OR h) Valacyclovir 500 mg PO bid for 3- 5 days, (3 days as effective as 5 days) OR i) Valacyclovir 1 g PO qd for 5 days. <u>Suppressive therapy treatment options:</u> <ol style="list-style-type: none"> a) Acyclovir 400 mg PO bid, OR b) Famciclovir 250 mg PO bid, OR c) Valacyclovir 500 mg PO once a day, OR d) Valacyclovir 1g PO once a day (if very frequent recurrences). 2. For a client complaining of severe dysuria, may prescribe Pyridium 200 mg (o) tid, prn for 2-5 days #15. 3. Antiviral therapy is not recommended for those who do not have clinical manifestations of HSV infection. 4. Special considerations: <ol style="list-style-type: none"> a. Pregnancy: The safety of the above therapies during pregnancy has not be established. b. HIV infection: HSV is common in HIV infected persons. Intermittent or suppressive therapy may be needed. Consider increased dosage for HIV infected individuals. <hr/> <ol style="list-style-type: none"> 1. Review safer sex education, as appropriate. 2. Advise to avoid intercourse or use condoms during treatment. 3. Advise warm baths, drying of the area with a hair dryer, domeboro compresses, or applying moist tea bags to the area can be palliative. 4. Stress need for adequate rest and nutrition. 5. Education should include: <ol style="list-style-type: none"> a. There is no cure for herpes. Your symptoms may return at any time. b. Baths and cold compresses can ease the pain of herpes infections. If the pain is severe, see your clinician. The clinician can give you some medicine for the pain. c. Do NOT have sexual intercourse or oral sex when you have sores. d. Use condoms for one full week after the sores are gone.

	<ul style="list-style-type: none"> e. Need to inform physician during pregnancy of herpes history. f. Avoid dehydration when using acyclovir therapy as drug may crystalize in the kidneys. g. Perinatal transmission: Special counseling must be provided regarding the risk of future perinatal transmission of the virus.
/CONSULT / REFER TO PHYSICIAN	<ul style="list-style-type: none"> 1. All pregnant clients. 2. Secondary infection and for treatment and consultation. 3. Questionable lesions. 4. Clients who request serological assays for HSV-2 (if not available on site).

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References:

1. Morrow, Rhoda; Baker, David; Warren, Terri; Brown, Zane. (April 2003). Clinical and Social Implications of Genital Herpes. The Female Patient Supplement, pp.3-26.
2. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2010. MMWR 2010; 55 (No. RR-11): pp. 20-25.
3. Center of Disease Control. <http://www.cdc.gov/nchstp/dstd/Reports> (last reviewed August 12, 2005)
4. Center of Disease Control. <http://www.cdc.gov/std/Herpes/STDFact-Herpes.htm> (12/2007)