

# Testing for Herpes Simplex Infections

*Getting it **DONE!***

Tens of millions of people  
have been diagnosed  
with herpes infections

# Genital Herpes Issues

- The Most Common Cause of Genital Ulceration is Herpes Simplex
- Increasing Incidence - 30% increase over the past decade
- Approximately 90% of Recurrent Genital Herpes is Caused by Herpes Simplex 2 Virus (Type 2)

# Why Do We Need a New Diagnostic Testing Method?

- One in Four Adults are Infected with the Herpes Virus - 45 Million People
- Only 20% of Those Individuals Have Been Diagnosed
- Most Cases of Genital Herpes Do NOT Present with the “Typical Symptoms” of External Lesions (Blisters)

# Why Do We Need a New Diagnostic Testing Method?

A major challenge posed by genital herpes is that virtually all infected (seropositive) individuals, regardless of history, have periods of active viral shedding. All are potentially capable of transmitting the infection to sexual partners; yet, most take no precautions because they have not been diagnosed, counseled, or managed with anti-viral therapy.

# What is the problem?

You'd think by now  
that the method of diagnosing  
the disease was  
easy and straightforward...  
...but often it is not

# Why is this?

Most people already  
have type 1 HSV  
latently on the face

# Blood testing

So, blood tests  
showing a positive  
test for type 1  
don't necessarily  
tell you anything  
about genital  
infections



**The “Gold Standard”  
remains the  
Viral Culture**



**...unless PCR DNA testing  
is available**

**A positive viral culture  
gives the diagnosis.**



**Remember to ask that  
the virus be “typed”**

# **Incidence of Genital HSV by Types**

**In America, about 75%  
of new cases of genital HSV  
are caused by type 2,  
25% by type 1**

# **Incidence of Oral HSV by Types**

**In America, almost all  
cases of new oral HSV  
are type 1, and 80% or more  
of people develop oral HSV  
as children**

# **How to do Testing**

**Start with a  
viral culture of the  
suspected herpes lesion**

**If it is positive,  
then the diagnosis is made**

# How to do Testing

If the culture is negative,  
do “type specific serology”  
for HSV types 1 and 2.

**Alternative:** POCKit test

# Test Interpretation

If genital lesions are present and type 2 blood testing is positive, then the problem is probably type 2 genital HSV

# Test Interpretation

If genital lesions are present and **ONLY** type 1 blood testing is positive, then the problem **MIGHT BE** type 1 genital HSV



# Test Interpretation

Remember, though, that  
most people have positive  
type 1 antibody anyway

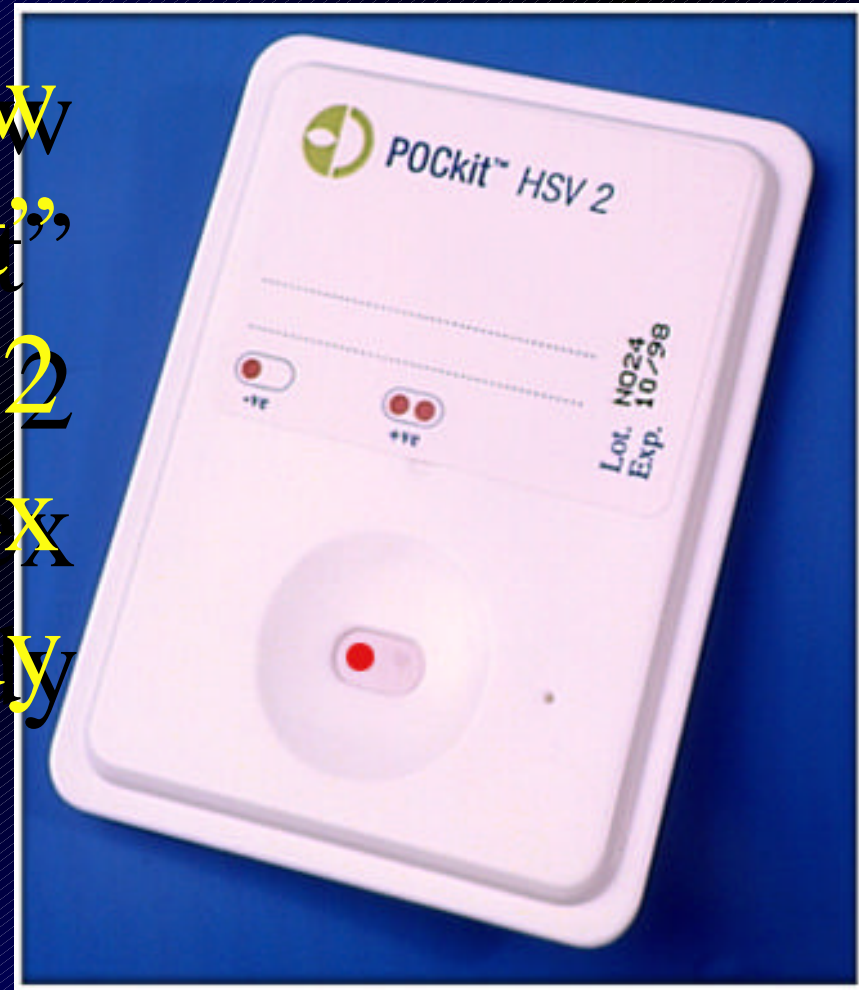
...so where did  
that antibody come from?

# Test Interpretation

If all blood tests are negative, repeat them in about three months.

If either one turns positive, then that type is probably the cause of the herpes outbreak.

The New  
“POCKit Test”  
for type 2  
herpes simplex  
antibody



Collect sample  
of blood into  
capillary tube





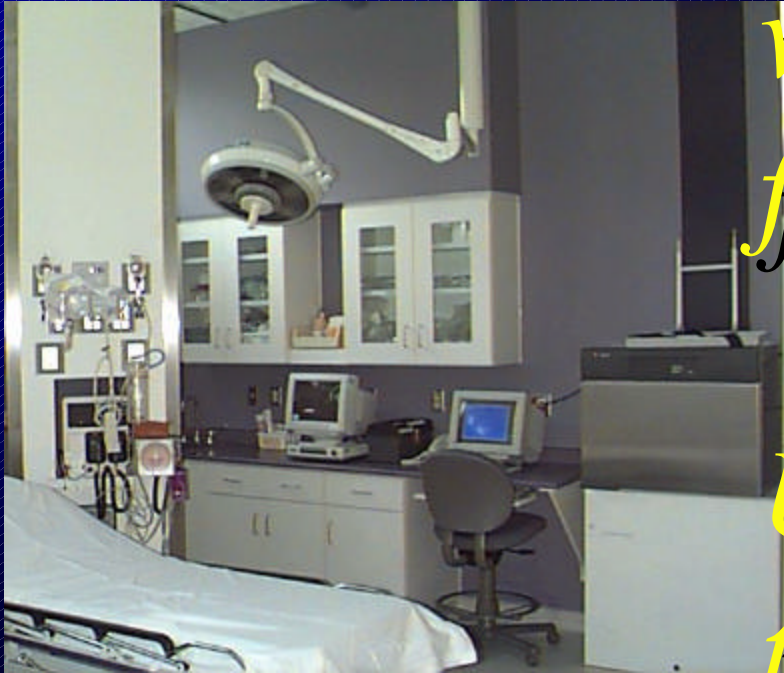
Positive  
Result



Negative  
Result

# *Summary Thoughts*

*Testing can be  
very confusing  
for many people*



*Use **ONLY**  
type specific  
blood testing*

*Negative tests  
do **NOT** completely  
rule out the possibility of  
HSV infections,  
especially in the case  
of a viral culture*



*Maintaining contact  
with a knowledgeable physician  
and utilizing Internet resources  
such as on-line pharmacies,  
Herpes.org and Herpeshelp.com  
can really help to provide  
information that can help people  
get tested appropriately and  
receive the right treatment.*

*Please contact  
the Webmaster  
at [webmaster@herpes.org](mailto:webmaster@herpes.org)*

*if you have  
any questions!*