**06-ID-07**

**Committee:** Infectious Diseases

**Title:** Surveillance for Neonatal Herpes

**Statement of the Problem:**

Neonatal herpes simplex virus (HSV) infection of the newborn is a serious disease that results in death for 65% of untreated cases; less than 20% of neonates with CNS infection develop normally. Transmission is from mother to child and most infections result from asymptomatic genital infection in the mother, although infection can also be acquired perinatally by other exposures. Clinical diagnosis is difficult without laboratory confirmation. Clinical findings of neonatal-HSV infections are varied and can be classified into three main groups: skin, eyes, and mouth (SEM) disease, central nervous system disease (CNS), or disseminated infection. Laboratory confirmation includes isolation of HSV by culture from infection sites or detection of HSV by PCR from cerebrospinal fluid. Neonatal-HSV infection is not nationally reportable, and no national surveillance systems currently exist to monitor this infection in the population. Nine states, Connecticut, Delaware, Florida, Louisiana, Massachusetts, Nebraska, Ohio, South Dakota, and Washington, and New York City currently do include this disease as a reportable condition. Prevalence estimates made by different investigators are highly variable and range from 1 in 1,500 to 1 in 8,800 live births in the United States. These rates reflect between 460 and 2,700 cases annually. However, in those states where neonatal herpes is reportable, 0 - 5 cases were reported in 2004, undoubtedly, an underestimate of the true burden of disease. No national case definition for neonatal herpes exists, and, among those states where neonatal herpes is reportable, only one state has developed its own case definition. As a result, little is known about the prevalence of neonatal herpes infection in the U.S. or its epidemiology. There is also much to be learned about maternal risk factors for neonatal herpes, opportunities for prevention, delays in diagnosis and treatment, and appropriateness of therapy.

**Statement of the desired action(s) to be taken:**

CDC, with the cooperation and participation of CSTE and the National Council of STD Directors (NCSD), should convene an expert panel to:

- Develop a candidate case-definition for neonatal herpes that could be considered by CSTE for approval.
- Identify the specific needs and goals for neonatal herpes surveillance and propose the means by which such surveillance might best be accomplished. Determine whether making neonatal herpes a nationally reportable condition could meet those needs.
- If neonatal herpes reporting is warranted, identify those epidemiologic and clinical variables that should accompany the description of cases of neonatal herpes.
- Assess the resources and training required by state, territorial, and local health departments to implement surveillance for neonatal herpes

**Public Health Impact:**

By establishing a standardized case definition for neonatal herpes and critical surveillance indicators for epidemiologic and laboratory investigations, federal, state, territorial, and local

public health agencies will be assisted in efforts to better understand the burden of this disease and opportunities for prevention and treatment.

**Coordination:**

**Agencies for Response:**

(1) Julie L. Gerberding, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road, MS D14
Atlanta, GA 30333
Telephone: 404 639-7000
E-mail: jyg2@cdc.gov

(2) Don Clark, MA
Executive Director
National Coalition of STD Directors
1275 K Street, NW, Suite 1000
Washington, DC 20005
Telephone: 202 842-4660
E-mail: dclark@ncsddc.org

**Submitting Author:**

(1) Cort Lohff
State Epidemiologist
Vermont Department of Health
108 Cherry Street
PO Box 70
Burlington, VT 05403
Telephone: 802 863-7225
E-Mail: clohff@vdh.state.vt.us