

# HERPES SIMPLEX VIRUS (HSV)• 1/1

## RECURRENT HSV OR CAESAREAN SECTION

(History of genital herpes before third trimester)

- No swabs or treatment
- Educate parents on good hand hygiene to prevent transmission
- Observe on postnatal ward, discharge after neonatal examination at 24 hr
- Advise to seek medical help if skin, eye or mucous membrane lesions, lethargy/irritability, poor feeding
- If clinical evidence of sepsis:
  - surface swabs and blood for HSV PCR
  - aciclovir 20 mg/kg 8-hrly IVI over 1 hr

## PRIMARY HSV

(First episode of genital herpes  $\leq 6$  weeks before vaginal delivery)

- Strict infection control
- Swab baby's nasopharynx, conjunctiva, mouth and rectum in viral transport medium for HSV PCR
- Check baby's ALT and send blood for HSV PCR
- Start aciclovir 20 mg/kg IVI (over 1 hr) 8-hrly
- If ALT abnormal or other signs of infection (including skin lesions) send CSF for HSV PCR
- Recommend breastfeeding unless herpetic lesions around nipple

## TREATMENT

### Duration of aciclovir IV

- If neonatal HSV PCR negative: stop aciclovir
- If active infection ruled out: stop aciclovir
- If skin, eye or mouth lesions: lumbar puncture
  - if CSF HSV negative and ALT normal: aciclovir IV for 10 days
  - if ALT raised and CSF negative: aciclovir IV for 14 days
  - if CSF HSV positive: repeat LP at 14 days and if negative stop at 21 days
- If any confirmed HSV disease: then give suppressive therapy with aciclovir 300 mg/m<sup>2</sup> oral 8-hrly for 6 months