

**Table IV. Herpes Simplex Prophylaxis**

Intervention	Indication	Dose and Administration		Comments
		First Choice	Alternative	
Antiviral prophylaxis <sup>a</sup>	Patients with positive HSV serology <b>OR</b> Patients with a history of herpetic stomatitis	<b>Adults:</b> Valacyclovir* 500 mg PO daily <b>OR</b> Acyclovir* 250 mg/m <sup>2</sup> IV q12 h <b>Peds:</b> Acyclovir* 250 mg/m <sup>2</sup> IV q12 h <b>OR</b> Acyclovir* 20 mg/kg PO q12 h, to a maximum dose of 800 mg q12 h		Begins coincident with the start of conditioning regimen and continues until post-transplant day +100 <b>AND</b> off immune suppression

<sup>a</sup> The use of prophylaxis against HSV has the added benefit of preventing VZ virus reactivation. Routine long-term prophylaxis against VZ virus is not currently recommended, but some clinicians may prefer to prolong prophylaxis for this reason.

\* Requires dose or schedule modification in renally impaired patients.