

# Correlates of Testing Positive for HSV-2 Among Patients Attending a Publicly Funded STD Clinic

Sara K. Head, MPH<sup>1</sup>

Richard A. Crosby, PhD<sup>1</sup>

Adewale Troutman, MD<sup>2</sup>

<sup>1</sup>University of Kentucky, Lexington, Kentucky

<sup>2</sup>Louisville Metro Public Health and Wellness Department, Louisville,  
Kentucky

# Background

- Prevalence of genital herpes ~22%
- Genital herpes associated with
  - psychosocial morbidity
  - risk of neonatal herpes
- Genital herpes may synergistically promote transmission of HIV

# Background

- Type-specific HSV serologic assays allow point-of-care diagnoses
- Debate surrounding testing
- Disclosure, education, counseling important for HSV prevention

# Objective

- To better guide HSV-2 testing and educational efforts, we set out to identify correlates of positive HSV-2 results among STD clinic patients

# Methods: Sample

- Convenience sample
- Eligibility criteria:
  - no previous HSV-2 diagnosis
  - speak English
  - sexually active past 3 months
- Of 366 eligible patients, 357 chose to enroll:  
97.5% participation

# Methods: Data Collection

- Cross-sectional
- Self-administered questionnaire
  - sexual behavior measures
  - 5 item version of Herpes Related Quality of Life scale (Cronbach  $\alpha = .83$ )
- HSV-2 Rapid Test: Sure-View® HSV-2 by Fisher HealthCare (Houston, TX)
  - 96% sensitive; 98% specific

# Methods: Data Analysis

- Assessed variables for normality; median split for non-normal variables
- SPSS 14.0,  $\chi^2$ , logistic regression
- Significance at  $\alpha = .05$

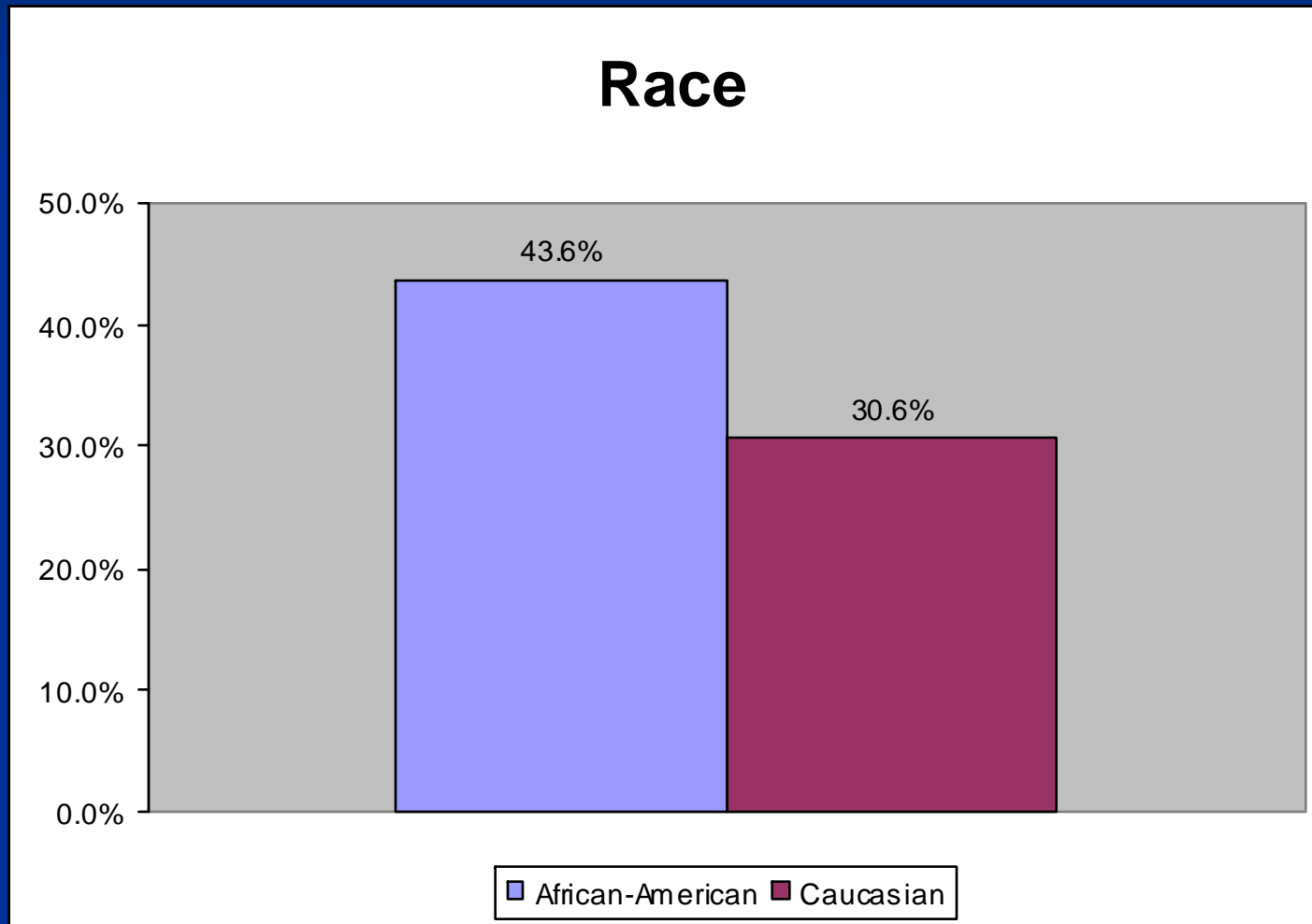
# Results: Sample Characteristics

- 39% tested positive for HSV-2
- Mean age 31.7 years (standard deviation 11.5), median 27 years, range 18-83 years
- 54% male, 46% female
- 69% African-American, 35% Caucasian
- 25% currently experiencing symptoms
- 91% sex with steady partner, 48% sex with non-steady partner



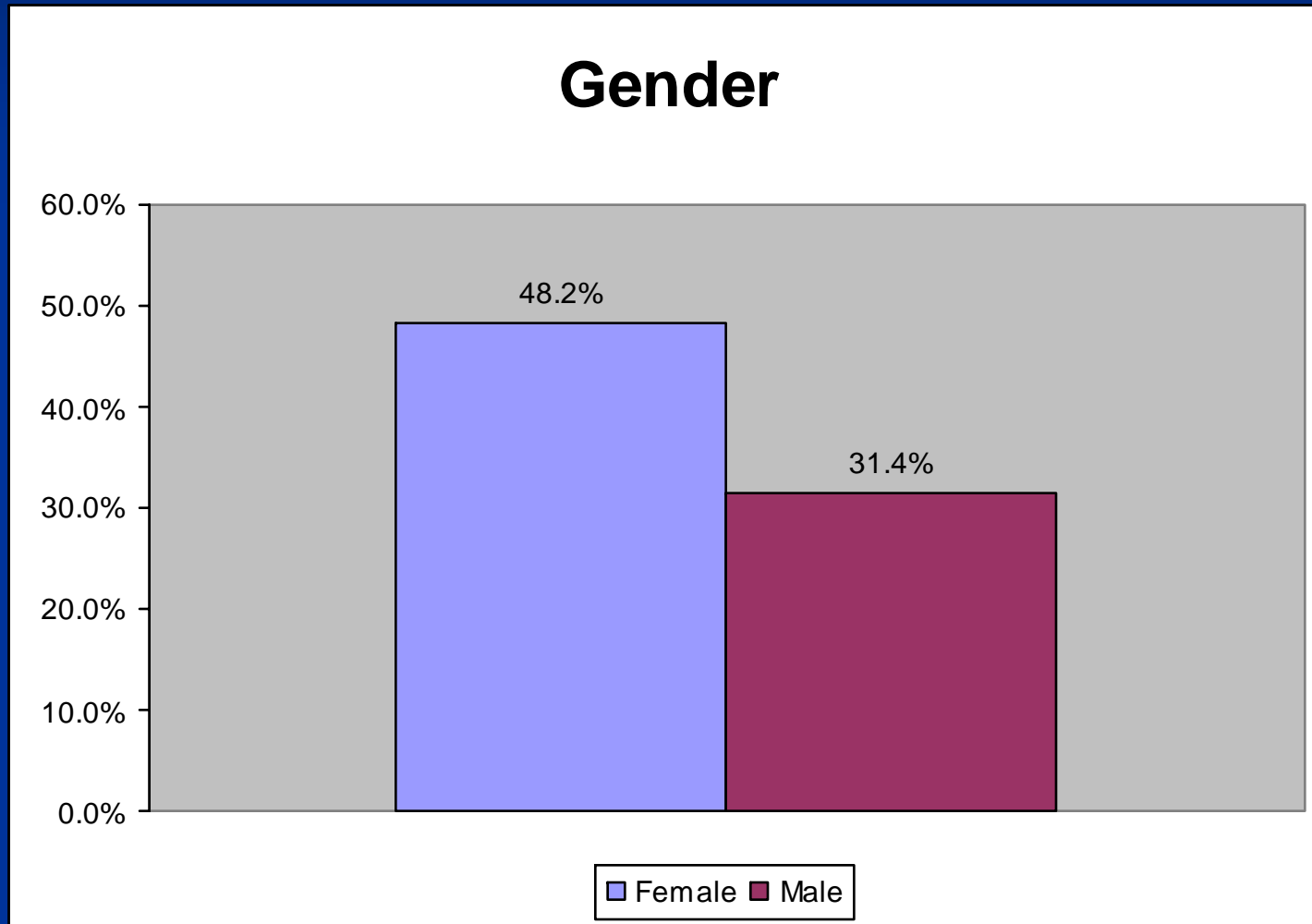
# Results: Bivariate Associations

Prevalence Ratio (PR)=1.43, Confidence Interval (CI)=1.05-1.94,  $P=.02$



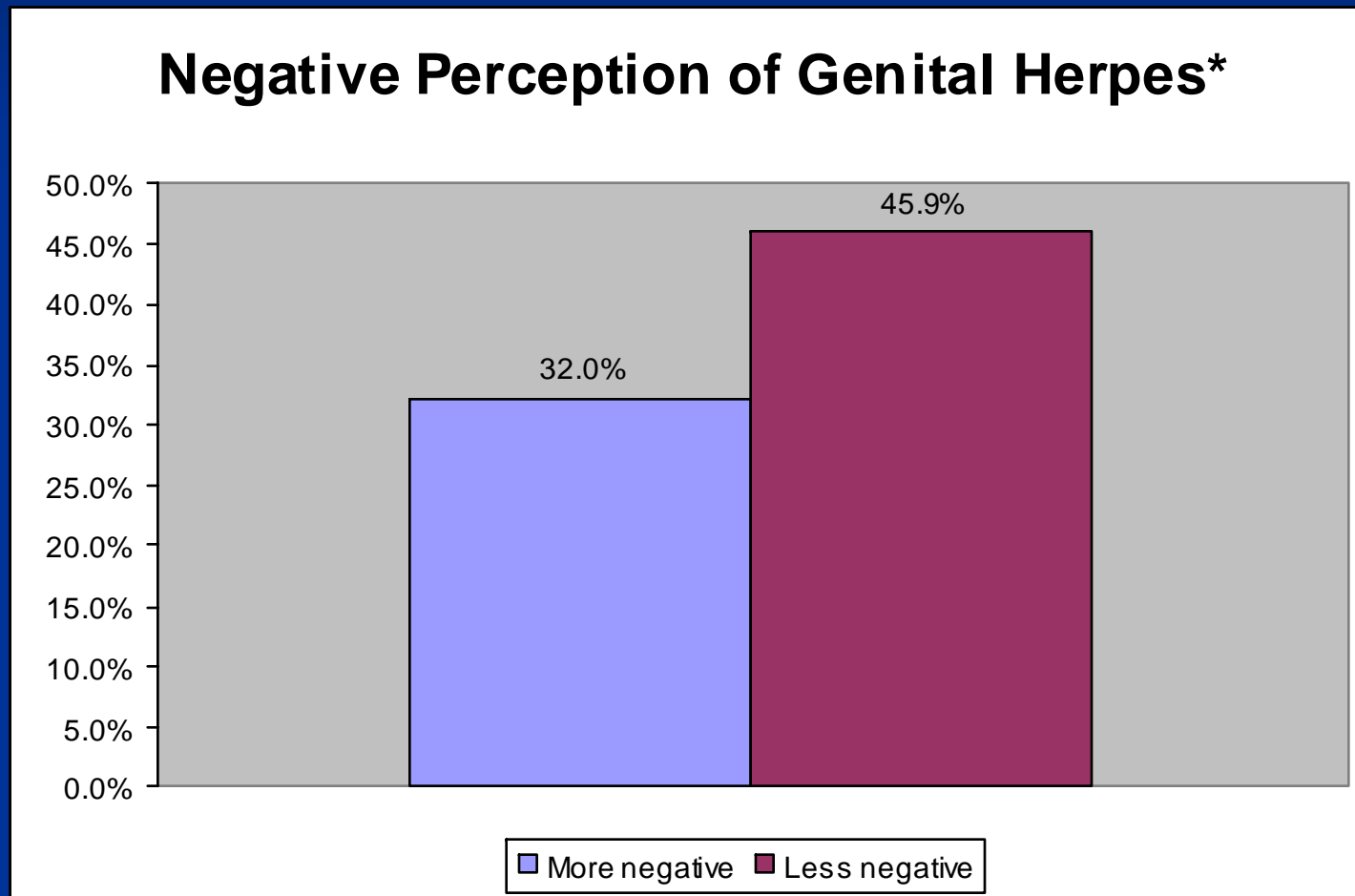
# Results: Bivariate Associations

PR=1.53, CI=1.18-1.99,  $P=.001$



# Results: Bivariate Associations

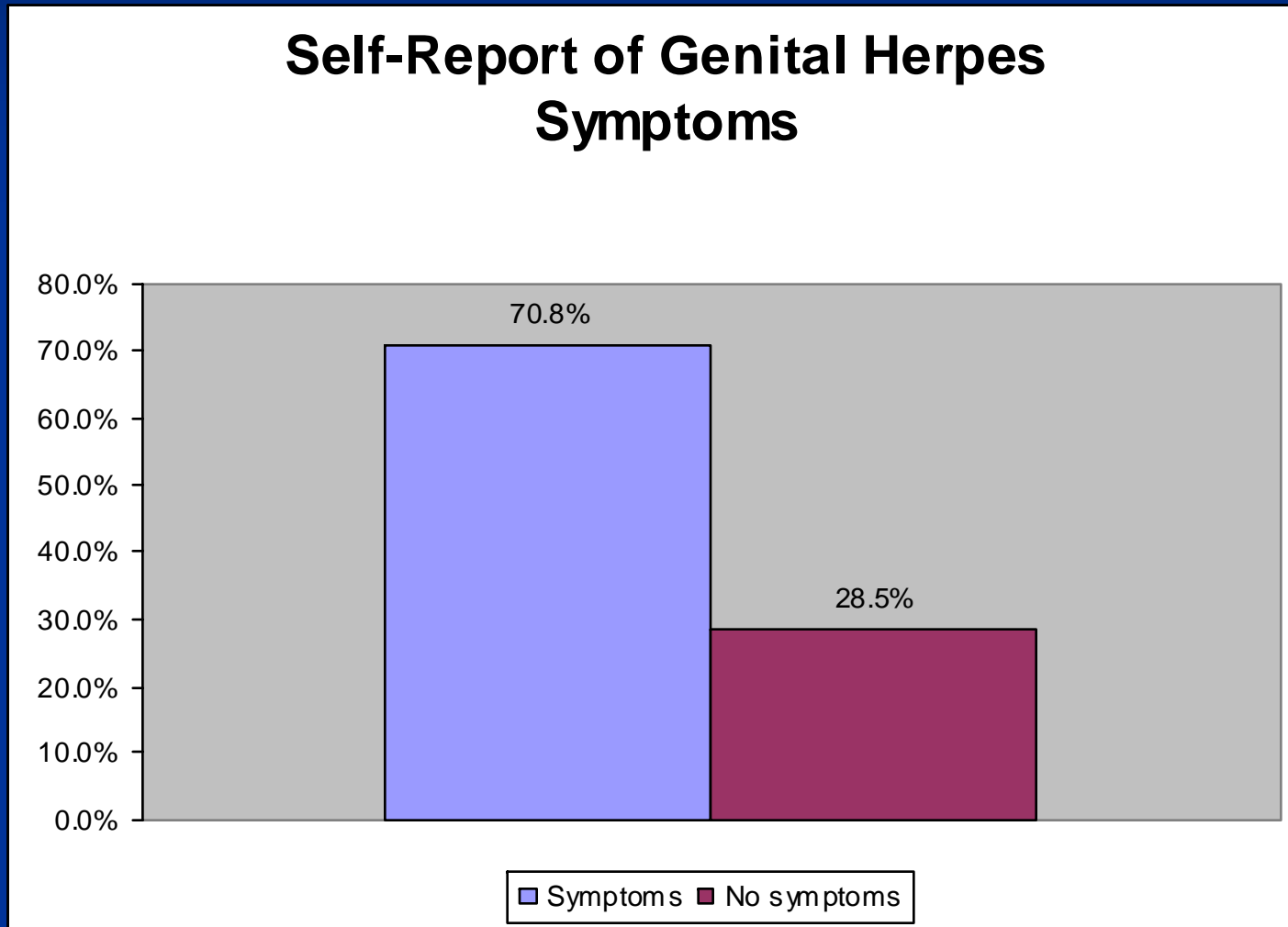
PR=1.44, CI=1.10-1.88,  $P=.007$



\*As measured by 5 item Herpes-Related Quality of Life scale

# Results: Bivariate Associations

PR=2.49, CI=1.97-3.14,  $P=.0001$



# Results: Bivariate Associations

- Variables did not reach significance:
  - Sexual frequency
  - Number of partners
  - Condom use
  - Sex avoidance due to STD concern

# Results: Multivariate Associations

- Self-report of symptoms excluded from model
- African-American  
(AOR=1.64, CI=1.01-2.68,  $P=.05$ )
- Female  
(AOR=1.80, CI=1.14-2.85,  $P=.01$ )
- Less negative perception of genital herpes  
(Herpes-Related Quality of Life scale)  
(AOR=1.93, CI=1.22-3.05,  $P=.005$ )

AOR = Adjusted Odds Ratio

# Discussion

- African-Americans and women are two groups at risk for HSV-2
- Persons with lower negative perception of genital herpes are at risk for HSV-2
  - May be less fearful of contracting herpes
  - May engage in less protective sexual behaviors

# Limitations

- Cross-sectional study, convenience sample
- Self-report of sensitive behaviors
- Truncated (5 item) version of Herpes-Related Quality of Life Scale used
- Possible sample bias: participants volunteered with knowledge that HSV testing offered
- Did not assess HSV-1



# Implications for Public Health

- African-Americans and women also disproportionately affected by HIV
- HSV-2 may be co-factor in acquisition / transmission of HIV
- Call for prevention and testing efforts
- Investigation of how perceptions of STD infections impact protective sexual practices

# Conclusion

- Among STD clinic attendees, African-Americans and women are at increased risk for HSV-2 infection as are those who have less negative perception of genital herpes
- These findings may guide selective HSV-2 screening and may help focus educational campaigns

# Acknowledgement

- Support for this project was provided by a grant from Glaxo Smith-Kline to Dr. Richard Crosby
- We gratefully acknowledge the assistance of the Clinic Director, Ms. Deborah Snow, and the clinic staff members