

## Report on the 12<sup>th</sup> Annual Meeting of the IHMF<sup>®</sup>, Lisbon, Portugal, October 28–30 2005

Several aspects of herpesviruses management and prevention were featured at the 2005 Annual Meeting. It has become an IHMF<sup>®</sup> tradition to devote a session to the ratification of draft IHMF<sup>®</sup> guidelines, and this year the honour fell to varicella zoster virus (VZV)-related diseases.

Presentations reviewed VZV immunization in children and adults, and several aspects of the epidemiology and management of herpes simplex virus (HSV) infections.

### Varicella zoster virus

#### REDUCING THE FREQUENCY/SEVERITY OF HERPES ZOSTER

**Myron Levine (USA) focused on the rationale for – and implications of – immunizing adults with live attenuated VZV vaccine, to reduce the frequency and burden of herpes zoster (HZ).**

He showed that a robust cellular immunity against VZV is essential if HZ is to be prevented or attenuated. Such immunity tends to wane over the years, although environmental or vaccine-induced boosts can restore a sufficient immune response.

Dr Levine described a placebo-controlled, randomized trial involving 38 000-plus volunteers over 60 years old, who were followed over 5 years. In this trial, **high-dose, live, varicella vaccination reduced cases of HZ by 50% and the frequency of chronic pain by 60%.**

For a more detailed report please see [IHMF<sup>®</sup> News Issue 1 February 2006](#).

#### THERAPIES FOR VZV-RELATED DISEASE

**John Gnann (USA) reviewed therapies available for varicella. He reported that brivudin is now a licensed treatment for zoster in several countries and has become one of the recommended treatments for herpes zoster in the immunocompetent host.** This nucleoside analogue is as effective as aciclovir or famciclovir for shingles, but it has a major drawback in people who have received cancer chemotherapy. **Brivudin can interfere with the metabolism of the antitumoral agent 5FU and its derivatives, with potentially lethal consequences.** Unfortunately, reported Dr Gnann, no large clinical trials on varicella therapy have been published since 2001 (the year of the last IHMF<sup>®</sup> VZV management guidelines).

#### POST-HERPETIC NEURALGIA

**Advances in the management of post-herpetic neuralgia (PHN) were described by Robert Johnson (UK).** Although **combination therapy – using neuractive agents and opiates** – has received little investigation, this

approach **may be synergistic** and could work for both the treatment and prophylaxis of PHN.

#### UNIVERSAL VZV IMMUNIZATION

**An interesting debate was devoted to the pros and cons of universal varicella immunization.** David Patrick (Canada) presented data from North America and Japan, in favour of the motion, which demonstrate the efficacy and safety of immunization.

Reduced levels of varicella-associated complications and hospitalizations have been achieved in areas with high vaccine coverage: breakthrough VZV cases are very infrequent.

Conversely, Leonardo Enberti-Gialloreti (Italy) showed that universal varicella immunization should not be a priority for countries with limited resources: more important vaccinations must be provided before considering this approach. **To see good results, he continued, high VZV vaccine coverage must be reached in a short time period, otherwise VZV-related disease outbreaks are merely shifted to older age-groups,** often with more severe cases than are seen in early childhood.

#### HSV and CMV

##### NEW SEROPREVALENCE DATA FROM EUROPE AND THE DEVELOPING WORLD

**Jean-Elie Malkin (France) reviewed recent epidemiological data on the spread of genital herpes in Europe** (where seropositivity for HSV-2 ranges from 10 to 25%), **and in developing countries in Asia and Africa (in selected populations seropositivity can reach 80–90%).**

He confirmed the dramatic role of HSV in favouring HIV transmission.

An interesting overview of **topical treatments for HSV** infections given by David Bernstein (USA), a session on **HSV- 1 and -2 shedding** in genital and oral areas measured by PCR (presented by Anna Wald, USA) and an update on cytomegalovirus vaccine development by Robert Pass completed the official programme.

Two satellite symposia focused on the antiviral agents valaciclovir and famciclovir. One symposium discussed how **valaciclovir can be used to prevent HSV transmission to partners and neonates**, and to prevent psychological distress in newly diagnosed genital herpes. The second symposium looked at **short-term treatment with famciclovir for labial and genital herpes.**

#### Want to know more?

Abstracts of the keynote lectures and the posters are available in issue 12:3 of *Herpes Journal*, which is accessible by [clicking here](#). Selected oral presentations from the meeting will also shortly be available on this website.