Recommendations for the Use of Acyclovir in Neonates Born to Mothers with Active Genital Herpes Lesions

**Known Maternal History of Genital HSV?**

- **yes**
  - Obtain the following from the neonate at ~24 hours of age:
    - HSV PCR of surface swabs (conjunctivae, mouth, nasopharynx and rectum; also scalp electrode site if present)
    - HSV blood PCR
  - Ensure that Ob/Gyn obtains HSV PCR from maternal lesions.
  - Do not start empiric Acyclovir if infant is asymptomatic.

- **no**
  - Send maternal type specific HSV serologies (HSV-1 and HSV-2 antibodies) and HSV PCR of genital lesions.
  - Obtain the following from the neonate at ~24 hours of age:
    - HSV PCR of surface swabs (conjunctivae, mouth, nasopharynx and rectum; also scalp electrode site if present)
    - HSV blood PCR
    - CSF for cell count, analysis and HSV PCR
    - Serum ALT
  - Start IV Acyclovir 20mg/kg/dose every 8 hours

**Positive PCR testing**

- Obtain CSF (cell count, analysis, HSV PCR) and serum ALT
- Treat with IV Acyclovir 20mg/kg/dose q8h for 14 days (SEM) or at least 21 days (CNS or disseminated)

**Negative PCR testing**

- Educate family about signs and symptoms of HSV disease in neonates and follow closely (with observation for at least 48 hours prior to discharge)

**First Episode (Primary or Non-Primary)**

- Treat for presumptive infection:
  - 10 days if neonatal PCR testing negative
  - 14 days for SEM
  - At least 21 days for CNS or disseminated

**Recurrent infection**

- If neonatal studies are negative, stop Acyclovir, provide education and follow closely.
- For positive PCR testing, treat per recommendations.