Herpes Simplex
Declarations of Interest

Advisory Boards/Lecture Panels (3yrs)

- Genoccea, GSK, Roche, Abbot, CLJI, Beckton Dickenson
Design of presentation

- Requests problem areas for HSV care from delegates
A couple calls……..

Aims:

– Look at areas that clinicians often find confusing or difficult

– Look at an area where management problems can land clinicians in expensive hot water….

– INTERACTIVE
Case – Stephen and Joanne

- Stephen (age 27) and Joanne (age 25) have come to seek your advice

- He has a history of intermittent genital spots that happen at most twice a year. His GP has told him some 4 years ago that he probably has genital herpes. He has some genital spots today. His spots last a few days are not particularly painful and he does not take treatment.
Case – Stephen

- Stephen (age 27) – he has a history of intermittent genital spots that happen at most twice a year. His GP has told him some 4 years ago that he probably has genital herpes. He has some genital spots today. His spots last a few days are not particularly painful and he does not take treatment.
Question 1

- This does not look like HSV
- This is likely to be HSV-1 and should be characterised
- This is likely to be HSV-2 and should be characterised
- Probable HSV but doesn’t matter if this is HSV-1 or HSV-2 and no need to characterise
Question 1

- This does not look like HSV
- This is likely to be HSV–1 and should be characterised
- This is likely to be HSV–2 and should be characterised
- Probable HSV but doesn’t matter if this is HSV–1 or HSV–2 and no need to characterise
Joanne is worried

- Joanne 25 years old
- 2 years with Stephen
- had implant removed 8 months ago and is now 10 weeks pregnant. Well with no history of genital symptoms. Negative STI screen 1 year ago.
- She’s heard that HSV in pregnancy is a dangerous condition
Joanne’s specific anxiety:

• Joanne is asymptomatic but wants to know if she already has HSV and what you would advise regarding sex and delivery in this pregnancy

• Facts about HSV:
  - 2/3rd of acquisitions are asymptomatic initially
  - Transmissions often occur early in relationships
  - How likely is Joanne to already have HSV–2?
    • Because she is a 25 year old women in the UK
    • Because she is living with a man who has probable recurrent genital herpes?
Question 2
How likely is Joanne to have HSV-2

1. 1:8
2. <50%
3. >50% - 89%
4. 90%+
Question 2
How likely is Joanne to have HSV-2

1. 1:8
2. <50%
3. >50% – 89%
4. 90%+
Why are relationships more infectious early on?

• Frailty effect: The longer you go without a transmission the lower the risk of transmission—some people just catch it easily.
How to manage the risk?

- Small risk that Joanne does not have the same virus as Stephen

- Both patients have type specific serology for HSV taken and Stephen has a penile lesion swab taken (HSV-2 reported by PCR 2 days later)

- Serology results:
  - Stephen HSV-1 and HSV-2 seropositive
  - Joanne – low levels of HSV 2 antibodies
It would appear that …

• Stephen is infected with both HSV–1 and HSV–2

• But Joanne’s results suggest she may or may not have HSV–2 – some more HSV facts:
It would appear that …

- Stephen is infected with both HSV–1 and HSV–2
- But Joanne’s result suggests she may or may not have HSV–2

- Some more HSV facts:
  - Absence HSV–1 antibodies occurs in 30% of people with proven HSV–1
  - HSV–2 antibodies disappear in 12% of people after HSV–2 infection (despite recurrences)
  - HSV–2 antibodies can be falsely reported in patients with HSV–1
  - Low levels of HSV–2 antibodies are more often unreliable
  - (look for levels x3 above cut off to be sure)
What should we do····..

- Specific advice regarding sex during this pregnancy
- Therapy for Stephen
- Therapy for Joanne
Question 3
What advice would you give regarding SI:

1. NO SI

2. Advise SI only with condoms + Stephen on Aciclovir full dose + avoiding SI with lesions to 28 weeks + no SI thereafter

3. As above but sex with condoms allowed till term

4. No special precautions – very low risk of problems
Question 3
What advice would you give regarding SI:

1. NO SI

2. Advise SI only with condoms + Stephen on Aciclovir full dose + avoiding SI with lesions to 28 weeks + no SI thereafter

3. As above but sex with condoms allowed till term

4. No special precautions – very low risk of problems
How effective are precautions for preventing transmission in pregnancy?

- Infections in pregnancy appear to be easier to catch
- No evidence that things that work outside pregnancy work in pregnancy
- Aciclovir 50% effective at reducing transmission outside pregnancy
- Condoms double the time to transmission if used consistently (outside pregnancy)
- Recent evidence that this data may not be extrapolatable
Clear advice around stopping SI at 28/40 helps manage third trimester vulval soreness

Options

NO restrictions on sexual activity; assumption that she has the HSV already or that acquisition risk is low

Sex till term with precautions (+/- aciclovir for Stephen)

Develops sores in late pregnancy

Must have planned C/S at 38/40 or emergency if at term

Sex till term with precautions (+/- aciclovir for Stephen) No si after 28/40

Develops sores after 30 weeks in late pregnancy

vaginal delivery still possible
What we did

- Stephen on acv 400mg tds to term advised to only have protected SI to 28/40, no SI if prodromal or signs
- No SI after 28/40 (but Stephen to stay on Aciclovir)
- Joanne: given self swab kit in case lesions develop
- Joanne: to stop all SI (including receiving OI) after 28/40
- Joanne: To offer Aciclovir 400mg tds from 36/40 to term
- Close liaison with Obs team, to write in pregnancy notes and to keep advising discussion with Obs team regarding delivery
Where to go for advice
Where to go for advice

Management of Genital Herpes in Pregnancy

October 2014

Being Updated Currently – due out in September 2020
Advising discordant couples in pregnancy

- Give clear advice on options and risks
- Record your advice clearly
- If a transmission occurs there will be intense scrutiny of all the notes (GP, sexual health, Obs)
- Abstinence in the third trimester makes management so much easier
- Assume the worst: patients will still have SI and maintain Aciclovir in males and advise condoms