

Algorithm for the evaluation of asymptomatic neonates after vaginal or cesarean delivery to women with active genital herpes lesions.

Maternal and Population Risk

- 20-25% of adults have genital HSV caused by HSV type 2
- HSV type I accounts for 20-50% of genital HSV in the US
- 10% of HSV-2 seronegative women have an HSV-2 seropositive sexual partner
- 20-33% of women are seronegative for both HSV-1 and HSV-2; the chance of acquiring either virus during pregnancy is 3.7%
- 66% of women who acquire genital HSV during pregnancy are asymptomatic

Risk of Neonatal HSV Infection

- HSV infection of the neonate is relatively uncommon but it is important to appropriately manage potential neonatal exposure
- Infection may be intrauterine (5%), intrapartum (85%), and postpartum (10%)
- Factors influencing transmission
 - Type of maternal infection (primary vs recurrent)
 - Maternal HSV antibody status
 - Duration of rupture of membranes
 - Integrity of mucocutaneous barriers
 - Mode of delivery
- Neonatal HSV infection has occurred despite cesarean delivery performed before the rupture of membranes.

Terminology of HSV Infection and Disease

- no HSV-1 or HSV-2 antibody present, acquires genital HSV→first-episode primary infection
- pre-existing HSV-1 antibody, acquires HSV-2 genital infection→first-episode nonprimary infection
- pre-existing HSV-2 antibody, acquires HSV-1 genital infection→ first episode nonprimary infection

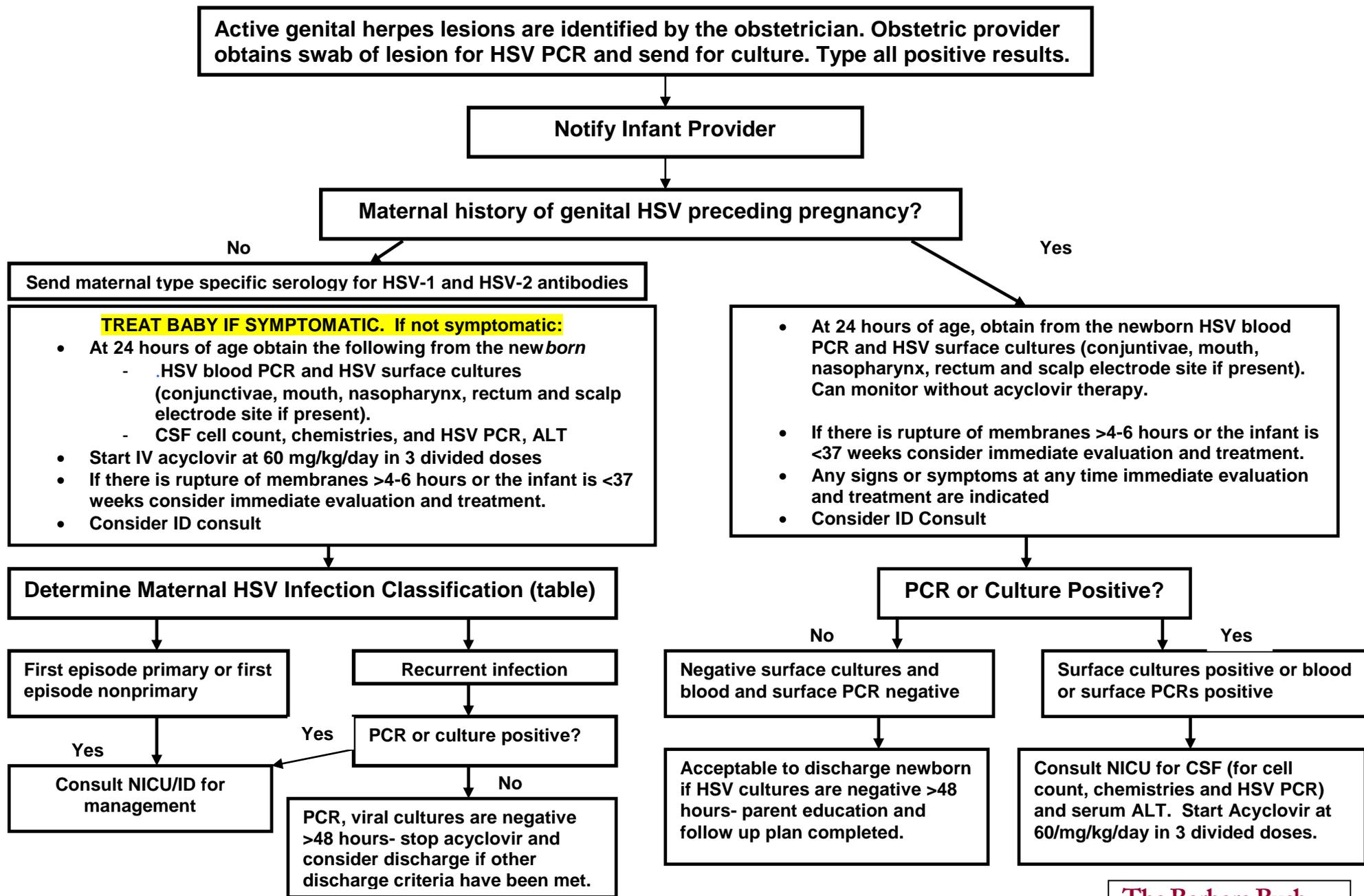
TABLE 2 Maternal Infection Classification by Genital HSV Viral Type and Maternal Serology^a

Classification of Maternal Infection	PCR/Culture From Genital Lesion	Maternal HSV-1 and HSV-2 IgG Antibody Status
Documented first-episode primary infection	Positive, either virus	Both negative
Documented first-episode nonprimary infection	Positive for HSV-1 Positive for HSV-2	Positive for HSV-2 AND negative for HSV-1 Positive for HSV-1 AND negative for HSV-2
Assume first-episode (primary or nonprimary) infection	Positive for HSV-1 OR HSV-2 Negative OR not available ^b	Not available Negative for HSV-1 and/or HSV-2 OR not available
Recurrent infection	Positive for HSV-1 Positive for HSV-2	Positive for HSV-1 Positive for HSV-2

^a To be used for women without a clinical history of genital herpes.

^b When a genital lesion is strongly suspicious for HSV, clinical judgment should supersede the virological test results for the conservative purposes of this neonatal management algorithm. Conversely, if in retrospect, the genital lesion was not likely to be caused by HSV and the PCR assay result or culture is negative, departure from the evaluation and management in this conservative algorithm may be warranted.

Guideline for asymptomatic neonates after vaginal or cesarean delivery to women with active genital HSV lesions



Algorithms are not intended to replace providers' clinical judgment or to establish a single protocol. Pediatric ID is available to discuss. Some clinical situations may not be adequately addressed in this guideline. Clinicians should document management variations or plans of care as indicated. Last revised October 2014 by the Newborn Nursery HSV sub-committee. Ref: Guidance on Management of Asymptomatic Neonates Born to Women with Active Genital Herpes Lesions, Pediatrics, Vol 131, no. 2. Feb. 2013.