

Symptoms

- Painful ulceration
- External dysuria
- Systemic - malaise, fever, myalgia / neuralgia

Signs

- Cluster of blisters or shallow superficial ulcerations
- Regional lymphadenopathy

Diagnosis:

- Clinical diagnosis
- Viral culture (green viral swab) from ulcer – blister fluid best source
- Likelihood of isolation diminishes with time
- 50% caused by type 1, 50% type 2

Type 1: better prognosis, 1.0 recurrences/year (50% will have recurrence)

Type 2: 4.1 recurrences/year (90% will have recurrence)

Primary attack?

- First occurrence - severe symptoms
- Longer duration (14-21 days)
- Increased systemic symptoms
- Complications: urinary retention, aseptic meningitis
- Extend aciclovir course to 10 days if new lesions still appearing

Supportive management

- Saline bathing, analgesia
- Lignocaine gel delays healing – use only if severe or threat of urinary retention

Antivirals

- Aciclovir 200mgs, 5 x day 5 days (£3.85)
- Famciclovir 250mgs, tds 3 days (£84.35)
- Valaciclovir 500mgs, bd 5 days (£23.50)

NB: there is no role for topical aciclovir

Recurrent Herpes?

- Usually supportive management adequate – reassure attacks become less frequent over time
- If clear 'prodrome' (tingling / paraesthesia hours /days prior to skin changes) can use episodic treatment to "abort" an attack – standard course aciclovir – give 2-3 packs to keep at home
- If more than 6 attacks / year consider suppressive aciclovir 400mgs bd for 6-12 months
- On stopping to re-assess natural history, minimum period should include 2 recurrences
- Patients who continue to have unacceptably high rates of recurrence may continue treatment in long-term

Notes:

- Counselling is an important part of management - significant associated psychological distress – refer Liaison HA (telephone: 07789 995086) or GUM (01273 694726) if ongoing issues
- 80% HSV infections are sub-clinical – asymptomatic shedding is a significant source of new infection
- Shedding more likely in first 12 months following primary attack, as well as just before/after an episode
- If diagnosis in doubt, or discordant couples with high level anxiety, type specific serology can be useful – but need clear documentation previous cold-sores
- Reassure women with prior HSV planning future pregnancy risk transmission extremely low (<1:10,000)
- Primary attack 1st / 2nd trimester – consider suppressive aciclovir for last 4 weeks – discuss with GUM
- Primary attack in 3rd trimester – refer GUM/O&G for LSCS