



## Complete Summary

---

### **GUIDELINE TITLE**

Gynecologic herpes simplex virus infections.

### **BIBLIOGRAPHIC SOURCE(S)**

American College of Obstetricians and Gynecologists (ACOG). Gynecologic herpes simplex virus infections. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2004 Nov. 7 p. (ACOG practice bulletin; no. 57). [44 references]

### **GUIDELINE STATUS**

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
CONTRAINDICATIONS  
QUALIFYING STATEMENTS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY  
DISCLAIMER

## SCOPE

### **DISEASE/CONDITION(S)**

Genital herpes simplex type 1 or type 2 virus infection

### **GUIDELINE CATEGORY**

Counseling  
Diagnosis  
Prevention  
Treatment

### **CLINICAL SPECIALTY**

Infectious Diseases  
Internal Medicine  
Obstetrics and Gynecology

## **INTENDED USERS**

Physicians

## **GUIDELINE OBJECTIVE(S)**

- To aid practitioners in making decisions about appropriate obstetric and gynecologic care
- To review recent advances in diagnostic methods and therapeutic options in the management of genital herpes

## **TARGET POPULATION**

Women and adolescent girls with genital herpes simplex type 1 or type 2 infection

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **Diagnosis**

1. Clinical diagnosis of herpes simplex virus (HSV)
2. Viral culture
3. Polymerase chain reaction (PCR) testing
4. Enzyme-linked immunosorbent assay (ELISA) – Herpes Select ELISA, Captia ELISA
5. Immunoblot - Herpes Select Immunoblot

### **Treatment**

1. Oral antiviral agents (acyclovir, valacyclovir, famciclovir)
2. Intravenous acyclovir
3. Topical antiviral medication (not recommended)
4. Daily oral or episodic antiviral drugs for recurrences

### **Counseling/Prevention**

1. Counseling concerning recurrence, transmission, partner notification, and perinatal transmission
2. Use of suppression therapy in the infected partner
3. Use of condoms or dental dams

## **MAJOR OUTCOMES CONSIDERED**

- Sensitivity and specificity of methods of diagnosis
- Vertical or horizontal transmission rate
- Frequency and duration of recurrence
- Amount of viral shedding
- Comorbidities

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
Hand-searches of Published Literature (Secondary Sources)  
Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The MEDLINE database, the Cochrane Library, and the American College of Obstetricians and Gynecologists' own internal resources and documents were used to conduct a literature search to locate relevant articles published between January 1985 and June 2004. The search was restricted to articles published in the English language. Priority was given to articles reporting results of original research, although review articles and commentaries also were consulted. Abstracts of research presented at symposia and scientific conferences were not considered adequate for inclusion in this document. Guidelines published by organizations or institutions such as the National Institutes of Health and the American College of Obstetricians and Gynecologists were reviewed, and additional studies were located by reviewing bibliographies of identified articles.

### NUMBER OF SOURCE DOCUMENTS

Not stated

### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Studies were reviewed and evaluated for quality according to the method outlined by the U.S. Preventive Services Task Force:

**I:** Evidence obtained from at least one properly designed randomized controlled trial.

**II-1:** Evidence obtained from well-designed controlled trials without randomization.

**II-2:** Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.

**II-3:** Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.

**III:** Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

## **METHODS USED TO ANALYZE THE EVIDENCE**

Systematic Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Analysis of available evidence was given priority in formulating recommendations. When reliable research was not available, expert opinions from obstetrician–gynecologists were used. See also the "Rating Scheme for the Strength of Recommendations" field regarding Grade C recommendations.

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Based on the highest level of evidence found in the data, recommendations are provided and graded according to the following categories:

**Level A** — Recommendations are based on good and consistent scientific evidence.

**Level B** — Recommendations are based on limited or inconsistent scientific evidence.

**Level C** — Recommendations are based primarily on consensus and expert opinion.

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Practice Bulletins are validated by two internal clinical review panels composed of practicing obstetrician-gynecologists generalists and sub-specialists. The final

guidelines are also reviewed and approved by the American College of Obstetricians and Gynecologists (ACOG) Executive Board.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The grades of evidence (I-III) and levels of recommendation (A-C) are defined at the end of the "Major Recommendations" field.

#### **The following recommendations are based on good and consistent scientific evidence (Level A):**

- Antiviral therapy should be prescribed at the first clinical episode to reduce the duration of symptoms and viral shedding.
- Women should be offered antiviral treatment for recurrent episodes at prodrome or at the beginning of an episode of genital herpes.
- Women with frequent recurrences should be offered suppressive therapy.
- For couples in which one partner has HSV-2 infection, suppressive antiviral therapy should be recommended for the partner with HSV-2 to reduce the rate of transmission.
- Topical antivirals are not effective in the treatment of genital herpes and should not be used.

#### **The following recommendations are based on limited or inconsistent scientific evidence (Level B):**

- Clinical suspicion of genital herpes should be confirmed using reliable laboratory testing.
- Discordant couples should be counseled that consistent use of condoms decreases but does not eliminate the risk of transmission.

### **Definitions:**

#### **Grades of Evidence**

**I:** Evidence obtained from at least one properly designed randomized controlled trial.

**II-1:** Evidence obtained from well-designed controlled trials without randomization.

**II-2:** Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.

**II-3:** Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.

**III:** Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

### **Levels of Recommendations**

**Level A** — Recommendations are based on good and consistent scientific evidence.

**Level B** — Recommendations are based on limited or inconsistent scientific evidence.

**Level C** — Recommendations are based primarily on consensus and expert opinion.

### **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Accurate diagnosis and appropriate treatment for woman with genital herpes simplex virus (HSV)

### **POTENTIAL HARMS**

Not stated

## **CONTRAINDICATIONS**

### **CONTRAINDICATIONS**

Oral therapy is recommended in treating the first clinical episode of infection, except in severe cases in which a woman is unable to tolerate oral intake or has prominent neurologic involvement.

## **QUALIFYING STATEMENTS**

### **QUALIFYING STATEMENTS**

These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

### IMPLEMENTATION TOOLS

Foreign Language Translations  
Patient Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

American College of Obstetricians and Gynecologists (ACOG). Gynecologic herpes simplex virus infections. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2004 Nov. 7 p. (ACOG practice bulletin; no. 57). [44 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2004 Nov

**GUIDELINE DEVELOPER(S)**

American College of Obstetricians and Gynecologists - Medical Specialty Society

**SOURCE(S) OF FUNDING**

American College of Obstetricians and Gynecologists (ACOG)

**GUIDELINE COMMITTEE**

American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins-Gynecology

**COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

Not stated

**FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

**GUIDELINE STATUS**

This is the current release of the guideline.

**GUIDELINE AVAILABILITY**

Electronic copies: None available

Print copies: Available for purchase from the American College of Obstetricians and Gynecologists (ACOG) Distribution Center, PO Box 4500, Kearneysville, WV 25430-4500; telephone, 800-762-2264, ext. 192; e-mail: [sales@acog.org](mailto:sales@acog.org). The ACOG Bookstore is available online at the [ACOG Web site](#).

**AVAILABILITY OF COMPANION DOCUMENTS**

None available

**PATIENT RESOURCES**

The following is available:

- Genital herpes. Atlanta (GA): American College of Obstetricians and Gynecologists (ACOG); 1999.

Electronic copies: Available from the [American College of Obstetricians and Gynecologists \(ACOG\) Web site](#). Copies are also available in Spanish.

Print copies: Available for purchase from the American College of Obstetricians and Gynecologists (ACOG) Distribution Center, PO Box 4500, Kearneysville, WV



25430-4500; telephone, 800-762-2264, ext. 192; e-mail: [sales@acog.org](mailto:sales@acog.org). The ACOG Bookstore is available online at the [ACOG Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

## **NGC STATUS**

This NGC summary was completed by ECRI Institute on October 10, 2007. The information was verified by the guideline developer on December 3, 2007.

## **COPYRIGHT STATEMENT**

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions.

## **DISCLAIMER**

### **NGC DISCLAIMER**

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2008 National Guideline Clearinghouse

Date Modified: 10/6/2008

