TABLE 215e-1 ANTIVIRAL CHEMOTHERAPY AND CHEMOPROPHYLAXIS (*CONTINUED*)

Infection	Drug	Route	Dosage	Comment
Genital herpes simplex, primary: treatment	Acyclovir	IV	5 mg/kg q8h × 5–10 d	The IV route is preferred for infections severe enough to warrant hospitalization or with neurologic complications.
		Oral	400 mg tid or 200 mg 5 times daily × 7–10 d	The oral route is preferred for patients whose condition does not warrant hospitalization. Adequate hydration must be maintained.
		Topical	5% ointment; 4–6 applications daily × 7–10 d	Topical use—largely supplemented by oral therapy—may obviate systemic administration to pregnant women. Systemic symptoms and untreated areas are not affected.
	Valacyclovir	Oral	1 g bid × 7–10 d	Valacyclovir appears to be as effective as acyclovir but can be administered less frequently.
	Famciclovir	Oral	250 mg tid × 7–10 d[c]	Famciclovir appears to be similar in effectiveness to acyclovir.
Genital herpes simplex, recurrent: treatment	Acyclovir	Oral	400 mg tid × 5 d or 800 mg tid × 2 d	The clinical effect is modest and is enhanced if therapy is initiated early. Treatment does not affect recurrence rates.
	Famciclovir	Oral	125 mg bid × 5 d, 1000 mg bid × 1 d, or 500 mg once, then 250 mg PO bid × 3 doses	
	Valacyclovir	Oral	500 mg bid × 3 d or 1 g once a day × 5 d	
Genital herpes simplex, recurrent: suppression	Acyclovir	Oral	400 mg bid	Suppressive therapy is recommended only for patients with at least 6–10 recurrences per year. "Breakthrough" occasionally takes place, and asymptomatic shedding of virus occurs. The need for suppressive therapy should be reevaluated after 1 year. Suppression with valacyclovir reduces transmission of genital HSV among virus-discordant couples.
	Valacyclovir	Oral	500–1000 mg/d or 250–500 mg bid	
	Famciclovir	Oral	250 mg bid	
Mucocutaneous herpes simplex in immunocompromised host: treatment	Acyclovir	IV	5 mg/kg q8h × 7–14 d	The choice of the IV or oral route and the duration of therapy depend on the severity of infection and the patient's ability to take oral medication. Oral or IV treatment has supplanted topical therapy except for small, easily accessible lesions. Foscarnet is used for acyclovir-resistant viruses.
		Oral	400 mg 5 times daily × 10–14 d	
		Topical	5% ointment; 4–6 applications daily × 7 d or until healed	
	Valacyclovir	Oral	1 g tid × 7–10 d[c]	
	Famciclovir	Oral	500 mg bid × 7–10 d[d]	
Mucocutaneous herpes simplex in immunocompromised host: prevention of recurrence during intense immunosuppression	Acyclovir	Oral	400 mg 2–5 times daily or 800 mg bid	Treatment is administered during periods when intense immunosuppression is expected—e.g., during antitumor chemotherapy or after transplantation—and is usually continued for 2–3 months.
		IV	5 mg/kg q12h	
	Valacyclovir	Oral	500 mg to 1 g bid or tid	
	Famciclovir	Oral	500 mg bid[c]	
Herpes simplex orolabialis, recurrent[e]	Penciclovir	Topical	1.0% cream applied q2h during waking hours × 4 d	Treatment shortens healing time and symptom duration by 0.5–1.0 d (versus placebo).
	Valacyclovir	Oral	2 g q12h × 1 d	Therapy begun at earliest symptom reduces disease duration by 1 d.
	Famciclovir[c]	Oral	1500 mg once or 750 mg bid × 1 d	Therapy begun within 1 h of prodrome decreases time to healing by 1.8–2.2 d.
	Docosanol[f]	Topical	10% cream 5 times daily until healed	Application at initial symptoms reduces healing time by 1 d.
Herpes simplex keratitis	Trifluridine	Topical	1 drop of 1% ophthalmic solution q2h while awake (maximum, 9 drops daily)	Therapy should be undertaken in consultation with an ophthalmologist.
	Vidarabine	Topical	0.5-in. ribbon of 3% ophthalmic ointment 5 times daily	
Herpes zoster: immunocompetent host	Valacyclovir	Oral	1 g tid × 7 d	Valacyclovir may be more effective than acyclovir for pain relief; otherwise, it has a similar effect on cutaneous lesions and should be given within 72 h of rash onset.
	Famciclovir	Oral	500 mg q8h × 7 d	The duration of postherpetic neuralgia is shorter than with placebo. Famciclovir showed overall efficacy similar to that of acyclovir in a comparative trial. It should be given ≤72 h after rash onset.
	Acyclovir	Oral	800 mg 5 times daily × 7–10 d	Acyclovir causes faster resolution of skin lesions than placebo and provides some relief of acute symptoms if given within 72 h of rash onset. Combined with tapering doses of prednisone, acyclovir improves quality-of-life outcomes.

(*Continued*)