HERPES SIMPLEX
Supporting information

This guideline has been prepared with reference to the following:

Royal College of Obstetricians and Gynaecologists. Management of Genital Herpes in Pregnancy. 2014. RCOG

https://www.bashhguidelines.org/media/1060/management-genital-herpes.pdf

Pinninti S & Kimberlin, D. Management of neonatal herpes simplex virus infection and exposure. Arch Dis Child Fetal Neonatal Ed 2014;99:F240-F244.

http://fn.bmj.com/content/99/3/F240.long

Kimberlin DW, Brady MT, Byington CL, et al. Guidance on Management of Asymptomatic Neonates Born to Women with Active Genital Herpes Lesions. 2013;131;e635-e646.

http://pediatrics.aappublications.org/content/131/2/e635.full

Is antiviral therapy of value?
A Cochrane systematic review of 2 RCTs in a total of 273 infants (Jones, 2009) failed to establish the value of antiviral agents. One study treated 63 infants with vidarabine or placebo and the other study treated 210 infants with aciclovir or vidarabine. In the study comparing vidarabine with placebo, infants with all forms of neonatal herpes simplex virus (HSV) were included [disseminated disease, central nervous system (CNS) disease alone, and skin, eye and mouth (SEM) disease].There was no significant reduction in the risk of mortality when analyzed as an entire group; however, mortality was significantly reduced when data from infants with CNS disease or disseminated disease were combined. There was no difference in the rate of neurological abnormalities in survivors at one year when analyzed as an entire group or by disease category. There was no difference between aciclovir and vidarabine in preventing mortality from neonatal HSV disease, in preventing disease progression, in reducing the incidence of neurological abnormality at one year, or in the incidence of drug-induced renal or bone marrow toxicity. In infants with SEM disease, there was no significant difference in neurological outcome with aciclovir compared with vidarabine treatment.

Jones CA, Walker KS, Badawi N. Antiviral agents for treatment of herpes simplex virus infection in neonates. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD004206
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004206.pub2/full

Evidence Level: I

The Polymerase Chain Reaction (PCR) test is an accurate indicator of HSV infection?
A randomised comparison of a new, rapid PCR test and a previously validated “Taqman” PCR test (Gardella, 2010) found the correlation was excellent (R=0.96, P<.001). The rapid test had a positive predictive value of 96.7% and a negative predictive value of 99.6% in a population with HSV shedding prevalence of 10.8%, based on the prevalence of genital HSV previously found among HSV-2 seropositive women in labour.

Gardella C, Huang ML, Wald A, et al. Rapid polymerase chain reaction assay to detect herpes simplex virus in the genital tract of women in labor. Obstet Gynecol 2010;115:1209-16
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3034453/

Evidence Level: II

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