

## Indications and dose

### Herpes simplex treatment

- **By mouth**

**Child 1 month–2 years** 100 mg 5 times daily, usually for 5 days (longer if new lesions appear during treatment or if healing incomplete); dose doubled if immunocompromised or if absorption impaired

**Child 2–18 years** 200 mg 5 times daily, usually for 5 days (longer if new lesions appear during treatment or if healing incomplete); dose doubled if immunocompromised or if absorption impaired

- **By intravenous infusion**

**Neonate** 20 mg/kg every 8 hours for 14 days (for at least 21 days if CNS involvement—confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment)

**Child 1–3 months** 20 mg/kg every 8 hours for 14 days (for at least 21 days if CNS involvement—confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment)

**Child 3 months–12 years** 250 mg/m<sup>2</sup> every 8 hours usually for 5 days, doubled to 500 mg/m<sup>2</sup> every 8 hours in the immunocompromised or in simplex encephalitis (given for at least 21 days in encephalitis—confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment)

**Child 12–18 years** 5 mg/kg every 8 hours usually for 5 days, doubled to 10 mg/kg every 8 hours in the immunocompromised or in simplex encephalitis (given for at least 14 days in encephalitis (at least 21 days if also immunocompromised)—confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment)

**Note**

To avoid excessive dose in obese patients parenteral dose should be calculated on the basis of ideal weight for height

### Herpes simplex prophylaxis in the immunocompromised

- **By mouth**

**Child 1 month–2 years** 100–200 mg 4 times daily

**Child 2–18 years** 200–400 mg 4 times daily

### Prophylaxis of chickenpox after delivery (see notes above)

- **By intravenous infusion**

**Neonate** 10 mg/kg every 8 hours; continued until serological tests confirm absence of virus

### Attenuation of chickenpox if varicella–zoster immunoglobulin not indicated

- **By mouth**

**Child 1 month–18 years** 10 mg/kg 4 times daily for 7 days starting 1 week after exposure

Herpesvirus skin infections [section 13.10.3](#)

Herpesvirus eye infections [section 11.3.3](#)

## Administration

for *intravenous infusion*, reconstitute to 25 mg/mL with Water for Injections or Sodium Chloride 0.9% then dilute to concentration of 5 mg/mL with Sodium Chloride 0.9% or Sodium Chloride and Glucose and give over 1 hour; alternatively, may be administered in a concentration of 25 mg/mL using a suitable infusion pump and central venous access and given over 1 hour