

Table 3

HSV/VZV Treatment Recommendations for Neonatal/Pediatric Patients^{9,10}

Pathogen	Preferred Therapies and Duration	Alternative Therapies	Other Options/Issues
Herpes Simplex Virus (HSV)	<p>Neonatal (birth-three months) HSV Infection Acyclovir 20mg/kg IV tid x 14-21 d</p> <p>HSV Encephalitis (three months-12 year) Acyclovir 20 mg/kg IV tid x 14-21 d</p> <p>HSV Encephalitis (12 years) Acyclovir 10 mg/kg IV tid x 14-21 d</p> <p>HSV Infection in Immunocompromised Host (Localized, Progressive, or Disseminated) < 12 years: Acyclovir 10 mg/kg IV tid x 7-14d 12 year: Acyclovir 5 mg/kg IV tid x 7-14d</p> <p>Herpes Zoster in Immunocompromised < 12 year: Acyclovir 20 mg/kg IV tid x 7-10d 12 year: Acyclovir 10 mg/kg IV tid x 7d</p> <p>Varicella in Immunocompromised Host < 1yr: Acyclovir 10 mg/kg IV tid x 7-10d 1yr: Acyclovir 10mg/kg IV tid x 7-10 d or 500mg/m² IV tid x 7-10d</p>	<p>HSV Infections During Acyclovir Shortage in Neonates: Ganciclovir 6mg/kg IV Q12h</p> <p>HSV Infections During Acyclovir Shortage (Past Neonatal Stage) Ganciclovir 5mg/kg IV Q12h</p> <p>Acyclovir-Resistant HSV Infection (Immunocompromised) Foscarnet 60 mg/kg IV bid</p> <p>For VZV Patients Requiring IV Therapy During Acyclovir Shortage: Neonate: Ganciclovir 6mg/kg IV 12h; preferred over Foscarnet 60 mg/kg IV bid Outside Neonatal Stage: Ganciclovir 5 mg/kg IV Q12h; preferred over Foscarnet 60 mg/kg IV bid</p>	<p>- For pediatric (not neonatal) patients, valacyclovir 20-25 mg/kg PO tid has been shown to yield equivalent levels to Acyclovir 10 mg/kg IV tid</p> <p>- Valacyclovir oral solution can be prepared by crushing valacyclovir tablets in Ora-Sweet or Syrpalta syrups to yield concentration of 50 mg/ml.</p> <p>- Foscarnet monitoring: SCr, BUN, hypocalcemia, hypophosphatemia, hypomagnesemia, hypokalemia</p> <p>- Foscarnet infusion: administer at constant rate by infusion pump (no faster than 1 mg/kg/minute)</p>

RECOMMENDATIONS FOR HSV/VZV INFECTIONS IN IMMUNOCOMPETENT PEDIATRIC PATIENTS

- For skin recurrences following neonatal HSV disease (without CNS involvement at the time), 1st line therapy is oral acyclovir 20 mg/kg/dose (max per dose, 800 mg) PO QID. Second line therapy is oral Valacyclovir 20mg/kg/dose (max per dose, 1000 mg) PO TID.
- For HSV gingivostomatitis or HSV/VZV infection in an immunocompetent host, 1st line therapy is oral Valacyclovir 20mg/kg/dose (max per dose, 1000 mg) PO TID. Second-line therapy is oral Acyclovir 20 mg/kg/dose (max per dose, 800 mg) PO QID.
- For Zoster infection in an immunocompetent host, 1st line therapy is oral Valacyclovir 20mg/kg/dose (max per dose, 1000 mg) PO TID. Second-line therapy is oral Acyclovir 20 mg/kg/dose (max per dose, 800 mg) PO QID.