

U.S. Preventive Services Task Force

Serologic Screening for Genital Herpes Infection: Clinical Summary of the USPSTF Recommendation

SEROLOGIC SCREENING FOR GENITAL HERPES INFECTION: CLINICAL SUMMARY OF THE USPSTF RECOMMENDATION

What does the USPSTF recommend?

For asymptomatic adolescents and adults, including pregnant persons:

Do not routinely screen for genital HSV infection.

Grade: D

To whom does the recommendation apply?

This recommendation applies to routine screening of adolescents and adults, including pregnant persons, without known history, signs, or symptoms of genital HSV infection.

“Asymptomatic” refers to persons without known past or current history of genital herpes
Includes persons who may have unrecognized infection

Persons who are known to have genital herpes and are between outbreak occurrences are not considered to be asymptomatic for this recommendation

This recommendation does not apply to persons who present to clinicians requesting testing due to a history, signs, or symptoms suggestive of genital herpes or persons with HIV infection or other immunosuppressive disorders.

What's new?

This recommendation is consistent with the 2016 USPSTF recommendation.

What additional information should clinicians know about this recommendation?

Currently, routine serologic screening for genital herpes is limited by the low predictive value of the widely available serologic screening tests and the expected high rate of false-positive results likely to occur with routine screening of asymptomatic persons in the United States.

Antiviral medications may provide clinical benefits to symptomatic persons. In asymptomatic persons with serological evidence of HSV, the rationale for antiviral treatment is unclear.

Why are this recommendation and topic important?

Genital herpes is a common STI.

Over the past 20 years, HSV-1 and HSV-2 estimated seroprevalence has steadily declined, yet certain populations remain disproportionately affected by HSV infection.

Infection is lifelong; currently, there is no cure for HSV infection.

Neonatal herpes infection is uncommon yet can result in substantial morbidity and mortality.

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Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

HSV = herpes simplex virus; STI = sexually transmitted infection; USPSTF = U.S. Preventive Services Task Force.

As published by the USPSTF.

This series is coordinated by Joanna Drowos, DO, contributing editor.

A collection of USPSTF recommendation statements published in *AFP* is available at <https://www.aafp.org/afp/uspstf>.

The full recommendation statement is available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/genital-herpes-serologic-screening>.

The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

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What are other relevant USPSTF recommendations?

The USPSTF recommends behavioral counseling interventions for all sexually active adolescents and adults who are at increased risk for STIs (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling>).

The USPSTF has issued several related recommendations to prevent negative health outcomes related to sexual health (available at <https://www.uspreventiveservicestaskforce.org/>).

What are additional tools and resources?

The following resources may assist clinicians in implementation of strategies to prevent STIs in the primary care setting.

The Centers for Disease Control and Prevention provides information about behavioral counseling and other STI prevention strategies (<https://www.cdc.gov/std/prevention>) and maintains a compendium of evidence-based behavioral counseling interventions developed to prevent HIV transmission that have been shown to reduce STI acquisition or increase safer sexual behaviors (<https://www.cdc.gov/hiv/research/interventionresearch/compendium/rr/complete.html>).

The Centers for Disease Control and Prevention also provides a clinician pocket guide for treatment of genital herpes and other STIs (<https://www.cdc.gov/std/products/provider-pocket-guides.htm>), treatment guidelines for genital herpes (<https://www.cdc.gov/std/treatment-guidelines/herpes.htm>), and strategies to assist clinicians in discussing sexual health issues (<https://www.cdc.gov/std/treatment/SexualHistory.htm>).

The Community Preventive Services Task Force has several recommendations on the prevention of HIV/AIDS, other STIs, and teen pregnancy (<https://www.thecommunityguide.org/topic/hiv-stis-and-teen-pregnancy>).

Where to read the full recommendation statement?

Visit the USPSTF website or the JAMA Network website (<https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force>) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

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