The presence of a simple sacral dimple is a poor marker for spinal dysraphism, and as a result we present a new guideline for use. By reducing over-investigation of babies with dysraphism, we aim to improve the health and well-being of babies. This study assessed the attitudes of paediatric doctors towards the use of empirical aciclovir in the management of febrile neonates.

**Methods**

Invitations to participate in an online survey were sent to paediatric trainees (at senior house officer (SHO) and specialist registrar (SpR) level) and consultants (n = 513) in two medical deaneries in the UK (Wessex and Oxford Deanery) between May and June 2013. Four hypothetical scenarios of a febrile neonate were described to represent disseminated HSV disease (scenario 1), low-risk for HSV (scenario 2), HSV skin, eye and mouth disease (scenario 3) and HSV central nervous system disease (scenario 4). Participants were asked to indicate which antimicrobials they would commence for each scenario.

**Results**

A total of 64 individuals participated (response rate: 12.5%). A substantial proportion of participants indicated they would start aciclovir despite the presence of clinical and/or laboratory features suggestive of neonatal HSV infection in scenarios 1 (34/63, 54%), 3 (24/57, 42%) and 4 (31/54, 57%). Conversely, a total of 7/60 participants (12%) indicated they would not commence aciclovir despite the presence of clinical and/or laboratory features suggestive of neonatal HSV infection in scenarios 2. Throughout, there was a trend for a higher proportion of consultants choosing to commence aciclovir compared with trainees; however, this was not statistically significant.

**Conclusion**

The results indicate that there is lack of awareness of key features suggestive of neonatal herpes simplex infection, and highlight the need to integrate guidance on the use of empirical aciclovir in febrile neonates into national guidelines.