Methods In 2013 we reviewed clinical notes coded for herpes suppression to establish whether BASHH and local standards were met for management of herpes suppression and routine blood monitoring.

Results 41 cases were reviewed. 32 (78%) had baseline blood tests. Of these 6/32 (19%) had abnormal results: 2 raised LFTs, 2 low estimated Glomerular Filtration Rate (eGFR), 2 low neutrophils – all resolved on repeating except one with fluctuating neutropenia. 19/32 (47%) had bloods repeated at our service and in addition 16% advised to attend GP. Only 1/19 (5%) had normal baseline bloods, low eGFR at one month, but normal at 2 months.

Discussion 19% of those tested had blood abnormalities at baseline, but only 3% had ongoing abnormalities likely affected by acyclovir. We recommend checking U&E, LFT and FBC at baseline. If normal no further monitoring is needed. If mildly abnormal repeat but continue aciclovir. If significantly low eGFR, leucopenia or elevated LFTs either dose reduce or stop acyclovir and investigate.

Background/introduction Genital herpes, usually caused by infection with herpes simplex type 2 (HSV-2), can cause substantial morbidity in the form of painful genital ulcers in infected adults and adolescents, as well as significant psychosocial morbidity. Neonatal herpes, acquired during delivery from infected adults and adolescents, as well as significant psychosocial morbidity. Neonatal herpes, acquired during delivery from infected adults and adolescents, as well as significant psychosocial morbidity. Neonatal herpes, acquired during delivery from infected adults and adolescents, as well as significant psychosocial morbidity.

Methods Literature review of HSV-2 prevalence studies worldwide since 2000, followed by fitting of a model with constant HSV-2 incidence by age to pooled HSV-2 prevalence values by WHO region, age and sex. Prevalence values were adjusted for test sensitivity and specificity.

Results In 2012, we estimate that 417 million people aged 15–49 years (range: 274–678 million) had existing HSV-2 infection worldwide; a global prevalence of 11.3%. Of those infected, 267 million were women. Also in 2012, we estimate that 19.2 million (range: 13.0–28.6 million) individuals aged 15–49 years were newly-infected with HSV-2: 0.5% of all individuals globally. Prevalence was highest in Africa (31.5%), followed by the Americas (14.4%). Burden of numbers infected was highest in Africa. However, despite lower prevalence, South East Asia and Western Pacific regions also contributed large numbers to the global totals because of large population sizes.

Discussion/conclusion The global burden of HSV-2 infection is large, highlighting the critical need for development of vaccines, microbicides and other prevention strategies against HSV-2.