

Table 8. Therapeutic management of genital HSV infections (HSV-2 or HSV-1)*							
	First Clinical Episode (treat orally for 7-10 days[†])	Episodic Recurrent Infection[‡] (treat orally for 5 days)	Oral Suppressive therapy	Episodic recurrent infection in HIV-infected persons (treat orally for 5-10 days)	Oral Suppressive therapy in HIV-infected persons	Advantages	Disadvantages
Acyclovir	200 mg 5X/day <u>OR</u> 400 mg 3X/day	200 mg 5X/day <u>OR</u> 800 mg 2X/day	400 mg 2X/day	200 mg 5X/day <u>OR</u> 400 mg 3X/day	400-800 mg 2X/day or 3X/day	Less expensive Smaller tablets Liquid formulation available	Less convenient dosing regimens
Valaciclovir	1000 mg/ 2X/day	500 mg 2X/day [‡] <u>OR</u> 1000 mg 1X/day	500 mg 1X/day [§] <u>OR</u> 1000 mg 1X/day	1000 mg 2X/day	500 mg 2X/day	More convenient dosing regimens	More expensive Larger caplet
Famciclovir	250 mg 3X/day	125 mg 2X/day	250 mg 2X/day	500 mg 2X/day	500 mg 2X/day	More convenient dosing regimens Smaller tablet	More expensive

* Modified from Reference (5).

[†] The range of duration of therapy relates to differences in treatment durations in the original clinical studies. If the shorter course of therapy is initially prescribed, the patient should be reevaluated toward the end of treatment and therapy should be continued if new lesions continue to form, if complications develop, or if systemic signs and symptoms have not abated.

[‡] Three-day course of therapy also acceptable

[§] For patients with ≤ 9 recurrences/year

[¶] When started within 24 hours of the recurrence