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Herpes Treatment

New therapies and prevention strategies for genital herpes

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Abstract

Genital herpes is among the most prevalent sexually transmitted diseases. Optimal management of genital herpes includes accurate diagnosis, antiviral therapy, and counseling of patients about complications and transmission of herpes simplex virus (HSV). Antiviral therapy offers significant palliation, and the option of episodic or suppressive treatment should be offered to all patients with genital herpes. Valacyclovir and famciclovir are two newer antiviral agents that are effective and safe for the treatment of genital herpes. Prevention strategies for sexual and perinatal transmission of HSV have not been well defined. Availability of type-specific serological tests for HSV antibodies may assist in identifying persons at risk for acquiring or transmitting HSV infection. Further research is needed to define strategies to prevent the spread of this epidemic infection.

Suppression of subclinical shedding of herpes simplex virus type 2 with acyclovir

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ABSTRACT

Objective: To assess the effect of antiviral drug acyclovir on the frequency of subclinical shedding of HSV in the genital tract.

Design: Double-blind, placebo controlled, cross-over clinical trial.

Setting: University-based virology research clinic.

Patients: 34 women with HSV-2 antibody only and genital herpes of less than 2 years duration.

Intervention: Subjects randomized to either acyclovir 400 mg bid for 70 days, followed by a 14 day washout period, and placebo for 70 days, or the reverse order of study medications.

Measurements: Women collected daily genital swabs of the vulva, cervico-vaginal and perianal area for HSV culture, maintained a diary of genital lesions and were examined at recurrences.

Results: In an intent-to-treat analysis of the initial treatment period, 15 of 17 women receiving placebo and 3 of 17 women receiving acyclovir had at least one day of subclinical shedding ($p < 0.001$). Among placebo-treated subjects subclinical shedding occurred on 64 of 928 (6.9%) days compared to 3 of 1057 (0.3%) days among acyclovir treated subjects ($p < 0.001$). The relative risk for subclinical shedding was 0.09 (95% CI 0.03, 0.35) for women on acyclovir compared with women on placebo. In a paired analysis of 26 women who completed both arms of the study, acyclovir decreased subclinical shedding from 83 of 1439 (5.8%) days on placebo to 6 of 1611 (0.37%) days ($p < 0.001$); a 94% reduction. Reductions in subclinical shedding were seen at all anatomic sites and in all patients.

Conclusions: Daily oral acyclovir suppresses subclinical shedding of HSV-2 in the genital tract, suggesting that studies to evaluate acyclovir in preventing HSV-2 transmission are warranted.



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