HSV and its effects in fatal primary infection in the peripartum period

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Herpes simplex virus infection in pregnancy can be encountered either as a primary HSV infection or HSV reactivation. The risk of primary HSV infection in causing neonatal HSV that carries high neonatal morbidity/mortality is well known. However, less frequently encountered is the phenomenon of fatality in mothers after acquiring primary HSV-1 in the late partum/peripartum period. Peripartum period is a time of relative significant immunosuppression in the mother, more specifically in regard to disturbance in T-cell function with dysregulated immune function. 2 such instances of fatal HSV-1 occurred in relatively healthy young women who presented with sudden onset systemic shock and DIC (diffuse intravascular coagulation) and liver failure 1-2 weeks after delivery by LSCS (lower segment caesarean section). Various virological and immunological studies and the histological features confirmed this as primary HSV-1 infection in the mothers with florid HSV-1 viraemia, HSV hepatitis and multi-organ failure. Data on HSV sequencing investigating linkage between these 2 cases that occurred within 8 weeks in a region will be presented along with literature on what, why and how primary HSV in the early postpartum period has been fatal to the mothers whilst sparing the neonates.

Speaker Biography

Samuel Moses is a consultant microbiologist & virologist. His clinical practice includes infectious diseases clinic & ward consultations, infection pathology service consultations, infection control and outpatient clinics. His interests and expertise specifically are in sexually transmitted/blood borne infections (STI, HIV, HBV, HCV) and transplant infections (haematopoietic stem cell transplantation, solid organ transplantation. Samuel Moses is involved in operational and technological advancements in the field of molecular diagnostics and in employing newer methods in infection diagnostics and also been a member of and contributed to legacy PHE (Public Health England) Programme Boards and to NICE technology appraisals relating to BBV (blood borne viruses) and AMR (antimicrobial resistance).

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