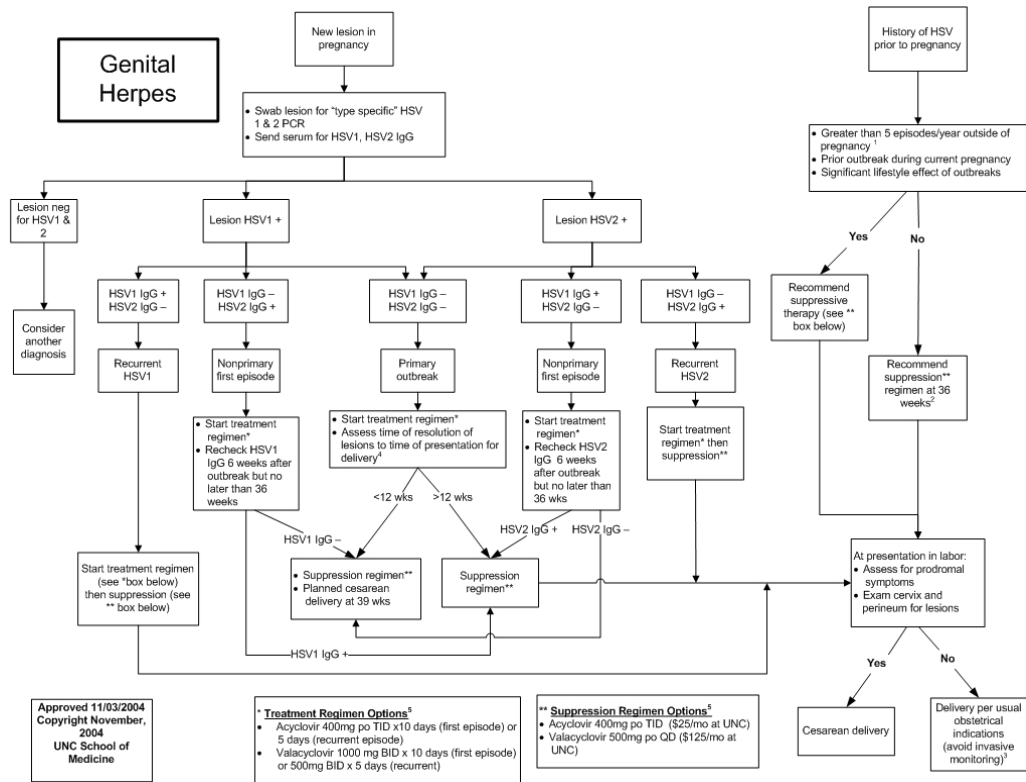


Genital Herpes



HSV References:

- 1) Centers for Disease Control and Prevention. Sexually Transmitted Disease Treatment Guidelines **MMWR Morb Mortal Wkly Rep** 2002; 51: 14. *Suppressive therapy reduces the frequency of genital herpes recurrences by 70-80% among patients who have frequent recurrences (i.e., ≥ 6 recurrences per year).*
- 2) Sheffield JS, Hollier LM, Hill JB, et al. **Am J Obstet Gynecol** 2003; 102:1396-403. *Prophylactic acyclovir beginning at 36 weeks' gestation reduces the risk of clinical HSV recurrence at delivery, cesarean delivery for recurrent genital herpes and the risk of HSV viral shedding at delivery.*
- 3) Brown ZA, Wald A, Morrow RA, et al. **JAMA** 2003; 289: 203-9. *It (Neonatal HSV infection rate) can also be reduced by...limiting the use of invasive monitors among women shedding HSV at the time of labor.*
- 4) **Management of Herpes in Pregnancy ACOG Practice Bulletin 1999; 8: 1- 9.** *Increased symptomatic and subclinical shedding from the lower genital tract of women occurs during the first 3 months after primary genital HSV-2 lesions have healed. A nonprimary first episode... are fewer systemic manifestations, less pain, a briefer duration of viral shedding, and a more rapid resolution of the clinical lesions.*
- 5) **Management of Herpes in Pregnancy ACOG Practice Bulletin 1999;8: 1-9** *Antiviral Treatment for Herpes Simplex Virus: First clinical episode/ Recurrent episodes /Daily suppressive therapy recommendations.*
- 6) Brown ZA, Wald A, Morrow RA, et al. **JAMA** 2003; 289: 203-9. *...women with previous HSV-2 infection are at a reduced risk for transmitting HSV-2 to their infants and at essentially no risk of transmitting HSV-1.*

NOTIFICATION TO USERS

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur in pregnancy. They should not be interpreted as *standard of care* but instead represent *guidelines* for the management of these patients. Variation in practice should be taken into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina School of Medicine at Chapel Hill. They cannot be reproduced in whole or part without the *expressed* permission of the school.

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