

# Editorial

## HELP for Herpes

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Genital herpes infection is an increasingly problematic disease from both a medical and psychosocial standpoint. An increased prevalence of genital herpes simplex virus (HSV) infection has been documented worldwide. In the United States, the National Health and Nutrition Examination Survey, conducted from 1988 to 1994, revealed the seroprevalence of HSV-2 in persons 12 years and older to be 21.9%, an increase of 30% in age-adjusted seroprevalence of HSV-2 since the 1976 to 1980 survey.<sup>1</sup> The advent of highly sensitive virological tests has confirmed that HSV-2 is the most common cause of genital ulceration in the developing world.<sup>1</sup>

Fortunately, with the proliferation of this disease, physicians may soon have new tools in the treatment of genital HSV. In addition, we should fully utilize the outstanding support system presently available for our patients with HSV.

In this issue, Casanova et al<sup>2</sup> report a randomized double-blind trial to evaluate the safety of a novel recombinant virus, ICP10 $\Delta$ PK, for the reduction or prevention of recurrent HSV-2. Persons having a minimum of 5 documented herpetic recurrences in the previous year were randomized for vaccine administration (n=24) or placebo (n=8). Upon entry into the study, patients were vaccinated subcutaneously in the upper deltoid muscle area, at days 7, 17, and 28 after initiation of lesion occurrence. Recurrences were recorded by patient diary and physician examination.<sup>2</sup>

During the observation period extending from 10 to 180 days after the last booster injection, recurrences were completely prevented in 37.5% of the vaccinated patients and in 0% of the patients receiving placebo (100% of placebo patients had at least one recurrence)( $P=.068$ ). In addition, vaccinated patients had fewer recurrences (1.58 vs. 3.13,  $P=.028$ ). The mean number of illness days was 10 for the vaccinated patients and 18 days for the placebo group ( $P=.028$ ). The authors concluded that this vaccine has therapeutic effectiveness and is safe, and that further studies to evaluate

this vaccine and its dosimetry for the treatment of genital herpes infections appear warranted.<sup>2</sup>

Another drug that has shown promise for genital HSV is resiquimod, a topically active immune response modifier that induces production of interferon- $\alpha$  and interleukin-12 in cultured blood mononuclear cells. In a study published by Spruance et al,<sup>3</sup> 52 patients with frequently recurrent genital herpes applied topical resiquimod 0.01% gel (twice or thrice weekly), 0.05% gel (once or twice weekly), or vehicle gel to herpes lesions for 3 weeks. During the 6-month observation period after treatment, median days to first recurrence in the pooled resiquimod group was 169 days, compared with 57 days for the vehicle group ( $P=.0058$ ). In all, 32% of resiquimod-treated patients completed the observation period without a recurrence, compared with 6% of vehicle-treated patients ( $P=.039$ ). Resiquimod 0.05% twice weekly produced dose-limiting inflammation at the lesion sites, but the other regimens were well tolerated. The authors concluded that application of resiquimod to genital herpes lesions appeared to reduce the frequency of recurrences. This drug is currently in phase 3 clinical trials.

In addition to therapeutic advances in the field, patients with genital HSV are often in need of support and counseling. One such resource is the HELP Group Program, which has been in existence for more than 20 years. There are approximately 70 HELP groups throughout the United States, Canada, and Australia. With an emphasis on self-help, local HELP groups meet monthly and offer individuals the opportunity to share experiences and successes with others in a confidential and safe environment. Patients can obtain more information and the location of local HELP groups through the Herpes Resource Center on the Web site of the American Social Health Association at [www.ashstd.org](http://www.ashstd.org).

With the promise of new vaccines and topical immunomodulators on the horizon and a system of support in place, we can face the challenge of HSV

with new optimism. Hopefully, all of these will assist us in easing the medical and psychosocial burden of this disease on our patients.

## REFERENCES

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3. Spruance SL, Tyring SK, Smith MH, et al. Application of a topical immune response modifier, resiquimod gel, to modify the recurrence rate of recurrent genital herpes: a pilot study. *J Infect Dis*. 2001;184:196-200.