CLINICAL PRACTICE

ALERT

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Family PACT
Planning • Access • Care • Treatment
OFFICE OF FAMILY PLANNING
DEPARTMENT OF HEALTH CARE SERVICES

GENITAL HERPES

Genital herpes infections are common in the reproductive years and clinical issues regarding the management and prevention of herpes simplex virus (HSV) infections arise in the care of clients in family planning clinics. Benefits available for genital herpes management are centered mainly on diagnosis of women and men with genital skin ulcers, treatment of acute genital herpes outbreaks, and prevention of recurrences. While this Clinical Practice Alert covers a variety of clinical information regarding genital herpes, please be aware that some of the tests and medications listed are not Family PACT benefits. *Services for sexually transmitted infections (STIs) are covered only when the STI is identified or diagnosed during a family planning visit or as follow-up to a family planning visit*.

KEY POINTS:

- Most new genital herpes infections are transmitted by asymptomatic persons who are unaware that they are shedding the virus.
- While herpes is the most common cause of genital ulcers, other causes such as syphilis and chancroid should be considered.
- Daily use of antiviral drugs will reduce the frequency and severity of recurrences and will decrease asymptomatic viral shedding.
- Clients diagnosed with genital herpes should be offered detailed counseling regarding this infection.

QUESTIONS AND ANSWERS

How do individuals acquire genital herpes infections?

Most new herpes infections are transmitted by an asymptomatic sexual partner who was shedding the herpes virus without realizing it. Ninety-five percent (95%) of people with genital HSV-2 infection have intermittent subclinical shedding, while this is much less likely with HSV-1 infection. Viral shedding is highest in the first year after infection (25% of days), then declines to 4-6% of days for many years.

When a person has genital herpes infection, is determination of the HSV type by culture or serology important?

- A majority of genital infections are caused by HSV-2, but 30-40% of *new* cases of genital herpes are due to HSV-1. The likelihood of recurrent herpes outbreaks is related to viral type: with HSV-2 infection, there is a 50% chance of recurrent genital herpes outbreaks, while with genital HSV-1 infection, there is a 10% chance of recurrent genital herpes episodes.
- The 2010 Centers for Disease Control and Prevention (CDC) Sexually Transmitted Diseases (STD) Treatment Guidelines[1] point out that there is clinical value in identifying the HSV type present in a particular individual to better counsel the client regarding the risk of recurrent episodes, the likelihood of asymptomatic viral shedding, and the risk of transmission to a partner, all of which are greater with HSV-2 infections.
- Since identification of HSV type in an individual with a genital herpes outbreak is not necessary for making treatment decisions, *Family PACT currently does not cover either reflex typing of positive HSV cultures or HSV serology tests.*

In which circumstances should asymptomatic individuals receive a serologic screening test for genital herpes?

Both CDC[1] and California STD Guidelines[2] state that HSV-2 serologic screening generally should be offered to HIV-positive clients and to clients with HSV-2 infected partners, in order to determine if the couple is discordant for HSV-2 infection. Both guidelines recommend herpes serologic screening in clients at risk for STIs only if the client intends to change sexual behaviors based upon the test result. General population screening and universal screening in pregnancy should <u>not</u> be offered.

What is the difference in the presentation of first clinical episode herpes and recurrent herpes?

- First clinical episode genital herpes outbreaks are associated with extensive bilateral lesions and systemic symptoms such as malaise, myalgia, or fever. Ulcers usually clear in 10-14 days. Type specific antibodies can be found 4-8 weeks after infection.
- Recurrent genital herpes usually present with a single unilateral lesion, usually in same place as prior outbreaks. There are few or no systemic symptoms. Lesions clear in 5-7 days.

Which symptoms are characteristic of genital herpes outbreaks?

Herpes outbreaks progress through characteristic stages. Optimally, treatment of recurrent herpes occurs during the prodrome.

- Prodrome (12-24 hours before lesions appear): itching, sensitivity to touch (hyperesthesia), pudendal nerve pain
- Lesion development: vesicles (clear fluid) → pustules (cloudy fluid) → painful ulcer → crust → pink skin
- Skin-to-skin contact should be avoided until pink skin is present, as there is active viral shedding until this point.

Which herpes tests should be performed in adults with genital ulcers?

- Young sexually active adults with genital ulcers are far more likely to have herpes than syphilis. Herpes ulcers are painful while ulcers due to syphilis (chancres) are painless and have raised indurated edges.
- When confirmation is necessary, herpes culture (Current Procedural Terminology [CPT] 87252 or 87255) is available as a Family PACT benefit.
- Herpes direct fluorescent antibody (DFA) tests (CPT 87273) are available in some labs. DFA tests are accurate and yield results in a few hours, but are not type specific. The ulcer must be gently scraped and the material placed on a glass slide.
- HSV polymerase chain reaction (PCR) tests are very accurate but may be limited to cerebrospinal fluid (CSF) samples. HSV PCR tests are not a Family PACT benefit.
- Less common causes of genital ulcers are chancroid, erosive lichen planus, Crohn's Disease, or an allergic fixed drug eruption.

GENITAL HERPES (CONTINUED)

How should genital herpes outbreaks be treated?

The table summarizes the treatment regimens in the 2010 CDC Sexually Transmitted Disease Treatment Guidelines[1]

NOTE: Only acyclovir is a Family PACT benefit.

	Acyclovir (generic)	Famciclovir (Famvir®)	Valacyclovir (Valtrex®)
First clinical episode (7-10 days)	• 400 mg TID • 200 mg 5 times/day	• 250 mg TID	• 1 gm BID
Recurrent genital herpes	• 800 mg TID x 2 days • 800 mg BID x 5 days • 400 mg TID x 5 days	• 1 gm BID x 1 day • 500 mg, then 250 mg BID x 2 days • 125 mg BID x 5 days	• 500 mg BID x 3 days • 1 gm QD x 5 days
Suppression	• 400 mg BID	• 250 mg BID	• 0.5-1.0 gm QD

During an acute genital herpes outbreak, what else can be done to make the client more comfortable?

The following interventions may help with the pain of a genital herpes outbreak. None of the listed drugs are Family PACT benefits, but they are inexpensive and available without a prescription.

- Non-steroidal anti-inflammatory drugs (e.g., ibuprofen 400-600 mg) PO every 4-6 hours.
- Milk compresses or Burrows solution (e.g., Domeboro®) baths or compresses may be soothing.
- To avoid towel drying, after bathing use the cool setting of a hand-held hair dryer.
- If urinary tract symptoms predominate, advise the client to urinate in the water of a warm bath.

What is the role of antiviral drugs in preventing recurrent genital herpes outbreaks?

- Daily antiviral drugs for suppression therapy will decrease both the frequency and severity of recurrent herpes outbreaks. Suppression therapy should be discontinued annually to test for further outbreaks.
- Clients can opt for suppressive therapy after a first clinical episode of herpes or if they have self-defined frequent recurrences.

What should be done to prevent transmission of genital herpes in discordant couples?

- Avoid intercourse/touch of lesions during outbreak. Male latex condoms may reduce the risk of HSV transmission.
- Evaluate the partner's HSV-2 serologic status (not a Family PACT benefit); if seronegative, he or she is susceptible to infection
- Treatment during outbreaks (or long term suppression) reduces viral shedding. In one study, daily valacyclovir vs. placebo reduced incident HSV infection by 1.7% over 1 year. However, 59 people must be treated to prevent one new case.[3]

What other topics are important when counseling a client diagnosed with genital herpes?

- Educate the client concerning the natural history of the disease, the potential for recurrent episodes, asymptomatic viral shedding, and the risks of sexual transmission to an uninfected partner.
- Clients with a first episode of genital herpes should be advised that suppressive therapy is available and effective.
- Encourage clients with genital herpes to inform their current sex partners and to inform new partners.
- Advise clients to remain abstinent from sex with uninfected partners when lesions or prodromal symptoms are present.
- When exposed to HIV, HSV-2 seropositive persons are at increased risk for HIV acquisition, and suppressive antiviral therapy does not reduce this risk.
- Additional counseling information may be obtained from American Social Health Association, Herpes Resource Center. Access http://www.ashastd.org/std-sti/Herpes.html.

APPLICATION OF FAMILY PACT POLICIES

What are the ICD-9 codes reimbursable under Family PACT for the evaluation of genital ulcers or a herpes diagnosis?

Services related to genital herpes are covered under Family PACT when identified during a family planning visit.

- If is it clear from exam that the client has genital herpes, specific secondary diagnosis codes should be used:
  - 054.11 Herpetic vulvovaginitis (F)
  - 054.12 Herpetic ulceration of vulva (F)
  - 054.13 Herpetic infection of penis (M)
- If the cause of genital ulcers is uncertain or diagnosis is deferred until the result of a diagnostic test is received, use the appropriate presumptive diagnosis code:
  - 608.89 Other specified disorders of male genital organs: ulcer (M)
  - 616.50 Ulceration of vulva, unspecified (F)

Does Family PACT cover acyclovir given for suppression of herpes outbreaks? What about herpes prophylaxis?

- Acyclovir may be dispensed on-site or by a pharmacy for suppression of recurrent genital herpes. There is a maximum of 60 tablets (400 mg) per dispensing, a 30 day supply. Other brands of anti-viral drugs are not a Family PACT benefit.
- Acyclovir given for the purpose of prophylaxis to protect a seronegative partner is not a Family PACT benefit.

Providers should refer to the Family PACT Policies, Procedures, and Billing Instructions manual for program policies, benefits and billing information.

REFERENCES

1. Workowski KA, Berman S; CDC Sexually Transmitted Diseases Treatment Guidelines, 2010. *MMWR Recomm Rep*. 2010 Dec; 17;59(RR-12):1-110.
2. Guerry, S, et al. Guidelines for the Use of HSV Type 2 Serologies. Recommendations from the California (CA) STD Controllers Association and CA Department of Health Services. Accessed at: www.stdhivtraining.net/pdf/HSV_guidelines.pdf.
3. Corey L, et al. Once-daily valacyclovir to reduce the risk of transmission of genital herpes. *N Engl J Med*. 2004; 350(1):11-20.