INESSS
LE SAVOIR PREND FORME

JANUARY 2012

PHARMACOLOGICAL TREATMENT

STBBI

GENITAL HERPES

This optimal usage guide is provided for information purposes only and should not replace the judgment of a professional.
The recommendations included in this guide apply to adolescents aged 14 and over and to adults.
This guide has been adapted primarily from the *Canadian Guidelines on Sexually Transmitted Infections* and takes into account the deliberations of an experts committee.

GENERAL CONSIDERATIONS

- This optimal usage guide strongly encourages confirming a clinical diagnosis of genital herpes using laboratory analyses. **Considering the therapeutic and psychological implications of genital herpes, this confirmation must become a standard practice.**
- Refer to the Laboratory Analyses section of this guide for basic information about laboratory analyses, and consult the *Canadian Guidelines on Sexually Transmitted Infections* for further details.
- **For the treatment of pregnant or nursing women, consult an experienced colleague.**

ETIOLOGY

Infection with the *Herpes simplex* virus (HSV) type 1 or 2

TRANSMISSION

- In the presence or absence of lesions
- By vaginal, anal or orogenital sexual contact, with or without penetration
- Following mucous membrane to mucous membrane contact
- When sex objects are shared
- Mostly during periods of asymptomatic HSV shedding

Many people don't even know they are infected.

CLINICAL MANIFESTATIONS

- **HSV infection is a chronic condition**, with periods of asymptomatic shedding and unpredictable recurrences.
- A recurrent episode may appear long after acquisition of the infection. **The initial episode may go unnoticed.**
- A history of oral herpes does not protect against a genital HSV infection.

INITIAL EPISODE	RECURRENT EPISODE[1]
▪ No history of anogenital lesions ▪ Lesion characteristics: • Vesicular, pustular or ulcerative • Erythematous background • Bilateral • Fairly diffuse ▪ Variable systemic symptoms	▪ History of recurrent unilateral lesions usually in the same anatomical area ▪ Lesions are often preceded by prodromal symptoms a few minutes to 1-2 days before they appear (local symptoms including pruritus, focal burning and tingling, or mild systemic symptoms such as general discomfort, myalgia, fever or headache) ▪ No or mild systemic symptoms

1. Recurring illness is caused by a reactivation of latent sacral sensory ganglion infection.

Québec

LABORATORY ANALYSES

- **Recommended analyses:**
  Swabbing of the lesion and detection of the virus by:
  - **Culture** (using a viral transport medium) OR
  - **Nucleic acid amplification test (NAAT)** (using the recommended transport medium)
- The choice of which type of analysis to use depends on the tests available at the local laboratory.
- If no lesions are present at the time of consultation, patients may be asked to return to the clinic when active lesions develop, in order to collect the swab sample.
- Type-specific serology (HSV-1 and HSV-2) should not be used for screening purposes. It may be useful in certain clinical situations where a diagnosis cannot be established using culture or NAAT.

MANAGEMENT

- **Counselling** is an important component of managing patients infected with genital herpes as the psychological impact of diagnosis may be considerable. The website sexualityandu.ca and the Public Health Agency of Canada's website provide reliable information for patients.
- The **risk of transmitting genital herpes to a non-infected person can be reduced** by taking the following measures:
  - **Complete abstinence from sexual activity** from the onset of prodromal symptoms until lesions have completely healed;
  - **Always using a condom** for vaginal, anal and orogenital sexual relations;
  - If indicated (see the treatment table for indications), following daily suppressive antiviral therapy in order to reduce recurrent lesions, asymptomatic viral shedding and transmission.
- Patients should **tell their sexual partners** that they have genital herpes.
- The **risk of neonatal infection should be discussed** with all patients, both male and female. It should be stressed that women who are pregnant or who anticipate becoming pregnant should inform the health care professionals who care for them during pregnancy of their or their partner's history of genital herpes.

TREATMENT PRINCIPLES

- **Topical acyclovir should not be used,** as it is only marginally effective for local symptoms and does not alleviate systemic symptoms.
- Antiviral resistance in cases of HSV infection is very rare in immunocompetent persons, but may explain treatment failure among immunocompromised patients.

Treatment for an initial episode

- Antiviral therapy should be initiated as soon as possible following the onset of symptoms and signs, ideally in the first 72 hours, or later, in the presence of active lesions.

Episodic treatment (recurring illness)

- Reduces the duration of lesions
- Must be administered as soon as possible following the development of recurrent lesions, preferably within the first 6 hours (for famciclovir) to 12 hours (for valacyclovir) after the first symptoms appear
- Treatment is most effective when initiated as soon as prodromal symptoms appear:
  - Patients should **have antiviral medication on hand** and be provided with specific information on when to initiate therapy.

Suppressive treatment (recurring illness)

- Reduces recurrence frequency by 70-80% as well as severity in patients with frequent recurrences.
- Improves quality of life.
- Strict compliance with suppressive treatment may reduce the transmission of HSV.
- If a recurrence develops while on suppressive treatment:
  - Treat this recurrence with one of the therapeutic regimens recommended for episodic treatment;
  - Re-evaluate compliance with suppressive treatment.

RECOMMENDED TREATMENT[1]

ADULTS AND ADOLESCENTS AGED 14 AND OVER, EXCLUDING PREGNANT AND NURSING WOMEN

EPISODE		INDICATIONS	FIRST CHOICE		SECOND CHOICE	
			ANTIVIRAL[2]	DOSAGE	ANTIVIRAL[2]	DOSAGE
INITIAL		**Clinically important symptoms**	**Famciclovir**[3] (Famvir™) OR **Valacyclovir** (Valtrex™)	250 mg, orally, 3 times a day for 5 days 1g, orally, twice a day for 10 days	**Acyclovir** (Zovirax™)	200 mg, orally, 5 times a day for 5-10 days
RECURRENT	**Episodic treatment**	**In the presence of:** ▪ Infrequent recurrences (less than 6 per year) OR ▪ Mildly symptomatic lesions	**Famciclovir** (Famvir™) OR **Valacyclovir** (Valtrex™)	125 mg, orally, twice a day for 5 days 1g, orally, daily for 3 days OR 500 mg, orally, twice a day for 3 days		
	Suppressive treatment	**In the presence of:** ▪ Frequent recurrences (6 or more per year) OR ▪ Serious lesions OR ▪ Impaired quality of life OR ▪ Desire to reduce the risk of transmission	**Valacyclovir** (Valtrex™)	500 mg, orally, daily (if 9 or less recurrences per year) OR 1g, orally, daily (if more than 9 recurrences per year)	**Acyclovir** (Zovirax™) OR **Famciclovir** (Famvir™)	400 mg, orally, twice a day 250 mg, orally, twice a day

It is important to re-evaluate the need to continue suppressive treatment annually.

1. The order in which antivirals are presented takes into account efficacy and safety data, ease of administering the regimen and cost.
2. Only one brand name is provided, although several manufacturers may offer products under other brand names. A variety of generic versions are also available.
3. This product is recommended in the *Canadian Guidelines on Sexually Transmitted Infections*, although it has not received approval from Health Canada for this purpose.

FOLLOW-UP

Follow-up cultures:
Not indicated, except when unusual recurrent symptoms appear or when resistance is suspected as a cause for therapeutic failure and to determine *in vitro* susceptibility.

When a person consults a clinician, for instance about STBBIs, contraception or during a periodic examination the clinician should:

- **ASSESS RISK FACTORS** for STBBIs and **SCREEN** according to indications, since many persons are asymptomatic and unaware that they are infected;
- **INFORM** the person of safer sexual practices and encourage consistent use;
- **VACCINATE** against hepatitis and the human papillomavirus as indicated in the *Protocole d'immunisation du Québec* (chapter 10.4).

Family physicians can use procedure code no. 15230 for STBBI-related preventive interventions.

A variety of STBBI-related tools directed at health professionals are available:

- *Intervention préventive relative aux ITSS : outil d'aide à la pratique, visite initiale et visite subséquente*
- *Tableau sur les ITSS à rechercher selon les facteurs de risque décelés*
- *Prélèvements et analyses recommandés en fonction de l'infection recherchée chez les personnes asymptomatiques*

Those tools can be consulted at www.msss.gouv.qc.ca/itss, in the **Documentation** section under **Professionnels/outils.**

Stay up to date at inesss.qc.ca.

REFERENCES

Public Health Agency of Canada (PHAC). Canadian Guidelines on Sexually Transmitted Infections. Ottawa, ON: PHAC; 2010.

Centers for Disease Control and Prevention (CDC). Sexually Transmitted Diseases Treatment Guidelines, 2010. Atlanta, GA: CDC, U.S. Department of Health and Human Services; 2010.

Ministère de la Santé et des Services sociaux (MSSS). Guide québécois de dépistage des infections transmissibles sexuellement et par le sang. Québec, QC: MSSS; 2006.

This guide was prepared in collaboration with the Institut national de santé publique du Québec, the ministère de la Santé et des Services sociaux and various experts in the field. It has the support of the professional orders (CMQ, OPQ, OIIQ), the federations (FMOQ, FMSQ), and various associations of Québec physicians and pharmacists.

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