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Lack of efficacy of a topical human leukocyte interferon-nonoxynol-9 preparation in the treatment of recurrent genital herpes. A.Langenberg, G. Valsecchi, C. Winter, M. Remington, A. Dunne, J. Benedetti, L. Corey. Departments of Medicine and Laboratory Medicine, University of Washington, Seattle, WA.

Human leukocyte interferon alpha has been shown to exhibit antiviral activity in vitro against herpes simplex virus. In vitro, the combination of alpha interferon at a concentration of 1 x 10 3 with nonoxynol-9 was shown to exert a synergistic antiviral effect. The efficacy of topical interferon alpha(1 x 10 3 U/gm) in combination with the surfactant nonoxynol-9(0.1%) (Exovir) in the treatment of recurrent genital herpes was evaluated in 69 patients with well-defined recurrent genital herpes. The study design consisted of evaluation of three consecutive episodes of genital HSV recurrence, two treated: one clinician-initiated, one patient-initiated, and one untreated. Patients were randomized to receive either the Exovir preparation or placebo within 24 hours of the onset of a recurrence, and applied the medication three times daily for 5 days. Followup visits with examination and cultures were performed on days 2,3 and 4 or 5, 6 or 7, 8 or 9, 10-12, and at least twice weekly thereafter until lesions healed. Thirty five patients were male and 34 female. The mean age was 32 years, and the median duration of past genital herpes was 48 and 41 months for the placebo and treated groups, respectively. The median number of reported episodes per year was 6.0 and 7.8, respectively., with a median duration of 6-7 days. The duration of viral shedding, time to healing, and symptoms did not appear to differ significantly in the two treatment groups. There was no statistical difference in the development of new lesions during the first or second recurrence between the groups. Gender was not found to influence any of the comparisons. Overall, 57.7% of the placebo and 27.3% of the Exovir treated patients reported some reduction in symptoms during the course of therapy ($p<0.05$). While the interferon-nonoxynol dosage did not demonstrated clinical efficacy, we obtained important natural history information concerning the natural variability of recurrences of genital herpes.

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A Randomized Comparative Trial of High vs. Standard Dose Oral Acyclovir on First Episode Genital Herpes Infections. A. Wald, J. Benedetti, M. Remmington, G. Davis*, L. Corey. University of Washington, Seattle, WA, USA, *Burroughs Wellcome Co., Res. Tri. Park, NC, USA.

97 patients presenting with first episode genital herpes within 5 days of onset of lesions were randomized in a double blind manner among 3 groups: Group A (n=36) received 800 mg of acyclovir 5x daily initially, then 200 mg 5x daily for recurrences; Group B (n=31) received 800 mg of acyclovir 5x daily initially, then placebo for recurrences; Group C (n=30) received 200 mg 5 times daily initially, then 200 mg 5 times daily for recurrences. Initial episodes were treated for 10 days and recurrences for 5 days. Intent-to-treat analyses showed no differences between the groups in the duration of healing (mean Group A 14.25 days, Group B 14.32 days, Group C 14.37 days); the duration of viral shedding from study entry (mean Group A 2.85 days, Group B 3.00 days, Group C 3.96 days); or time to first recurrence (mean Group A 86.48 days, group B 78.62 days, Group C 80.26 days). Repeat analyses using only patients with primary genital herpes (n=86) also revealed no significant differences between the groups. We conclude that 4 gm daily of acyclovir is not superior to the standard dose of 1 gm daily in the treatment of first episode genital herpes and does not delay or hasten the appearance of first recurrence.