

Ordering Herpes Simplex Virus Type Specific Serology For Asymptomatic Patients: General Practitioner Knowledge, Attitudes And Practice

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Background:

Herpes Simplex Virus serology for asymptomatic, non-pregnant individuals ('HSV-A') is not routinely recommended in Australia. We explored General Practitioner (GP) knowledge, attitudes and practices regarding HSVs-A to inform education/training and patient care/counselling.

Methods:

Anonymous online surveys were promoted to currently practicing GPs through 4 NSW primary health networks between 1/2/2023-30/4/2023. Ratings and Likert scales examined experience, confidence and testing patterns/practices. Ethics approval-WSLHD

Results:

25 surveys were completed (17 female; 22 metropolitan/outer-metropolitan; 14,7 and 2 respondents aged 50-64 years, 35-49, 20-34, respectively). 8 had 10-19 years' experience, 7 had 30+, 5 had 20-29, 5 had <10).

11 had ever ordered HSVs-A of whom 7 ordered 'less than annually'; 5 'in the previous year'. Main reason for ordering (select one): 'assessing whether the patient is at-risk from partner(s) with known/suspected genital herpes' (6 respondents), 'patient request' (4), 'guideline recommendations' (1). Other reasons (select multiple): 'patient request' (5), 'determining the cause of previously reported symptoms' (1). Main reason for not ordering: 'doesn't provide clinically useful information' (7 respondents), 'results may cause anxiety/distress/more harm than benefit' ('anxiety', 3), 'not accurate/reliable enough' (1), 'not recommended in guidelines' ('1), 'difficult to interpret' (1). Other reasons: 'anxiety' (9), 'not recommended in guidelines' (8), 'difficult to interpret' (4), 'cost to system' (3), 'not accurate/reliable' (1)

12 did not know whether practice colleagues ordered HSVs-A. 7 were aware of ≥ 1 ordering colleague (main reason: 'patient request' (3)).

23 were 'confident'/'very confident' in genital HSV diagnosis/management (of whom 12 had 'ever-ordered' HSVs-A). 12 were 'confident'/'very confident' interpreting results (10/12 had ever-ordered HSVs-A), 11 'somewhat confident' (2/11 had ever-ordered HSVs-A). 17 disagreed/strongly disagreed that 'HSV-A should only be ordered by/in consultation with Specialists'. 20 were at least 'somewhat interested' in HSV education/training.

Conclusion:

Confidence interpreting results may influence ordering practices. Improved guideline promotion/awareness, education and patient counselling resources are priorities.

Disclosure of Interest Statement:

The authors declare no conflicts of interest