Genital Lesions: Genital Herpes Simplex Virus Infection - RD 6

DEFINITION

Genital herpes (HSV) is a chronic, life-long viral infection. Two types of HSV can cause genital herpes: HSV-1 and HSV-2. Most recurrent 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. Typical incubation period is around 3-7 days. 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. Management of genital herpes should address the chronic nature of the disease. Type specific testing assists with management and counseling.

SUBJECTIVE

May include:

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 or Polymerase Chain Reaction (PCR) test
6. Dysuria
7. Viral-like symptoms, including fever, headache, fatigue, myalgias

OBJECTIVE

May include:

1. Indurated vesicles or papules on genitals, ulcers may become confluent
2. Inguinal lymphadenopathy
3. Vaginal discharge
4. Cervicitis with vesicles

LABORATORY

May include:

1. PCR virologic tests
2. Herpes virologic culture. Sensitivity of culture declines rapidly as lesions heal.
3. 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 non-specificity.
4. Type-specific serologic test may be considered for patients with multiple sex partners, persons with HIV infection, and MSM at increased risk for HIV acquisition. Screening for HSV-1 and HSV-2 in the general population is not indicated. (Providers should only request type specific glycoprotein G (gG)-based serologic assays when serology is performed).
5. RPR if clinically indicated
6. Vaginitis/cervicitis screening, as appropriate
7. HIV counseling and testing

ASSESSMENT

Genital Herpes Simplex Virus Infection

PLAN

Treatment options:

1. First Clinical Episode:

a. Acyclovir 400 mg PO 3 times/day for 7-10 days, **OR**
b. Famciclovir 250 mg PO 3 times/day for 7-10 days, **OR**
c. Valacyclovir 1 g PO 2 times/day for 7-10 days.
d. Acyclovir 200 mg PO 5 times/day for 7-10 days is effective but not recommended due to frequency of dosing.
e. These treatments may be extended if healing is incomplete after 10 days of therapy

2. Recurrent/Episodic outbreak treatment options:
   a. Acyclovir 800 mg PO 2 times/day for 5 days, **OR**
   b. Acyclovir 800 mg PO 3 times/day for 2 days **OR**
   c. Famciclovir 1 gram PO 2 times/day x 1 day **OR**
   d. Famciclovir 500 mg PO once followed by 250 mg PO 2 times/day x 2 days
   e. Famciclovir 125 mg PO 2 times/day for 5 days, **OR**
   f. Valacyclovir 500 mg PO 2 times/day for 3 days **OR**
   g. Valacyclovir 1 g PO daily for 5 days
   h. Acyclovir 400 mg PO 3 times/day for 5 days is effective but not recommended due to dosing frequency.
3. Suppressive therapy treatment options:
   a. Acyclovir 400 mg PO 2 times/day, **OR**
   b. Famciclovir 250 mg PO 2 times/day, **OR**
   c. Valacyclovir 500 mg PO once a day, **OR**
   d. Valacyclovir 1g PO once a day
4. For a client complaining of severe dysuria, may prescribe Pyridium 200 mg (PO) three times/day, prn for 2-5 days
5. Special considerations:
   a. Pregnancy: Client should discuss medication use with the person providing her obstetric care.
   b. Recommended Regimens for Daily suppressive therapy in persons with HIV*:
      i. Acyclovir 400-800 mg PO 2times/day or 3 times/day **OR**
      ii. Valacyclovir 500 mg PO 2 times/day **OR**
      iii. Famciclovir 500 mg PO 2 times/day
   c. Recommended Regimens for Episodic Infection in Persons with HIV*:
      i. Acyclovir 400 mg PO 3 times/day for 5-10 days **OR**
      ii. Valacyclovir 1-gram PO 2 times/day for 5-10 days **OR**
      iii. Famciclovir 500 mg PO 2 times/day for 5-10 days

*According to the CDC "Suppressive anti-HSV therapy in persons with HIV infection does not reduce the risk for either HIV transmission or HSV-2 transmission to susceptible sex partners."

CLIENT EDUCATION

1. Review safer sex education, as appropriate
2. Advise client to avoid intercourse or use condoms during treatment.
3. Advise palliative cares such as: warm baths, cold compresses, drying of the area with a hair dryer, domeboro compresses, or applying moist tea bags to the area. Prescription numbing agents can be considered, prn.
4. Stress the need for adequate rest and nutrition.
5. According to the CDC education should include:
   a. Education about the disease including recurrent episodes, asymptomatic viral shedding, and risks of sexual transmission; importance of informing current sex partners about HSV infection as well as future sex partners prior to initiating sexual activity; use of latex condoms; avoiding sexual activity with prodromal symptoms or when outbreak is present.
   b. The use of antiviral therapy to shorten the duration of current or recurrent episodes; suppressive therapy to decrease recurrent episodes as well as decreasing the risk of transmission to a non-infected partner.
   c. The risk for neonatal HSV transmission and the importance of discussing HSV status with obstetric provider and with the newborn care provider.

CONSULT / REFER TO PHYSICIAN

1. All pregnant clients
2. Secondary infection and for treatment and consultation
3. Questionable lesions
4. Clients who request serological assays for HSV (if not available on site)

REFERENCES

1. https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
2. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) | CDC
3. STD Facts - Genital Herpes (cdc.gov) 2017