HERPES ZOSTER
(1996)

PHILIPPINE HERPES STUDY GROUP
Philippine Herpes Study Group

Rm 601 Manila Doctors Hospital - UN Ave., Ermita, Manila
Tel. No. 523-7224, 813-8495

Officers

Chairman Francisca Roa, M.D.
Secretary general Alberto Gabriel, M.D.

Committees and Chairman

Research

Chairman Belen L. Dofitas, M.D.
Members Lina Torralba, M.D.
Marcellano Cruz, M.D.
Luisa Venida, M.D.
Cesar Espiritu, M.D.
Lulu Bravo, M.D.
Lilian Villafuerte, M.D.
Siok Chua, M.D.
Francisca Roa, M.D.
Alberto Gabriel, M.D.

Public Information

Chairman Roberta Romero, M.D.
Members Lita Vizconde, M.D.
Teresita Esquerra, M.D.
Marlin Borromeo, M.D.
Alberto Gabriel, M.D.
Butch Manalastas, M.D.

CME

Chairman Marcellano Cruz, M.D.
Members Kathy Go Estrada, M.D.
Lina Torralba, M.D.
Mariano Ortiz, M.D.
Marita Kim Le, M.D.
Butch Manalastas, M.D.

Specialties

Dermatology
Infectious Disease
Obstetrics Gynecology
Ophthalmology
Pediatrics
Public Health
Society Profile

The Philippine Herpes Study Group (PHSG) is a multidisciplinary team of physicians and allied health/medical professionals involved in the health education, research and expert management of herpesvirus infections in the country.

VISION
PHSG envisions a society where herpes infections are no longer public health problems.

MISSION
PHSG aims to promote health education, conduct research and improve the management of herpes infections.

OBJECTIVES

1. To disseminate public information on the transmission, clinical signs and symptoms, prevention and treatment of herpes infections.
2. To promote continuing medical education for all medical practitioners involved in the care of herpes infections.
3. To study problems relating to the diagnosis, data gathering and therapy of herpes simplex, varicella and varicella zoster infections.
4. To formulate and update guidelines in the diagnosis and management of herpes infections.
Algorithm for the Management of Acute Herpes Zoster

1. Acute Herpes Zoster

2. Vesicles in a Dermatome?

3. >50 years old?

4. Rash <72 hrs?

5. Antiviral Agents

6. Supportive Measures Counselling

7. Follow-up at 6 weeks

8. Pain?

9. Analgesics

10. Pain?

11. Supportive Measures Counselling

12. No further follow-up

FIGURE A
1. Pain after 6 weeks

2. Amitriptyline
   Strong analgesics

3. Follow-up at 8 weeks

4. Pain relief?
   Y
   Continue therapy for 3-6 months
   N
   Refer to Pain Clinic if available

*Involvement of Trigeminal and presence of Ramsay Hunt Syndrome require ophthalmologic and neurologic management. Antivirals should be given wvwn if rash is more than 72 hours.

**FIGURE B**
Guidelines for the Treatment of Herpes Zoster

Epidemiology
- occurs sporadically throughout the year
- 2/3 of cases are over 50 years of age; less than 10% are below 20 years old [1]
- no sexual predilection
- incidence in the US is 500 per 100,000 population of 65-75 years old.

Etiology and Pathogenesis
- caused by varicella zoster virus (VZV), the same virus that causes varicella (chicken pox)
- after a primary infection (varicella or chicken pox), the virus remains dormant in the sensory ganglia.
- becomes reactivated by some predisposing factors such as old age, HIV infection, malignancy, organ transplantation, autoimmune disease, prolonged corticosteroid therapy, and physical factors like temperate climate and local trauma [2,3,4]
- travels back to the skin and produce inflammation
- dermatome involved is usually the area where most of the skin lesions occurred during the previous chicken pox episode.

Signs and Symptoms
- group of vesicles on an erythematous base following a dermatome (thoracic 53%, cervical 20%, trigeminal 15%, lumbosacral 11%)
- usually unilateral but may be multidermatomal in immunocompromised patients
- prodrome of pain, paresthesia, itching, burning, tingling, or abnormal sensation precedes the eruption by a few days
- pain is a prominent feature and may persist for several months even after resolution of lesions (3-4 weeks)

Diagnostic Tests and Work-ups
- diagnosis is usually clinical based on character of lesions, distribution of skin lesions, and the unpleasant sensation that precedes the eruption
- Tzanck smear may be used to help in the diagnosis of herpes infections. A vesicle is unroofed and its base scraped. Specimen is smeared on a glass-slide and stained with Giemsa or Wright stains. A multinucleated giant cell is seen on light microscopy. This test may be positive also in other viral infections.

Transmission
- occurs in individuals previously infected with VZV
- herpes zoster in children develop when mothers had varicella or chicken pox during pregnancy
- herpes zoster is less infectious than its primary infection, chicken pox

Treatment
- may be self limiting in immunocompetent host. Treatment with antiviral however, has been shown to decrease viral replication, shorten time to healing, and decrease incidence of post-herpetic neuralgia [5,6,7]

I. Use of antiviral*
1. Acyclovir 800 mg five times a day for seven days
2. Valacyclovir 1000 mg (2 tabs) three times a day for seven days [8]
3. Famcyclovir 250 mg three times a day for seven days

Antiviral treatment should be given in the following conditions of herpes zoster: (IHMF Recommendation, 1994)
- a) Any patient within the prodromal or blister stage for less than 72 hours
- b) All patients above 70 years old
- c) All herpes zoster ophthalmicus
- d) All immunocompromised patients

* more effective if given within 72 hours from appearance of blisters.

II. Use of analgesics
1. Capsaicin cream
2. EMLA (Lidocaine cream)
3. TENS (Transcutaneous Electrical Nerve Stimulation)
4. Calamine lotion, cold packs
5. Paracetamol or strong analgesics
6. Amitriptylline

III. Other adjunctive measures
1. antibiotics, antiseptics if with secondary infection
2. antihistamines to reduce pruritus

Complications
1. secondary bacterial infection
2. Post-herpetic Neuralgia (PHN) - major cause of morbidity; more common in older patients; may be persisting and debilitating
3. scarring
4. Ramsay Hunt Syndrome - HZ of the geniculate ganglion of the seventh and eighth nerves producing nerve paralysis and deafness, respectively.
5. ocular complications for zoster ophthalmicus
6. motor paresis
7. encephalitis
References:

## Drugs Mentioned in the Treatment Guideline

The following index lists therapeutic classifications as recommended by the treatment guideline. For the prescriber’s reference, available drugs are listed under each therapeutic class.

<table>
<thead>
<tr>
<th>Therapeutic Classification</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valacyclovir</strong></td>
<td>Valtrex</td>
</tr>
<tr>
<td><strong>Acyclovir</strong></td>
<td>Zovirax</td>
</tr>
<tr>
<td><strong>Famcyclovir</strong></td>
<td>Famvir</td>
</tr>
<tr>
<td><strong>Amytriptyline</strong></td>
<td>Limbitrol</td>
</tr>
<tr>
<td><strong>Paracetamol</strong></td>
<td>37 Up</td>
</tr>
<tr>
<td></td>
<td>Aeknil</td>
</tr>
<tr>
<td></td>
<td>Afebrin</td>
</tr>
<tr>
<td></td>
<td>Alaxan</td>
</tr>
<tr>
<td></td>
<td>Aldep</td>
</tr>
<tr>
<td></td>
<td>Alvedon</td>
</tr>
<tr>
<td></td>
<td>Aminofebrin</td>
</tr>
<tr>
<td></td>
<td>Anadol</td>
</tr>
<tr>
<td></td>
<td>Biogesic</td>
</tr>
<tr>
<td></td>
<td>Calpol/Calpol 6 Plus</td>
</tr>
<tr>
<td></td>
<td>Chrisogesic</td>
</tr>
<tr>
<td></td>
<td>Clocephen</td>
</tr>
<tr>
<td></td>
<td>Contratemp</td>
</tr>
<tr>
<td></td>
<td>Crocin</td>
</tr>
<tr>
<td></td>
<td>Defebrol</td>
</tr>
<tr>
<td></td>
<td>Detramol</td>
</tr>
<tr>
<td></td>
<td>DLI-Paracetamol</td>
</tr>
<tr>
<td></td>
<td>Dolexpel</td>
</tr>
<tr>
<td></td>
<td>Dolo-Neurobion</td>
</tr>
<tr>
<td></td>
<td>Gendol</td>
</tr>
<tr>
<td></td>
<td>Genpyra</td>
</tr>
<tr>
<td></td>
<td>Gifaril-P</td>
</tr>
<tr>
<td></td>
<td>Lagaflex</td>
</tr>
<tr>
<td></td>
<td>Lecet</td>
</tr>
<tr>
<td></td>
<td>Lenor</td>
</tr>
<tr>
<td></td>
<td>Medgenol</td>
</tr>
<tr>
<td></td>
<td>Meforagesic</td>
</tr>
<tr>
<td></td>
<td>Metagesic</td>
</tr>
<tr>
<td></td>
<td>Muskelax</td>
</tr>
<tr>
<td></td>
<td>Myremol</td>
</tr>
<tr>
<td></td>
<td>Nápréx</td>
</tr>
<tr>
<td></td>
<td>Naprinol</td>
</tr>
<tr>
<td></td>
<td>Nopain Forte</td>
</tr>
<tr>
<td></td>
<td>Norsetic</td>
</tr>
<tr>
<td></td>
<td>Pacigesic</td>
</tr>
<tr>
<td></td>
<td>Pharex-Paracetamol</td>
</tr>
<tr>
<td></td>
<td>Pynal</td>
</tr>
<tr>
<td></td>
<td>Rexidol</td>
</tr>
<tr>
<td></td>
<td>Reximed</td>
</tr>
<tr>
<td></td>
<td>Rufénal</td>
</tr>
<tr>
<td></td>
<td>Saridon</td>
</tr>
<tr>
<td></td>
<td>Servigesic</td>
</tr>
<tr>
<td></td>
<td>Sommec</td>
</tr>
<tr>
<td></td>
<td>Sumagesic</td>
</tr>
<tr>
<td><strong>Anthihistamine</strong></td>
<td>Loratadine</td>
</tr>
<tr>
<td></td>
<td>Claritin</td>
</tr>
<tr>
<td><strong>Mebhydrolin</strong></td>
<td>Fabahistin</td>
</tr>
<tr>
<td><strong>Chlorpheniramine</strong></td>
<td>Pharex-Chloramphenicol</td>
</tr>
<tr>
<td></td>
<td>Synestal</td>
</tr>
</tbody>
</table>