

Herpes Simplex Virus Infection (HSV) or Verified Contacts to HSV Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

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

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

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 1-5 below before implementing HSV type-specific serology screening for an asymptomatic contact(s) or newly diagnosed case. *Currently, the client will have to pay for the screening. LHDs may elect to contract with reference lab for this service.*

Verified Criteria

Recent (within 2 weeks) exposure or if exposure greater than 60 days before onset of index client's symptoms, partner of last sexual encounter to HSV:

1. client presents with a partner notification card
2. client provides name of sexual partner(s) and public health nurse verifies diagnosis of named sexual partner by calling the medical provider of named partner (index case)
3. a MD or medical provider, or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all the above scenarios.

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. (NCSLPH only has viral cultures available in 2015)
2. documented positive serology lab by glycoprotein G-based type-specific assays
3. history of genital lesions clinically diagnosed as genital herpes by MD, midlevel provider, or private medical provider with documentation (i.e., notification, call to private provider or copy medical records – patient's verbal report is not adequate documentation for treatment)

Plan of Care

Implementation

First Clinical Episode:

A registered nurse employed or contracted by local health department may dispense treatment for **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

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 at last STD screening visit:

- Acyclovir 400 mg PO TID X 5 days

Client is HIV infected:

- 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.

Suppressive Therapy:

A registered nurse employed or contracted by local health department may dispense suppressive therapy when ordered by MD or medical provider. Upon completion of the therapy, the client must see their medical provider to evaluate the need to continue suppressive therapy. Local health departments, at their discretion, may use 340B medications for HSV suppressive therapy.

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that (s)he received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior

- B. Advise the client to:
 1. deliver partner notification card(s) for all recent (2 weeks) sexual partner(s) or if last exposure was greater than 2 weeks before onset of symptoms, instruct the client to notify the most recent sexual partner(s) they are to have an STD examination, testing, and possible treatment
 2. notify all sexual partners to contact their medical provider or local public health department regarding services available for contacts to herpes and to carry their partner notification cards to their 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 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 in genital HSV-2 infection than genital HSV-1 infection and 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 providers who care for them during pregnancy and those who will care for their newborn infant about their infection
 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., 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 increased 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
- C. Inform the client about the specific medication dispensed:
- Acyclovir
- D. Counsel the client regarding the prescribed medication:
1. inquire and document the type of reactions the client has experienced in the past when taking the medication. Maybe client's first time taking Acyclovir
 2. advise client that (s)he may experience side effects: such as nausea, vomiting, cramps, diarrhea or headache
 3. suppressive therapy may have other side effects like anemia, elevated LFTs and alopecia which will need to be monitored by a medical provider at least annually
 4. also report any increased nervousness and anxiety
- E. Additional Instructions:
1. instruct client to see a physician or go to the emergency room if (s)he develops fever, headache, stiff neck, conjunctivitis, or confusion
 2. return to clinic if symptoms persist, worsen, or are not resolved at end of prescribed therapy
 3. return to clinic if client develops oral temperature greater than 101° F
- F. Criteria for Notifying the Medical Provider:
1. client presents with genital lesions or lesions found on examination

2. contact health department medical director or 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 for the medication provided in the standing orders
3. consult with health department medical director or medical provider if any of the following conditions are present:
 - History of renal disease
 - Persistent symptoms after initial treatment is complete
 - Two (2) outbreaks within 12 months
4. oral temperature greater than 101° F
5. any reported vaginal spotting/bleeding by a pregnant client

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)