New Guidelines from U.S. Centers for Disease Control and Prevention (CDC) for Sexually Transmitted Diseases (STDs) Released – What Impact for People with Herpes?

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The CDC has recently revised their guidelines for the diagnosis and treatment of STDs. These guidelines describe new and more aggressive diagnosis and treatment protocols for many STDs, herpes among them. These guidelines are important as they become the *de facto* reference and baseline for healthcare providers when they approach new and recurrent cases of herpes and other STDs in their daily practices.

Important areas that the CDC document formally recognizes are the high prevalence of herpes virus in the general population of the U.S., the difficulty for the clinician in making a confirmed diagnosis at first presentation, and the importance of antiviral treatment in developing a care regimen for individual patients.

The CDC states that at least 50 million people in the U.S. have genital herpes infection. Of these, the majority is infected with HSV-2, and most of them have not been diagnosed. Many of the people who are undiagnosed have mild, infrequent, or unrecognized infections. They may still "…shed virus intermittently in the genital tract." Therefore, the guidelines state, most genital herpes infections are transmitted by people who are unaware that they have herpes or who do not have recognized symptoms at the time that transmission occurs.

Furthermore, the diagnosis of genital herpes is both "insensitive and nonspecific." Simply put, it is often difficult to determine if a patient has herpes if there are no typical symptoms, and often there are no blisters or ulcerative lesions present to aid in diagnosis. Many (up to 30%) of first-episode genital herpes cases are caused by HSV-1, but recurrences are much less frequent for genital HSV-1 infection than HSV-2 infection.

Therefore, given that the visual evidence may be unavailable to the clinician at first presentation, and that the frequency of recurrent infection can be influenced by the type of genital HSV infection, the CDC recommends that diagnosis be confirmed by laboratory testing. In addition, they state that both "cell culture" and "type-specific" tests for HSV should be immediately available to health care practitioners that treat HSV and STD infections. Cytologic (microscopic) testing of genital lesions or cervical Pap smears is no longer recommended for diagnosis of genital herpes infection.

This new emphasis on type-specific testing for HSV during first presentation of genital herpes patients has considerable influence on the rapid development of an individualized treatment regimen. The principles of genital herpes management now embrace antiviral chemotherapy as the "mainstay of management." CDC now recognizes that (oral) antiviral drugs offer clinical benefits to most patients that have symptomatic expression of genital herpes. They also recognize that a patient needs to have an understanding of the symptoms, transmission, and management of the condition. This formalizes the interactive nature of developing an individualized treatment program as a mutual exchange between a patient and his or her health care provider. Simply put, CDC now recognizes that an educated and informed patient is an essential part of managing genital herpes infections.

CDC now recommends that most patients who appear to have first-episode genital herpes should receive antiviral therapy. This is to reduce the possibility that a patient may experience severe or prolonged outbreaks after they leave the office. This more aggressive approach will reduce the number of patients who undergo the trauma and discomfort of severe or frequent outbreaks

during their first year of having genital herpes. This will allow new people with herpes to learn about their condition, and to get a little breathing room while they learn to cope with managing the treatment of a chronic STD. It is much easier to get a grip on this thing if someone is not tormented by outbreaks, or the threat of outbreaks, every time they turn around.

In view of the fact that to effectively treat a new outbreak of genital herpes, a patient needs to start taking the drug within one day of "lesion onset", healthcare providers are now encouraged to see that patients have a supply of drug or a prescription on hand. Patients are now empowered to self-initiate treatment when symptoms begin. This requires that the patient can recognize a new infection when it arises, but eliminates the burden of going in to be seen by the healthcare provider before starting treatment. Once again, this formalizes an interactive relationship between provider and patient in developing a genital herpes care and management regimen.

For those of us who have frequent or particularly severe outbreaks, CDC states that suppressive (daily) antiviral therapy reduces the frequency of recurrences by 70% - 80%. Many patients on suppressive therapy have no recognizable symptoms at all. The safety and efficacy of these drugs is now well established, and it is recognized that the quality of life for patients with frequent outbreaks is often significantly improved by suppressive therapy.

CDC recommends re-evaluating suppressive therapy once a year, based on factors such as the frequency of outbreaks and improvement in a patient's management and recovery with genital herpes. In addition, while it is known that suppressive therapy reduces subclinical (asymptomatic) viral shedding, it is (currently) not known to what extent this reduces the possibility of transmission of genital herpes to an uninfected partner. (Stay tuned for updates on this topic as they become available).

The need for people with herpes to have education and support resources available to them is described as "critical" to the successful management of the condition. The two main objectives are to help patients effectively deal with their infection and to prevent transmission to others. CDC refers to the psychological impact of genital herpes infection as "substantial". They put forth the following points as essential components of patient education:

1) The "natural history" of genital herpes, i.e., outbreaks, asymptomatic viral shedding, and sexual transmission to an uninfected partner.
2) The availability of safe and effective treatments, in both episodic (as needed) and suppressive (daily) regimens.
3) The importance of people with herpes informing current and future partners that they have the condition before initiating a sexual relationship.
4) Transmission can occur in the absence of symptoms (asymptomatic viral shedding).
5) People with herpes should abstain from sex (with penetration) when they are having prodrome or an outbreak.
6) Condoms used "consistently and correctly", can reduce the risk of transmission to an uninfected partner.
7) Sex partners of (newly) infected persons may be infected themselves, even if they have no symptoms.
8) The risk of transmission of HSV to newborns "…should be explained to all patients, including men". All pregnant women should be asked whether they have a history of genital herpes.
9) All people with HSV-2 infection should receive education and counseling, even if they have no symptoms.

In summary, the new CDC guidelines emphasize three new focus areas in the treatment of genital herpes infections. Type specific testing is used to improve the sensitivity and accuracy of

diagnosis at first presentation. Furthermore, the counseling, education, and drug regimen is adjusted based on both serologic type and clinical considerations. Antiviral drugs are recognized as the mainstay of effective treatment due to their well-established safety and efficacy profiles. Finally, the patient is recognized as an essential component of an effective care regimen. Education and counseling enable the patient to monitor and recognize his or her own symptoms, initiate antiviral treatment, and to develop a care and management program based on their own observations and adjustments to living with herpes.

Excellent patient-based resources for education and support are available. They include HELP support group meetings, herpes-specific social activities (e.g., H2O and H-Friends), www.gotherpes.com, and www.herpes.org.

These aggressive and enlightened guidelines encourage interactive partnerships between healthcare providers and people with herpes. This partnership allows the development of individualized treatment programs. It is now more important than ever for people with herpes to avail themselves of resources for education and support in order to develop an active and effective participation in the management of their own condition.