

GENITAL HERPES – COMMON MISCONCEPTIONS

- **MYTH:** *Most, if not all, genital herpes infections are due to HSV-2.*
FACT: Genital herpes is caused by both HSV-1 and HSV-2 although HSV-1 is less likely to cause recurrent symptoms.

- **MYTH:** *Visible genital herpes infection is very typical and does not require diagnostic testing.*
FACT: Herpetic lesions are often atypical and other conditions may cause genital ulceration; genital lesions should be swabbed and tested for HSV.

- **MYTH:** *Herpes simplex virus subtype determination is unnecessary.*
FACT: As HSV-1 and -2 have different natural histories, it is important to ask for specific typing (so patients can be better informed).

- **MYTH:** *Serological testing can be used to diagnose genital herpes in the setting of an active genital ulcer.*
FACT: Serological testing is not recommended as an acute diagnostic or routine screening tool. It is recommended only in limited clinical scenarios (see page 9).

- **MYTH:** *Herpes simplex virus infection can be ruled out with negative serologic testing.*
FACT: HSV antibodies take several weeks and even months to develop after infection; false negatives and false positives are common.

- **MYTH:** *The 72 hour zoster treatment rule applies to herpes simplex.*
FACT: All first episodes of genital herpes should be treated regardless of timing of onset of symptoms (see page 10).

The purpose of this guideline is to dispel common misconceptions and hopefully improve current management of those with herpes infection.