10.5 GENITAL LESIONS – HERPES SIMPLEX VIRUS INFECTION

**DEFINITION:** Genital herpes (HSV) is a chronic, life-long viral infection. Two types of HSV can cause genital herpes: HSV-1 and HSV-2. Most recurrent genital herpes is caused by HSV-2. Many individuals have no or only minimal signs and symptoms from the HSV-1 or HSV-2 infection. When signs do occur the viral infection may be marked by a group of painful vesicles on or around the genitals or rectum. Initial outbreaks have a mean duration of 12 days. Recurrent outbreaks have a mean duration of 4-5 days. The virus may be spread by direct contact, autoinoculation and asymptomatic shedding. Management of genital herpes should address the chronic nature of the disease. Type-specific testing assists with management and counseling.

**SUBJECTIVE:**
- May Include:
  1. Mild to no symptoms.
  2. Painful lesions on genitals.
  3. Known contact to HSV.
  4. Vaginal discharge and/or pruritis.
  5. History of positive herpes culture or type-specific serologic or Polymerase Chain Reaction (PCR) test.
  6. Dysuria.

**OBJECTIVE:**
- May Include:
  1. Indurated vesicles or papules on genitals, ulcers may become confluent.
  2. Inguinal lymphadenopathy.
  3. Vaginal discharge.
  4. Cervicitis with vesicles.
  5. Fever/flu-like symptoms.

**LABORATORY:**
- May Include:
  1. PCR virologic tests.
  2. Herpes virologic culture. Sensitivity of culture declines rapidly as lesions heal.
  3. Cervical Pap smear may show cellular changes associated with Herpes Simplex virus, but cannot be relied on for diagnosis of HSV infection due to insensitivity and non-specificity.
  4. Type-specific serologic test. (Providers should only request type specific glycoprotein G (IgG)-based serologic assays when serology is performed.)
  5. RPR or VDRL if clinically indicated.
  6. Vaginitis/cervicitis screening, as appropriate.
  7. HIV counseling and testing.
  8. Other STI screening.

**ASSESSMENT:** Genital Herpes Simplex Virus Infection.

**PLAN:**
- 1. Treat according to regimens recommended by current CDC STI treatment guidelines.

**EDUCATION:**
- 1. Review safer sex education, as appropriate.
- 2. Advise client to avoid intercourse or use condoms during treatment.
- 3. Advise palliative cares such as: warm baths, cold compresses, drying of the area.
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<td>with a hair dryer, domeboro compresses, or applying moist tea bags to the area. Prescription numbing agents can be considered PRN.</td>
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<td>Stress the need for adequate rest and nutrition.</td>
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| 5.    | According to the CDC, education about the disease should include:  
a) Recurrent episodes  
b) Asymptomatic viral shedding and risks of sexual transmission.  
c) Importance of informing current sex partners about HSV infection as well as future sex partners prior to initiating sexual activity.  
d) Use of latex condoms.  
e) Avoiding sexual activity with prodromal symptoms or when outbreak is present. |
| 6.    | The use of antiviral therapy to shorten the duration of current or recurrent episodes; suppressive therapy to decrease recurrent episodes as well as decreasing the risk of transmission to a non-infected partner. |
| 7.    | The risk for neonatal HSV transmission and the importance of discussing HSV status with obstetric provider and with the newborn care provider. |

| REFERRAL TO MEDICAL PROVIDER: | 1. All pregnant clients. |
| 2. | Secondary infection and for treatment and consultation. |
| 3. | Questionable lesions. |
| 4. | Clients who request serological assays for HSV (if not available on site). |