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A Randomized, Controlled Trial of Zovirax* (Acyclovir, ACV) Versus Netivudine for the Treatment of Herpes Zoster. AP Fiddian* and The International Zoster Study Group, *Wellcome Research Laboratories, Beckenham, Kent, UK

Oral ACV is the current standard of care for the treatment of acute herpes zoster and new agents should be compared with it for rash and pain outcomes as well as safety. Netivudine (882C87) is a novel agent with up to ten times greater activity against varicella zoster virus (VZV) *in vitro*, a prolonged plasma half-life in man and high protein binding. Immunocompetent patients over 50 years of age with rash for less than 72 hours were randomized to ACV (800 mg five times daily) or netivudine (20, 50, 100 or 200 mg once daily) plus matching placebo for 14 days. They were assessed regularly for 6 months. No evidence for a dose-response with netivudine was detected. Intent-to-treat analyses of the 511 patients enrolled showed that ACV accelerated time to complete cessation of pain (P=0.007; median duration 28 versus 42 days) and cessation of moderate to excruciating pain (P=0.005; median duration 7 versus 14 days). Time to cessation of abnormal sensations (P=0.08) and first pain-free period (P=0.10) also favoured ACV. Rash outcomes and adverse event profiles were similar for both treatments. This study has confirmed the efficacy of ACV in decreasing the duration and severity of pain following herpes zoster. A meta-analysis of published studies indicates a hazard ratio of 2.13 (95% CI = 1.42, 3.19: P<0.001; median duration 41 versus 101 days) for the effect of ACV versus placebo on time to complete cessation of pain in patients over 50 years of age. Greater *in vitro* activity of newer agents does not necessarily translate into greater *in vivo* benefit. Possible explanations for these findings will be discussed.