

GENITAL HERPES – COMMON MISCONCEPTIONS

Patient feedback suggests some health providers still believe that:

- **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 10](#)).

- **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 12](#)).

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