

# Herpes Simplex Virus Infection (HSV) Treatment

Standing Order Template

## INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order template to create a customized standing order exclusively for your agency.

Your customized standing order should include a header with your agency name, effective start date, and expiration date. Review standing order at least annually and obtain Medical Director's signature.

### **Background:**

#### General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

### **Assessment**

#### Subjective Findings\*

Clients may present with the following history:

- Painful grouped vesicular or ulcerative lesions
- Genital sore(s) without vesicles
- External dysuria
- Painful sex
- Asymptomatic (lesion maybe internal)

\*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Special Lab assessment for contacts and newly diagnosed herpes cases:

The STD ERRN or RN must assess and document at least one verified finding of 1-3 below before implementing HSV type-specific serology screening for an asymptomatic contact or newly diagnosed case. *Currently, the client will have to pay for the screening. LHDs may elect to contract with a reference lab for this service.*

#### Objective Findings

*The STD ERRN cannot diagnosis HSV based on appearance of lesions alone. All genital lesions require an initial diagnosis by a MD or medical provider.*

Clinical documentation of at least one (1) or more of the following:

1. documented positive culture or PCR lab taken from herpes lesions
2. documented positive serology lab by glycoprotein G-based type-specific assays
3. history of genital lesions clinically diagnosed as genital herpes and documented by agency MD or advanced practice provider, or by private medical provider (i.e., notification, call to private provider or copy of medical records including positive herpes lab result – patient's verbal report is not adequate documentation for treatment)

### **Plan of Care**

#### Precautions and Contraindications:

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part E. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.
2. If client reports a drug allergy for any medication provided in the standing order, inquire about, and document the type of reaction(s) the client has experienced, then consult with an agency medical provider for orders on how to proceed.
3. Read and be familiar with manufacturer's leaflet for medications applicable to this standing order. Consult with physician when manufacturer's recommendations are incongruent with this standing order application.

## Implementation

### First Clinical Episode:

A registered nurse employed or contracted by local health department may dispense treatment for the **first clinical episode of genital herpes** by standing order, if one (1) or more of the objective findings in numbers 1-3 above are documented and the client is currently experiencing their first urogenital herpetic outbreak. Objective finding(s) and documentation of genital lesion(s) must be recorded in the medical record by MD or midlevel provider on date of visit.

- Acyclovir 400 mg PO TID X 10 days\*

*\*LHDs can choose a different first-line regimen to use in the standing order (e.g. valacyclovir) depending on local practices.*

### Recurrent Episode:

A registered nurse employed or contracted by local health department may dispense one regimen of treatment per twelve (12) months for episodic **recurrent genital herpes** by standing order if:

Client has tested HIV negative within the last 3 months:

- Acyclovir 800 mg PO BID X 5 days

Client is HIV infected or unknown HIV status:

- Acyclovir 400 mg PO TID X 10 days

If the client returns with a second outbreak within 12 months for episodic medication regimen, the client must be referred to the MD or medical provider for suppression therapy evaluation.

## Nursing Actions

### A. Read and Review:

1. manufacturer's leaflet for medication/treatment

### B. Provide to client:

1. information about the diagnosis, both verbally and in written form.
2. review of ordered laboratory tests and instructions for obtaining laboratory test results.
3. client-centered STI education, both verbally and in written form
4. condoms and literature about risk reduction behavior
5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
6. Follow-up instructions to include scheduling future appointments, accessing patient portal for results, and referrals for additional services

### C. Educate client:

1. need for delivery of partner notification card(s) or anonymous notification using NCSD website: [TellYourPartner.org](http://TellYourPartner.org) for all recent (within last 2 weeks) sexual partner(s); if last exposure was greater than 2 weeks before onset of symptoms, instruct the client to notify their most recent sexual partner(s) to have an STD examination, and testing, if appropriate
2. notify all sexual partners to contact their medical provider or local public health department regarding services available for contacts to herpes and to present their partner notification cards during the office visit
3. persons who have genital herpes should be educated concerning the natural history of the disease, with emphasis on the potential for recurrent episodes, asymptomatic viral shedding, and the on-going risks of sexual transmission
4. persons experiencing a first episode of genital herpes should be advised that suppressive therapy is available and effective in preventing symptomatic recurrent episodes and that episodic therapy often is useful in shortening the duration of recurrent episodes; encourage

- the client to discuss this with their medical provider or return to the clinic when/if another outbreak occurs
5. all persons with genital HSV infection should be encouraged to inform their current sex partners that they have genital herpes and to inform future partners before initiating a sexual relationship
  6. sexual transmission of HSV can occur during asymptomatic periods. Asymptomatic viral shedding is more frequent with genital HSV-2 infection than genital HSV-1 infection and shedding is most frequent during the first 12 months after acquiring HSV-2
  7. all persons with genital herpes should remain abstinent from any sexual activity when lesions or prodromal symptoms are present
  8. the risk for HSV-2 sexual transmission can be decreased by the daily use of antiviral medications by the infected person. Episodic therapy does not reduce the risk for transmission and its use should be discouraged for this purpose among persons whose partners test negative for HSV-2 and are at risk for HSV-2 acquisition
  9. infected persons should be informed that male latex condoms, when used consistently and correctly, might reduce the risk for genital herpes transmission
  10. sex partners of infected persons should be advised that they might be infected even if they have no symptoms. Type-specific serologic testing of the asymptomatic partners of persons with genital herpes is recommended to determine whether such partners are already HSV seropositive or whether risk for acquiring HSV exists
  11. the risk for neonatal HSV infection should be explained to all persons, including men. Pregnant women and women of childbearing age who have genital herpes should inform their OB/GYN providers and those who will care for their newborn infant
  12. pregnant women who are not known to be infected with HSV-2 should be advised to abstain from intercourse (any genital contact) with a partner who has genital herpes during the third trimester of pregnancy. Similarly, pregnant women who are not known to be infected with HSV-1 should be counseled to avoid genital exposure to HSV-1 during the third trimester (e.g., receptive oral sex with a partner with oral herpes and vaginal intercourse with a partner with genital HSV-1 infection)
  13. asymptomatic persons diagnosed with HSV-2 infection by type-specific serologic testing should receive the same counseling messages as persons with symptomatic infection. In addition, such persons should be educated about the clinical manifestations of genital herpes
  14. when exposed to HIV, HSV-2 seropositive persons are at increased risk for HIV acquisition. Patients should be informed that suppressive antiviral therapy does not reduce the risk for HIV acquisition associated with HSV-2 infection
  15. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
  16. instruct client to keep lesions clean and dry
  17. recommend intermittent sitz baths, warm moist compresses, and voiding while in a tub of water or while water is poured over the genitalia to ease dysuria
  18. emphasize the importance of good hand washing at all times to prevent inoculation of other sites of the body

#### D. Medication Counseling

1. inquire and document the type of reactions the client has experienced in the past when taking the medication
2. advise client regarding side effects as indicated in manufacturer's leaflet or other agency approved medication reference for any treatment or medication prescribed, dispensed, or administered.
3. advise client that they may experience side effects: such as nausea, vomiting, cramps, diarrhea, or headache
4. seek urgent or emergency care if any of the following develops within 30 minutes after treatment: shortness of breath, tongue, throat, or facial itching or swelling, chest pain or heaviness, abdominal pain, scrotal pain, or oral temperature  $\geq 101.0$  F
5. instruct client to see a physician or go to the emergency room if they develop fever, headache, stiff neck, conjunctivitis, or confusion

E. Criteria for Notifying Medical Provider

1. contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy to the medication provided in the standing orders.
2. client presents with genital lesions or lesions found on examination
3. DO NOT ADMINISTER TREATMENT and consult with medical provider, if any of the following conditions are present:
4. oral temperature  $\geq 101^{\circ}$  F.
5. history of renal disease
6. persistent symptoms after initial treatment is complete
7. two (2) outbreaks within 12 months of initial outbreak
8. abdominal, adnexal, or cervical motion tenderness on examination
9. sustained cervical bleeding on exam
10. ANY reported vaginal spotting/bleeding by a pregnant client
11. scrotal pain or swelling

F. Follow-up requirements:

1. instruct client to see a physician or go to the emergency room if they develop fever, headache, stiff neck, conjunctivitis, or confusion
2. return to clinic if symptoms persist, worsen, or are not resolved at end of prescribed therapy

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
Local Health Department Medical Director

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_  
Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Legal Authority:** Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)