Abstract

CDC0183 - Primary herpes simplex virus type 2 (HSV-2) infections in Lilongwe, Malawi

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Background: Genital herpes treatment is not currently provided in the syndromic management (SM) of Genital Ulcer Disease (GUD) in Malawi. A randomised placebo-controlled trial evaluating the impact of episodic acyclovir (ACV) treatment on ulcer healing and HIV-1 genital shedding is underway among men and women in Lilongwe, Malawi. This abstract describes the prevalence and characteristics of possible primary genital HSV-2 (PGH) infections among study participants.

Methods: Consenting patients are interviewed. Genital and blood samples are collected prior to randomisation. GUD aetiology is determined by real-time multiplex PCR of a lesional swab for H ducreyi, T pallidum and HSV at day 0. Blood is tested for HSV-2 (HerpeSelect, Focus), syphilis and HIV serologies at day 0. Possible HSV-2 primary infection is defined as an HSV-2-seronegative patient at day 0 with an HSV positive ulcer by PCR. Follow up duration is 4 weeks post-treatment.

Results: As of Nov 2005, 250 patients had enrolled. Complete HSV data was available on 172 patients. 99/172 (58%) patients had HSV ulcers and 25 (25%) of these had no detectable HSV-2 antibodies (PGH cases), suggesting that these patients might have primary HSV-2 infections. PGH patients were more likely to have had a new partner within the last 3 months $p \leq 0.02$ and less likely to be HIV-1 sero-positive (Antibody negative HSV-2: HIV 20/57 (35%) vs Established HSV-2: HIV 124/179 (69%) ($p \leq 0.0001$).

Conclusions: There is growing evidence to add episodic acyclovir treatment to GUD syndromic guidelines in settings with high HIV prevalence, but more information is required to describe the effects of HSV-2 infection on HIV transmission. Prospective HSV- 2 and HIV serology testing will be used at the 4 week visit to clarify the subject's infection status, and to determine whether these subjects demonstrate the expected immune response to HSV, and or acquire HIV.