



Long-term use of anti-viral drugs for recurrent herpes

Information for GPs

There are now three drugs licensed for use in the long-term suppression of genital herpes – aciclovir (Zovirax) and the pro-drugs famciclovir (Famvir) and valaciclovir (Valtrex). Patients with more than six attacks of herpes a year are candidates for suppressive treatment. Those with fewer attacks, but who seem very distressed by them, may also benefit.

Recommendations

We recommend the patient continues on suppressive treatment for 6-12 months, then has a break for a period of assessment to monitor the natural history of recurrences. The minimum period of assessment should include at least two recurrences, since one recurrence is common after stopping suppressive treatment. If the rate of recurrence is still unacceptably high, the patient can then resume for further 6-12 month periods. Some patients stay on the treatment for years with no ill-effects, although regular breaks are advisable.

Occasional breakthrough attacks can occur while on treatment but these tend to be mild. There is no need to increase the dosage for the duration of an attack. However, if breakthrough attacks are severe or frequent, the total daily dose of drug should be increased.

Shorter courses of this suppressive treatment can be used to cover holidays or exams for those who are particularly anxious to avoid a recurrence but who would not need long-term suppression.

Treatment options

- **Aciclovir 200mg 4 x daily** offers the best protection against recurrences. (6% of patients had a recurrence by 84 days¹).
- **Aciclovir 400mg twice daily** is a good compromise between efficacy and compliance (13% of patients had a recurrence by 84 days¹).
- **Famciclovir 250mg twice daily** seems slightly more effective than aciclovir 400mg bd² (higher bioavailability).
- **Valaciclovir 500mg once daily** is more convenient but a little less effective (31% of patients had a recurrence by day 112, compared with

90% on placebo³). **Experience with suppressive therapy is most extensive with **aciclovir**. The safety data on patients taking long term therapy (Aciclovir) is more than 20 years. There is no clinical evidence to show that either Famciclovir or Valaciclovir is superior over Aciclovir. To conclude, **Aciclovir** is the drug of choice because of cost and effectiveness.

****Relative costs of antiviral drugs for treatment of herpes**

- 1) **ACICLOVIR**: Cost for 12 months = £40.56 (based on 400mg bd dosage).
- 2) **VALACICLOVIR**: Cost for 12 months = £548.10 (based on 500mg OD dosage).
- 3) **FAMCICLOVIR**: Cost for 12 months = £7025.04 (based on 250mg bd dosage).

Source: *The source of costing is from BNF online correct as of July 2023. Anogenital Herpes Guideline 2014 (updated 2015) www.bashh.org.*

Summary of recommendations

- **First line treatment:** **Aciclovir 400 mg bd for 6-12 months.
- **Second line treatment:** If twice daily aciclovir does not suppress attacks to the patient's satisfaction, try aciclovir 200mg qds.
- **Third line treatment:** Very occasionally, due to aciclovir's variable absorption, a pro-drug is necessary to suppress attacks successfully. Valaciclovir 500 bd is worth trying.

Follow-up

We are happy to review your patient in the Department of Sexual Health if there are difficulties in achieving adequate suppression after 6-12 months.

References

1. Mindel A. Dosage and safety of long-term suppressive aciclovir therapy for recurrent genital herpes. *Lancet* 1988; 1 : 926-928
2. Mertz G.J Oral famciclovir for suppression of recurrent genital herpes simplex virus infection in women. *Arch Int Med* 1997; 157 :343-349
3. Patel R. Once-daily valaciclovir for suppression of recurrent genital herpes – the first placebo-controlled clinical trial. 1st European Congress of Chemotherapy, Glasgow 1996.

Sexual Health Clinics

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