

# HERPES SIMPLEX VIRUS (HSV)

***Urgently treat suspected HSV e.g. vesicles, seizure or positive HSV PCR***

## 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
  - start empirical aciclovir 20 mg/kg 8-hrly IVI over 1 hr pending results

## 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

## UNKNOWN HSV CONTACT

- If risk of HSV:
  - neonatal sepsis with ALT  $>50$  IU/L
  - maternal symptoms possible HSV e.g. increasing vulval pain
  - postnatal contact with HSV e.g. baby kissed by person with history of cold sores
  - new parental sexual partner in pregnancy (ask GUM to take history)
- Swab any lesions and take blood – for HSV PCR
- Start empirical aciclovir 20 mg/kg 8-hrly IVI over 1 hr pending results

## 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: 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

Refer to the BASHH guideline and discuss with duty consultant if further clarification required  
<https://www.bashh.org/userfiles/pages/files/clarkeetal2024jointbritishassociationforsexualhealthandhivandroyalcollegeofobstetriciansand.pdf>

Flow chart for management (BASHH):

[https://www.bashh.org/userfiles/pages/files/hsv\\_in\\_pregnancy\\_2024\\_appendix\\_2.pdf](https://www.bashh.org/userfiles/pages/files/hsv_in_pregnancy_2024_appendix_2.pdf)

Suggested birth plan and neonatal management (BASHH)

[https://www.bashh.org/userfiles/pages/files/sjpdf3std101177\\_09564624241280734.pdf](https://www.bashh.org/userfiles/pages/files/sjpdf3std101177_09564624241280734.pdf)