

# Herpes Spread Compounded by Ignorance

BY TIMOTHY F. KIRN  
Sacramento Bureau

NAPLES, FLA. — Patients with genital herpes often believe they can't transmit the infection while they are asymptomatic, and the majority of transmissions are probably borne of this ignorance, Stephen K. Tyring, M.D., said at the annual meeting of the Florida Society of Dermatology and Dermatologic Surgery.

Many patients may be incredulous when you tell them this, because they have been told they must have a lesion or symptoms to transmit the virus.

With such patients, you can point out that 80% of the population is herpes simplex virus type-1 seropositive, but almost nobody ever kisses someone when they have a fever blister on their mouth, said Dr. Tyring, a dermatologist and infectious disease specialist who is medical director of the Center for Clinical Studies at the University of Texas Health Sciences Center, Houston.

The prevalence of herpes simplex type-2 (HSV-2) increased by 30% during the last 2 decades, Dr. Tyring noted. It is now estimated that 45 million people in the United States, or 15% of the population, are seropositive for HSV-2.

An estimated 80% of transmissions occur when the carrier is asymptomatic, Dr. Tyring said.

Women are at greater risk of acquiring the virus, he said. The overall rate of transmission from an infected partner to an uninfected partner is about 10% per year. But the annual rate rises if the infected partner is the male; the female partner has a 20% chance of becoming infected, and a 30% chance if she is seronegative for HSV-1. If the female is the infected partner, the male has a less than 10% chance of infection.

Condoms protect against transmission but are not fool-proof, and they probably benefit women more than men. When men develop herpes lesions or have viral shedding, they tend to do so on the distal genitalia, which the condom covers. Women, however, shed virus into secretions that can get on the base of the penis or even the scrotum.

In a seminal study published last year, in which almost 1,500 infected individuals with seronegative partners were randomly assigned to 500 mg of valacyclovir or placebo once daily, Dr. Tyring and colleagues reported that the rate of transmission was reduced by 50% over an 8-month period (N. Engl. J. Med. 2004;350:11-20).

"The study used valacyclovir, but you can substitute famciclovir or acyclovir and probably get the same result," Dr. Tyring said. "The bad news is, we don't have a cure. This is just one more tool in the armamentarium."

The new genital herpes vaccine has been shown to be highly effective, but, unexpectedly, only in women. A major new trial is underway to better understand why this might be, and, specifically, the mucosal immunity women appear to develop.

Genital herpes increases the risk of HIV transmission two- to fivefold, Dr. Tyring said. This increased risk occurs because there is a reduced epithelial barrier in a person with herpes, but also because the individual with

herpes has infiltrates of CD-4-positive cells where the lesions occur.

Studies have shown that one can use acyclovir, valacyclovir, or famciclovir to keep herpes in check in the HIV-infected individual—which not only addresses the herpes but sometimes improves the response to HIV therapy as well, Dr. Tyring said.

For HIV patients with resistant herpes, the Centers for Disease Control and Prevention recommends using a topical formulation of cidofovir. ■

**Many patients with genital herpes may be incredulous when you tell them that they can still transmit the infection even while they are asymptomatic.**

## Survey Detects Important Gaps in Physicians' HPV Knowledge

BY SHERRY BOSCHERT  
San Francisco Bureau

VANCOUVER, B.C. — A large survey of U.S. clinicians in nine specialties identified clinically important gaps in their knowledge of human papillomavirus and found that many don't test for HPV in the recommended ways.

Several analyses of the survey results by investigators at the Centers for Disease Control and Prevention were reported in separate poster presentations at the 22nd International Papillomavirus Conference.

Only 35% of 4,305 clinicians surveyed were aware that recent scientific evidence shows that most HPV infections clear without medical intervention, reported Crystal M. Freeman, Ph.D., of Battelle Centers for Public Health Research and Evaluation of Seattle, which conducted the survey studies with the CDC. Knowledge of anogenital warts also appeared to be inadequate. Only 38% of respondents knew that anogenital warts do not increase the risk of cancer at the same sites where the warts are located, and only 47% knew that genital HPV types usually associated with external anogenital warts are not the same HPV types associated with cervical dysplasia and cancer.

Respondents included 464 ob.gyns., 1,107 primary care physicians (family or general physicians, internists, or adolescent medicine physicians), 966 specialists (dermatologists or urologists), 624 certified nurse-midwives, and 1,144 midlevel providers (nurse-practitioners or physician assistants).

A higher proportion of ob.gyns. (67%) knew HPV infections may clear without intervention, compared with primary care physicians (31%), specialists (14%), midlevel providers (30%), or nurse-midwives (43%).

Nearly all respondents knew, however, that HPV infection is common (89%), that most people with HPV lack signs or symptoms of infection (95%), and that HPV infection increases the risk of cervical cancer (98%). They also showed high rates of

knowledge that HPV infection causes anogenital warts (90%) and that treating warts or cervical dysplasia does not eliminate HPV infection (91%).

A second analysis of results related to HPV testing practices found that a minority uses HPV tests—35% of general internists, 33% of adolescent medicine physicians, and 57% of family or general physicians, Nidhi Jain, M.D., of the CDC in Atlanta said at the conference, sponsored by the University of California, San Francisco.

By comparison, 93% of ob.gyns. said they use HPV tests, as did 89% of certified nurse-midwives, 63% of nurse-practitioners, 56% of physician assistants, 10% of urologists, and 5% of dermatologists.

Among the 2,980 clinicians who use HPV tests, many test in ways not recommended by national guidelines, the survey found. The HPV test is approved to help manage patients with Pap results showing atypical squamous cells of undetermined significance (ASCUS), and 98% of the 2,980 respondents use it for that purpose.

The HPV test also is used by 91% of clinicians in patients with higher-grade Pap abnormalities, which is an off-label use of the test.

The second approved use of the HPV test is as an adjunct to Pap testing for cervical screening in women older than 30. Clinicians were equally likely to use HPV testing in women older or younger than 30 years, regardless of the guidelines.

A significant minority of clinicians also tested for HPV in men, patients with other sexually transmitted diseases, and patients with anogenital warts—all indications outside current guidelines.

Ob.gyns. and nurse-midwives were most likely to do an HPV test following an ASCUS Pap result, compared with other clinicians, Kathleen Irwin, M.D., of the CDC reported in a third poster on the survey.

Only 28% usually sought patient consent when doing an HPV test after an abnormal Pap result. About 48% said they tell patients they are ordering an HPV test, and 58% usually explain the purpose of the test as it relates to the Pap smear. ■

## Access to Confidential Care Promotes Gynecologic Care in Teens

NEW ORLEANS — The interval between sexual debut and initiation of gynecologic health care was substantial in a recent study of urban adolescent girls, but access to confidential care predicted more timely gynecologic care, M. Diane McKee, M.D., reported at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

More than 800 high school girls participated in the anonymous, self-administered, computer-based survey. Nearly 45% reported that they were at some point sexually active, and of these, 45% had received gynecologic care, which for the purposes of this study was defined as a pelvic examination.

The mean interval between sexual debut and gynecologic care was 11 months, but the range was 6 months before sexual debut up to 6 years after sexual debut. Only about 4% had a pelvic examination before sexual debut, and for the remaining sexually active girls, a negative consequence (such as pregnancy or a sexually transmitted infection) was strongly associated with seeking care.

The interval between sexual debut and gynecologic care was more than 2 years when no negative consequence occurred and slightly more than 1 year when such a consequence did occur.

"Gynecologic care in adolescents is largely reactive," said Dr. McKee of Albert Einstein College of Medicine, New York.

After negative consequences were controlled for, three other factors emerged as predictors of the interval between sexual debut and gynecologic care: access to confidential care (odds ratio 3.1), high self-efficacy for accessing confidential care (odds ratio 2.1), and disclosure of sexual activity to any clinician (odds ratio 1.7).

Confidential care was defined as having at least part of routine visits conducted without parents present.

In the absence of these factors, the median interval between sexual debut and gynecologic care was approximately 3 years.

Other findings from the survey underscore the need for better patient education. Nearly 80% of respondents said they have a regular source of care, and 60% said they had an opportunity for confidential care for at least part of their last clinical visit. But only 52% said they received safe sex counseling. Of the 45% of respondents who were sexually active, only 27% had informed any clinician of that fact.

More than 25% of the sexually active girls had been pregnant or had a sexually transmitted infection in the past year.

—Sharon Worcester