49 – HSV and VZV in Immuno-Competent and Immunocompromised Hosts

Speaker: Richard Whitley, MD

IDBR INFECTIOUS DISEASE BOARD REVIEW AUGUST 19-23 2023

HSV and VZV in Immunocompetent and Immunosuppressed Patients

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7/6/2023

IDBR INFECTIOUS DISEASE BOARD REVIEW AUGUST 19-23 2023

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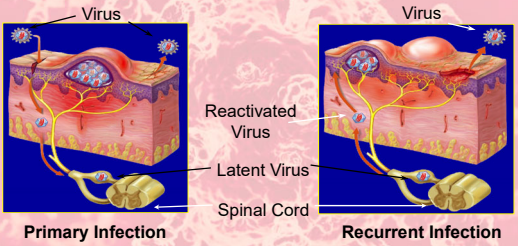
Herpes Viruses: The Family

- Herpes simplex virus, type 1 (HSV-1)
- Herpes simplex virus, type 2 (HSV-2)
- Varicella zoster virus (VZV)
- Cytomegalovirus (CMV)
- Epstein Barr virus (EBV)
- Human herpesvirus 6 (HHV 6 A and B)
- Human herpesvirus 7 (HHV 7)
- Human herpesvirus 8 (HHV 8)

Viral Latency and Reactivation



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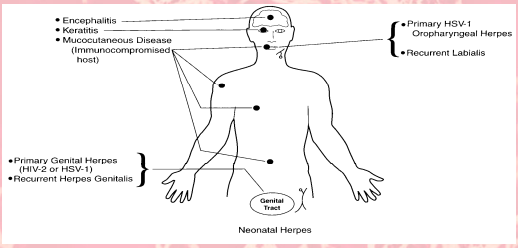
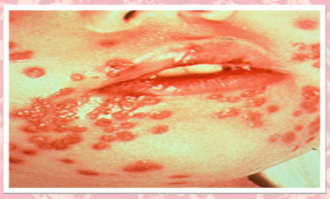
Clinical Manifestations of Herpes Simplex Virus Infections



Primary Herpes Simplex Virus Infection: Cutaneous Lesions



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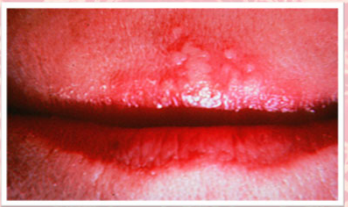
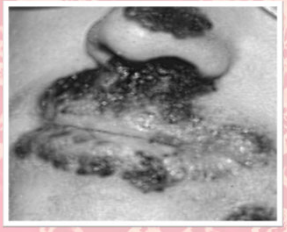
Herpes Simplex Labialis

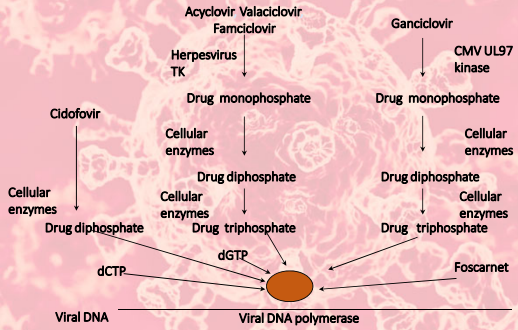


Immunocompromised Host



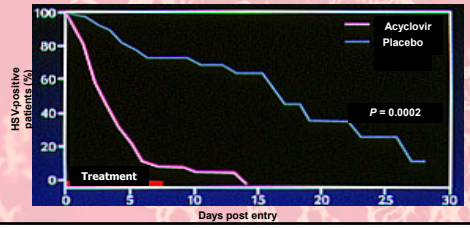
Most Widely Used Systemic Anti-HSV and VZV Drugs

- Acyclovir (ACV, Zovirax)
- Famciclovir (FCV, Famvir)
- Valacyclovir (VACV, Valtrex)
- Foscarnet (PFA, Foscavir)
- Ganciclovir (GCV, Cytovene)
- Val-Ganciclovir (Valcyte)
- Others:
  - Cidofovir



Intravenous Acyclovir for Herpes Simplex Virus Infections in Immunocompromised Hosts

Time to cessation of viral shedding with acyclovir



Acyclovir Prophylaxis for HSV Infection in BMT Patients

Acyclovir (250 mg iv/m2 /tid) or placebo for 18 days beginning 3 days before transplant

Group	Number of Patients	Number of HSV Infections	P
Acyclovir	10	0	~0.003
Placebo	10	7	

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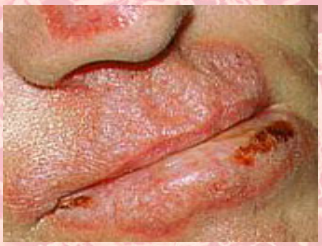


Question #1

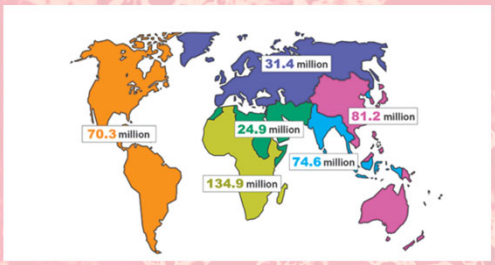
A 30 year old heart transplant has received acyclovir for the past 60 days for cutaneous HSV infection. The lesions are now progressive in spite of high-dose intravenous therapy. The most likely cause for disease progression is a deficiency or alteration of:

A. Ribonucleotide reductase
B. Reverse transcriptase
C. Protease
D. Thymidine kinase
E. DNA polymerase

Answer #1a and b

- Three types of acyclovir resistant viruses:
  - thymidine kinase negative
  - thymidine kinase altered substrate
  - DNA polymerase mutations
- All populations of HSV contain viruses with resistant genotypes
- Progressive disease has been limited to the immunocompromised host, especially HSCT recipients and those with poorly controlled HIV
- Three normal hosts with documented ACV resistant virus had disease progression

Global Prevalence of HSV-2 Infection



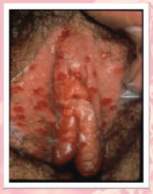
Total estimated number of people (in millions) infected with HSV-2 in 2012 by WHO region, gender and age range. Source: WHO, as published in PLOS ONE (21 Jan 2015)

Acyclovir Therapy of Genital Herpes

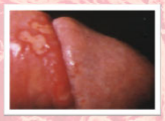
Summary of clinical benefit for treatment of:

- Primary
- Recurrent
- Suppressive

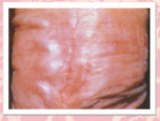
Spectrum of HSV Clinical Presentation



First infection



Classical recurrence



Atypical recurrence

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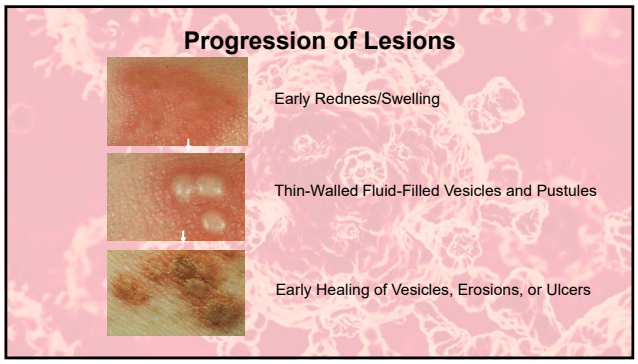

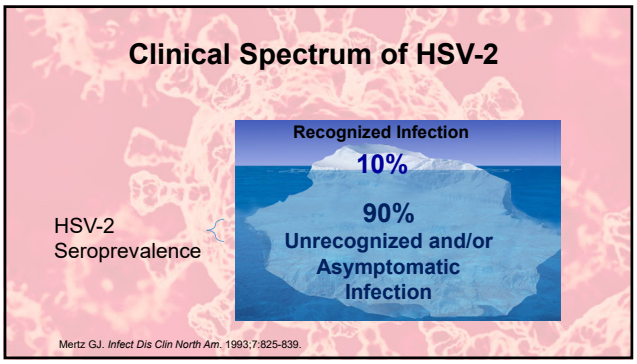

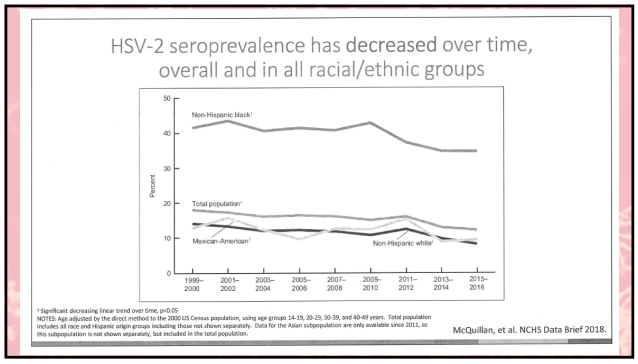

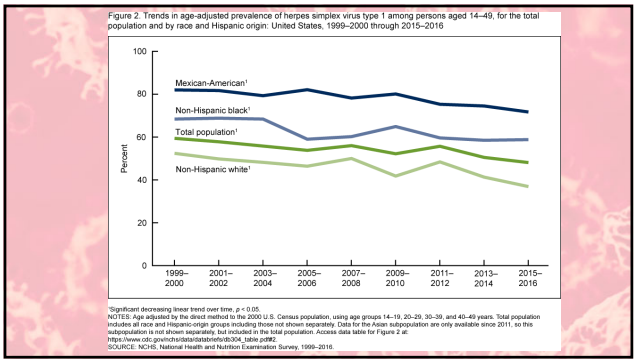

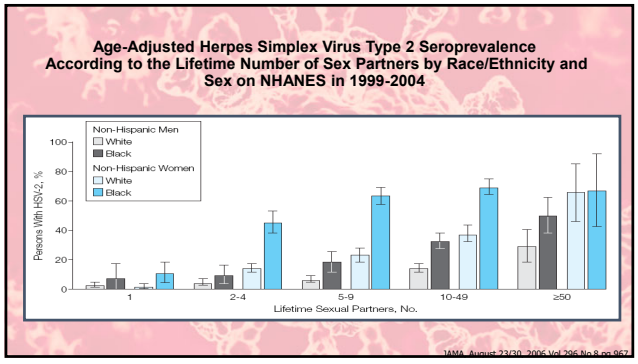

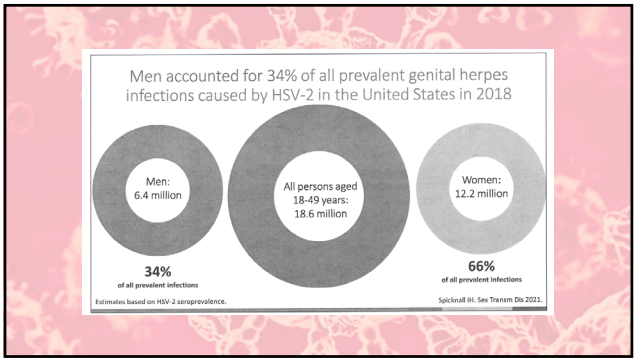

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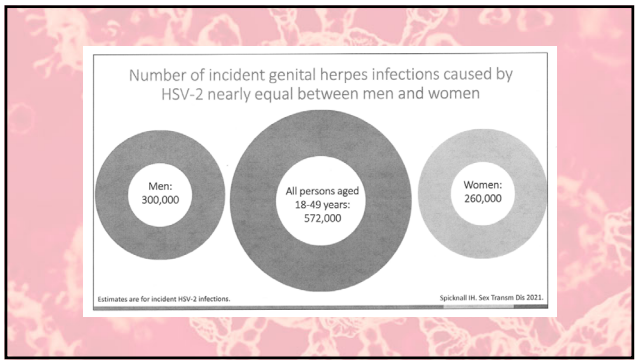

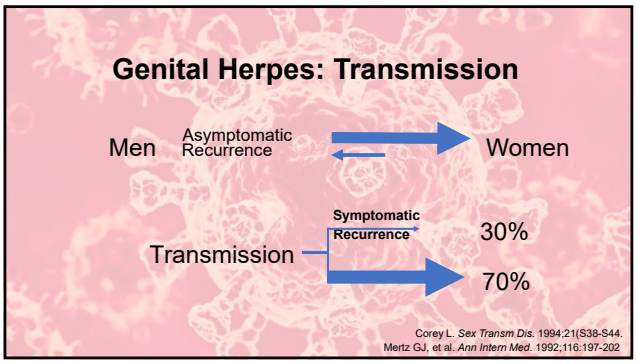

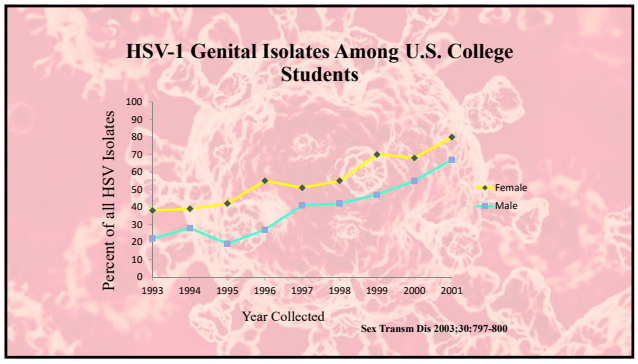

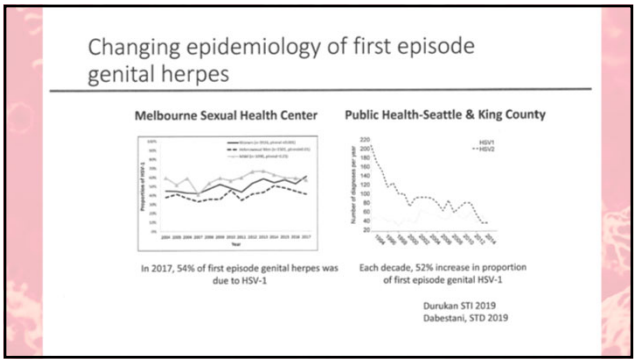

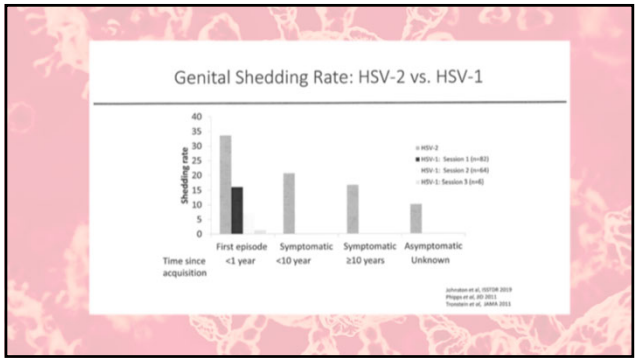

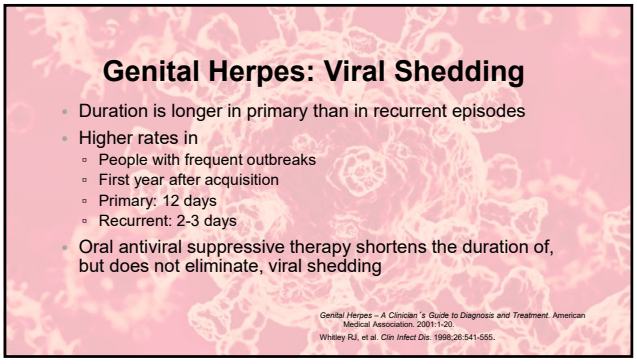

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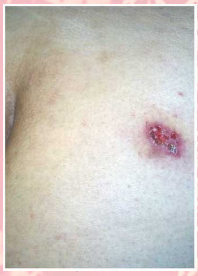
Herpes Presenting as Ulceration



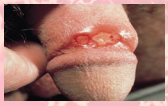
- The patient had been to her doctor 3 times over the past 8 months with this pruritic and mildly painful rash on her right buttock. She had been told that it was an irritation from riding a bicycle.
- What is the key to the diagnosis?
  - A. the fact that lesions recurred
  - B. site of involvement is not unusual
  - C. trauma can induce reactivation

Photo courtesy of Jeffrey Gilbert, MD

Question #2

IDBR AUGUST 19-22 2023 PREVIEW QUESTION

An 18 year old man presents with a history of malaise, low-grade fevers, and new-onset painful genital lesions seen in the picture below. He had unprotected sexual intercourse with a female partner 2 weeks earlier. Neither he nor his partner has traveled outside the United States.



Which of the following diagnostic tests is most likely to yield the specific diagnosis?

A. Serum RPR
B. Serum FTA-Abs
C. Darkfield microscopy
D. Glycoprotein-G 1 serum antibodies
E. PCR on lesion swab

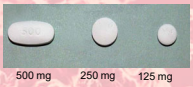
Answer #2

IDBR AUGUST 19-22 2023 PREVIEW QUESTION

- Historically, culture of HSV was the gold standard. Using daily cultures to detect viral shedding resulted in 4-7% of all days being positive.
- Use of PCR has supplemented culture and detects shedding in up to ~25% of days. More recent data show intermittent shedding on the same day.
- A culture isolate of virus is required to test for resistance
- Serology can be used to assess prior exposure to HSV. The distinction between HSV glycoprotein 1 and 2 is diagnostic.

Oral Antiviral Therapies

- Famciclovir [Famvir®]



500 mg 250 mg 125 mg

- Valaciclovir [Valtrex®]

1 g 500 mg

- Acyclovir [Zovirax®]

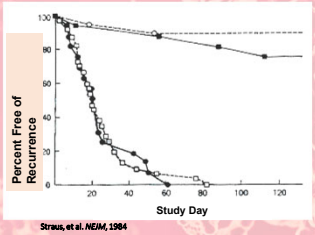
800 mg 600 mg 200 mg

Valtrex® and Zovirax® are registered trademarks of GlaxoSmithKline.

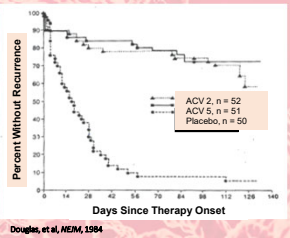
Impact of Acyclovir Therapy on Primary Genital HSV Infection

	Treatment Group (Days)			
	Acyclovir	Placebo	RR	P
Virus Shedding	2.8	16.8	6.82	0.0002
Pain	8.9	13.1	2.00	0.01
Scabbing	9.3	13.5	2.21	0.004
Healing	13.7	20.1	1.83	0.04

Effect of Acyclovir Prophylaxis on Recurrent Genital Herpes



Straus, et al. *NEJM*, 1984



Douglas, et al, *NEJM*, 1984

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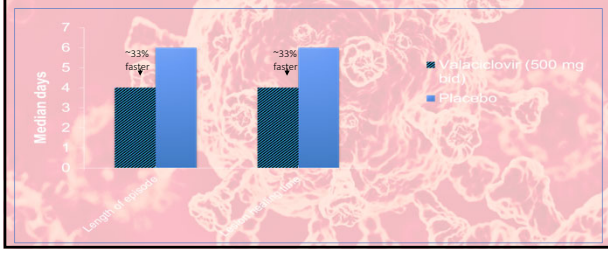
Second Generation Anti-Herpetic Medications

- Valacyclovir (prodrug of acyclovir)
- Famciclovir (prodrug of penciclovir)

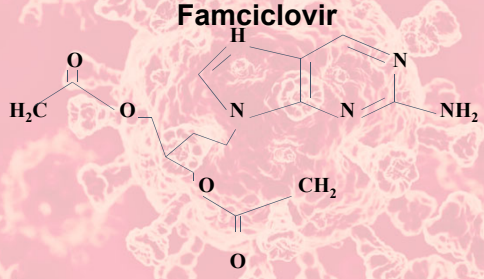
Acyclovir/Valacyclovir Kinetics

DRUG	DOSE	PHARMACOKINETICS	
		C_{max} (μg/mL)	Daily AUC (μg/mL•h)
VALTREX	1 g 3x/d	5.0	47
Oral ZOVIRAX	800 mg 5x/d	1.6	24
IV ZOVIRAX	5 mg/kg 3x/d	9.8	54
	10 mg/kg 3x/d	20.7	107

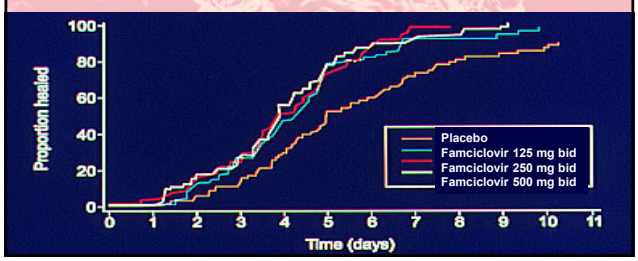
Therapy of Recurrent Genital Herpes: Duration of Disease



Famciclovir



Famciclovir Therapy of Recurrent Genital Herpes



Shorter and Shorter Therapy

- Genital Herpes
  - Valacyclovir: three days
  - Famciclovir: one day
- Labial Herpes
  - Valacyclovir: two days
  - Famciclovir: one day

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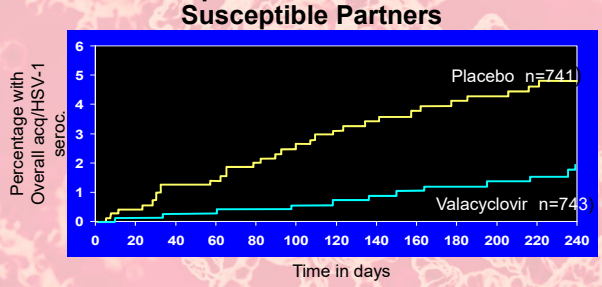
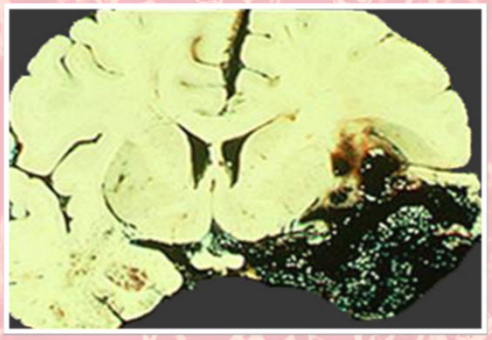
Prevention of Person to Person Transmission

Valacyclovir Prevention of HSV Transmission to Susceptible Partners

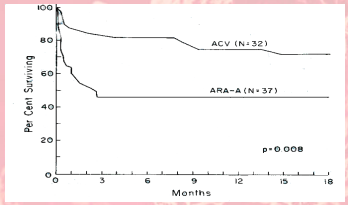
Susceptible Partner	Val-ACV N = 743	Placebo N = 741	Total
No. acquired HSV-2	14	28	42
No. acquired HSV-1	0	4	4
No. developed clinical HSV-2	4	17	21

Time to Acquisition of HSV-1 or HSV-2 in Susceptible Partners





Herpes Simplex Encephalitis Survival



Vidarabine (ARA-A) vs Acyclovir (ACV); P=0.008

HSE Morbidity

Percent Patients
Patient Normal / Mild Impairment

Age	Glasgow Coma Scale ≤6	Glasgow Coma Scale >6
<30	0	60
>30	0	36

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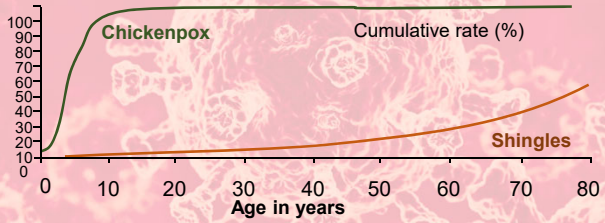
Sensitivity and Specificity of PCR

	Biopsy Positive	Biopsy Negative
PCR Positive	53	3
PCR Negative	1	44

Sensitivity 98%
Specificity 94%
Positive Predictive Value 95%
Negative Predictive Value 98%

Varicella Zoster Virus Infection



Adapted from Weller TH. *N Engl J Med.* 1983;309:1362-1368

CHICKEN POX: Is Therapy of Value?

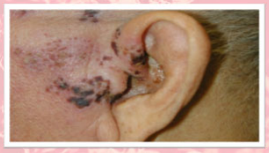
Treatment of Chicken Pox: Adults (>18 Years) < 24 Hour Duration

	Acyclovir (n=38)	Placebo (n= 38)	*P*
Time to maximum number of skin lesions (days)	1.5	2.1	0.002
Days of new lesion information	2.7	3.3	0.03
Time to onset of cutaneous healing (days)	2.6	3.3	<0.001
Time to 100% crusting (days)	5.6	7.4	0.001
Maximum number of lesions	268	500	0.04

Thoracic Herpes Zoster

Questions

1. What is the most likely diagnosis?
2. How would you prove the etiology?



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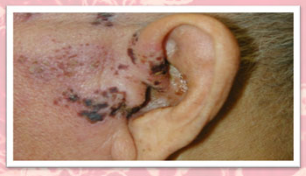
Answer

- Clinically this is herpes zoster
- The lesion shown is Tzank prep positive on skin scraping. The sensitivity of this test is only ~60% and, therefore, is not recommended
- Immunofluorescence is positive for VZV, having a sensitivity of ~80%.
- Preferably, PCR can be performed even when lesions are scabbed and has the highest sensitivity.

Question #3

What complication would you be most concerned about?

A. Facial paralysis
B. Keratitis
C. Encephalitis
D. Optic neuritis
E. Oculomotor palsies



http://www.itfnoroloji.org/kranyalnoropatiler/Kranyalnoropatiler.html

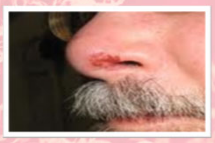
Answer: #3

- This patient has Ramsay Hunt syndrome (Herpes zoster oticus), caused by VZV reactivation in the geniculate ganglion, i.e. zoster of CN VII, presenting with severe ear pain and reduced hearing or deafness. When vesicle are seen in the auditory canal, abnormalities in cranial nerves VII, and sometimes VIII, IX or X, can occur. Thus A, facial paralysis is the best answer. Acyclovir is usually recommended although its not clear if it's effective. The facial paralysis is more severe and less likely to resolve than the usual HSV related Bells Palsy.
- Keratitis would be more typical of a lesion on the tip of the nose, or zoster ophthalmicus involving the CN V ophthalmic branch.
- Encephalitis can be caused rarely by VZV and would not be the best answer. Stroke syndromes due to carotid intimal involvement are associated with zoster, and often with cranial nerve V (trigeminal involvement), but are not offered as an answer
- Optic neuritis and oculomotor paralysis would be uncommon.

Question #4 Stem

The patient has only the observed finding on his nose.

- **What is your most likely diagnosis?**
- **What is the name of this sign?**



www.medscape.com

Question #4

What complication is it most likely to be associated with this illness?

A. Deafness
B. Vertigo
C. Optic neuritis
D. Keratitis
E. Stroke

Answer: #4

This patient has Hutchison's sign, which indicates involvement of the cranial nerve V, i.e. ophthalmic branch of the trigeminal nerve, which inervates the tip of the nose and the globe. After a prodrome of fever and headache for 1-4 days, patients develop a cutaneous rash. Days or up to 3 weeks later, the sclera and cornea can be involved. Thus, keratitis is the correct answer.

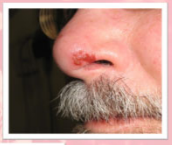
Deafness or vertigo would be more characteristic of geniculate ganglion (CN VII) involvement, i.e. Ramsay Hunt, which is a polyneuropathy involving the cranial nerve VII, and then often involves VIII, IX, X. Thus A and B are not the best answers.

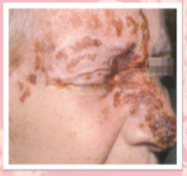
49 – HSV and VZV in Immuno-Competent and Immunocompromised Hosts

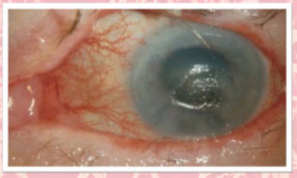
Speaker: Richard Whitley, MD

Hutchison's Sign

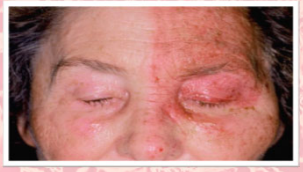
Zoster Involving nasociliary branch, Cranial Nerve VII which inervates the tip of the nose and the cornea







Zoster Ophthalmicus



NATURAL HISTORY OF ZOSTER IN THE NORMAL HOST

- Acute neuritis may precede rash by 48 - 72 hours
- Maculopapular eruption, followed by clusters of vesicles
- Unilateral dermatomal distribution

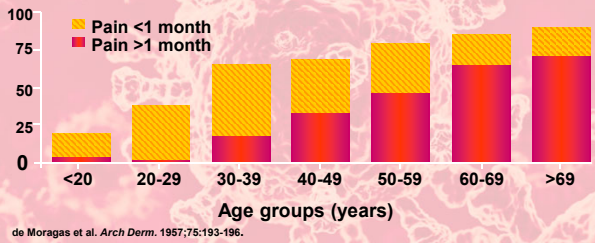
NATURAL HISTORY OF ZOSTER IN THE NORMAL HOST

- Events of healing:
  - Cessation of new vesicle formation: 3 - 5 days
  - Total pustulation: 4 - 6 days
  - Total scabbing: 7 - 10 days
  - Complete healing 2 - 4 weeks
- Cutaneous dissemination can occur dissemination is extremely rare
- Postherpetic neuralgia in 10% - 40% of cases

Complications of Zoster

Common	Uncommon
• Postherpetic neuralgia	• Cutaneous dissemination
• Ocular complications	• Herpes gangrenosum
• Ophthalmic zoster	• Hepatitis
• (uveitis, keratitis, scleritis, optic neuritis)	• Encephalitis
• Pneumonitis	• Motor neuropathies
• Scarring	• Myelitis
• Bacterial superinfection	• Hemiparesis (granulomatous CNS vasculitis)

Prevalence and Duration of Pain



de Moragas et al. *Arch Derm.* 1957;75:193-196.

49 – HSV and VZV in Immuno-Competent and Immunocompromised Hosts

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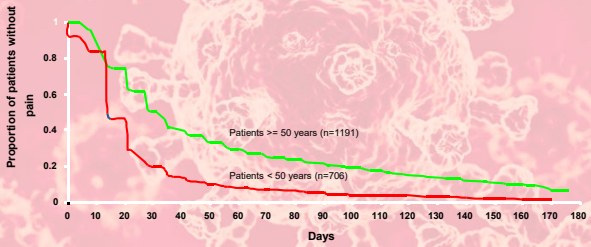
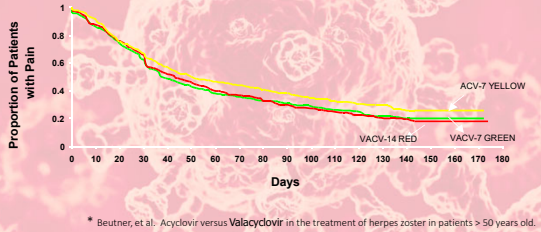
Goals of Therapy

- Accelerate cutaneous healing
- Accelerate loss of pain acute / chronic
- Prevent complications

Time to Cessation of Zoster-Associated Pain

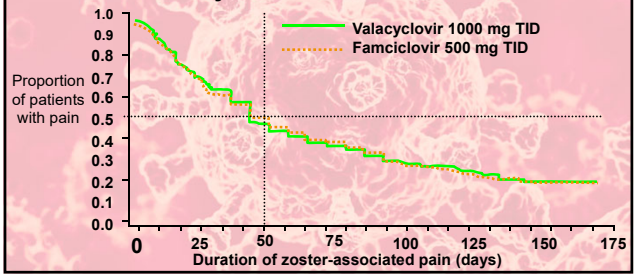


Time to Cessation of Zoster Associated Pain n = 1141



* Beutner, et al. Acyclovir versus Valacyclovir in the treatment of herpes zoster in patients > 50 years old.

Resolution of Pain in Herpes Zoster With Valacyclovir and Famciclovir

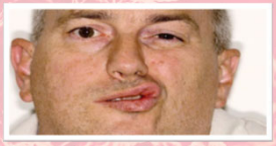


Summary of Efficacy of Concomitant Steroid Therapy with Acyclovir

- Accelerates resolution of acute neuritis
- Accelerates:
  - Return to usual activity P<0.001
  - Unaroused sleep P<0.0001
  - Cessation of analgesic use P<0.001
- Effect on chronic pain P=0.06

Question #5

What is the most likely etiologic agent?



A. HSV
B. VZV
C. CMV
D. EBV
E. HHV6

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49 – HSV and VZV in Immuno-Competent and Immunocompromised Hosts

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Answer #5

- This patient has facial palsy, also known as Bells palsy. The most likely cause of this lesion is HSV. HIV and Lyme disease are less common causes. Answers d and e are not the best answer. Of note, Lyme is rarely the cause of Bells palsy unless there are other manifestations of Lyme disease.
- For typical facial palsy, prednisone is the preferred therapy, optimally given within 3 days of onset, for one week (prednisone 60-80mg qd). Acyclovir alone is not better than placebo, although there might be some rational (unproven) to add acyclovir to prednisone.
- Ganciclovir would be a therapy for CMV, a rare cause of facial paralysis and thus not the best answer.

METHODS OF PREVENTING / MODIFYING VARICELLA

Pre-exposure: Oka varicella vaccine

Post-exposure: VZIG (now available in US)

Oka varicella vaccine
(<3 days after exposure)

Acyclovir
(7-14 days after exposure)

Shingles Prevention Trial: Zostavax

Attenuated, live virus (approved 2006)

- **Efficacy but waning of immunity with time**
  - **Burden Of Illness 61.1% (51.1 – 69.1%)**
  - **Post-Herpetic Neuralgia 66.5% (47.5 – 79%)**
  - **Incidence of Herpes Zoster 51.3% (44.2 – 57.6%)**

Second Generation Vaccine: Shingrix

- **Recombinant adjuvanted vaccine**
  - **Two shots**
  - **> 50 years of age**
- **Efficacy**
  - **Both PHN and incidence of shingles**
  - **>90% for >4 years**
- **Adverse events**
  - **Local reactogenicity: redness and pain ~ 50-70%**
  - **Systemic malaise/fever: ~30%**

Thank You
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