

**Key messages**

- There was little sustained psychological distress among those who were diagnosed with asymptomatic HSV-2 infection
- The diagnosis may have some specific herpes quality of life impacts such as worries about transmission or of others learning of the diagnosis
- Psychologically vulnerable individuals were at the most risk for an impact on herpes specific quality of life

on interpersonal consequences such as having to tell others or rejection. These findings highlight the importance of anticipating and addressing concerns of patients newly diagnosed with herpes or HSV-2 infection.

The results of this study should be interpreted in the context of the limited ethnic and regional diversity, and the limited ability to examine gender differences. In addition, when considering implementing screening programmes, it is important to note that there was a high loss to follow up between the testing and the time results were provided (30% loss overall and 37% loss among those that were HSV-2 positive). The fact that these individuals did not find out about their test results may be related to the fact that testing was not being done as part of a clinical examination or in response to symptoms. The availability of a point of care test would change the need for follow up appointments and, thus, more individuals might learn of their results. There was an additional loss to follow up between the individuals learning of their positive results and the 3 month follow up assessment (64%). This may represent those who were too distressed to return, but it is also likely that it represents those who did not find the results significant enough to warrant a return visit. Understanding these two points of loss to follow up will be important for interventions that are planning to use screening as a tool to foster behavioural change.

This study points to the importance of understanding the psychosocial impact of herpes infections in the context of pre-morbid functioning. Without baseline assessments, it is possible that the individuals for whom there is the most impact would not be identified. The major impact was on quality of life specific to herpes; thus, future research could assess specific interventions that might reduce the extent of this distress. Finally, this and other studies do not support the notion that herpes screening programmes should not be implemented because of the psychological costs to individuals. Other reasons such as the cost of the screening and the sensitivity/specificity of the test in particular populations should continue to be considered.

**CONTRIBUTORS**

SLR, GDZ, JSL, LRS, KHF, DIB participated in the design and conceptualization of the project; WT and GDZ analysed the data; SLR and GDZ wrote the initial manuscript; and all authors provided substantive edits to the final version of the manuscript.

**Authors' affiliations**

- S L Rosenthal, L R Stanberry**, University of Texas Medical Branch, Galveston, TX, USA  
**G D Zimet, K H Fife, W Tu**, Indiana University School of Medicine, Indianapolis, IN, USA  
**J S Leichter**, Centers for Disease Control & Prevention, Atlanta, GA, USA  
**D I Bernstein**, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA

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**COMMENTARY**

The perception that both condom usage and antivirals can potentially modify the risk of transmission has led some to advocate the routine screening of asymptomatic individuals. One barrier to wider screening is the possibility of causing psychological harm to those who are asymptotically infected. Rosenthal *et al*<sup>1</sup> found no evidence that discovering they were positive led to frank psychiatric symptoms in most of their positive individuals. This is reassuring. However, the authors point out that the positive individuals did report some adverse psychological effects. Many reported, for instance, that they were preoccupied with the disease or that herpes made them depressed. This discrepancy raises the important issue of what should be considered a significant adverse psychological impact.

One of the great problems of studies in sexually transmitted diseases is the difficulty of following up patients. This study probably suffered, like many other well designed and well run studies, from non-random attrition. Many of the participants were obtained through physician nomination or responded to adverts. We don't know how many were excluded by physician or decided not to enrol. Of 1199 individuals in the trial a third declined to be tested for HSV-2. Only a fifth of those who were positive could eventually be followed up. From advert or initial approach to outcome, a large majority of individuals must, for one reason or another but usually through their own choice, have been excluded from the final results. We do not know why they chose not to enter or complete the study but the fear would be that they differed systematically from those who did, possibly in how willing they were to find that they were positive.

It is difficult to prove a negative, that sero-screening does not cause psychological harm. This study, however, is a very

valuable addition to the available literature which is generally reassuring. Of necessity, however, it used self selected, paid volunteers with heavy, probably non-random, attrition. It is difficult to be certain that the results are directly applicable to a clinical setting. For that, a large pragmatic trial following up those offered screening in everyday clinical practice would probably be necessary. It is important, however, to bear in mind the other potential problems of routine screening, including cost effectiveness, uncertainties about the rate of actual as opposed to potential behaviour change, and test sensitivity/specificity.

**J Green**

St Mary's Hospital London and Imperial College, Paterson Centre, 20 South Wharf Road, London W2 1PD, UK; mail@john-green.com

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