

# Low Acceptance of HSV-2 Testing Among High-Risk Women

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## BACKGROUND

Genital herpes (HSV-2) remains a highly prevalent sexually transmitted infection; nearly 17% of the US population over the age of 12 has serologic evidence of HSV-2 infection<sup>1</sup>. However, the prevalence of infection is higher among certain racial/ethnic groups and among women. There are important medical consequences of HSV-2 infection including a two- to five-fold increased risk for HIV 1 transmission<sup>2, 3</sup> and neonatal herpes<sup>4</sup>. Thus, HSV-2 is an important contributor to the HIV 1 epidemic, especially in populations where HSV-2 antibody positivity is highly prevalent<sup>2, 3</sup>.

Although HSV-2 is highly prevalent, antibody testing is not common clinical practice therefore many HSV-2 seropositive individuals are unaware of their diagnosis. These individuals are probably responsible for a large proportion of new infections because they are unaware they are contagious.

A recent study in Indianapolis demonstrated that women of color had the highest prevalence of HSV-2 but were the least likely group to access testing<sup>5</sup>. In an effort to understand reasons for this, we initiated a program to offer low-cost point-of-care HSV-2 antibody testing (\$10 cash) to women with an elevated risk for HSV-2. We then analyzed client characteristics associated with HSV-2 rapid antibody test uptake/refusal.

## OBJECTIVES

- To evaluate the acceptability of a community-based HSV-2 screening program for at-risk women
- To understand factors relating to uptake/refusal of point-of-care testing for HSV-2 in this vulnerable sample.
- To determine if brief health education messages could positively impact up-take of point-of-care testing for HSV-2.

## METHODS

- Recently arrested women aged 18-57 were recruited from a court handling lower-level misdemeanor cases in Marion County, Indiana.
- Individuals completed an interviewer administered survey assessing factors related to HSV-2 screening intentions.
- Participants were compensated \$20 for participation and were offered an optional HSV-2 test for \$10 cash.

## REFERENCES

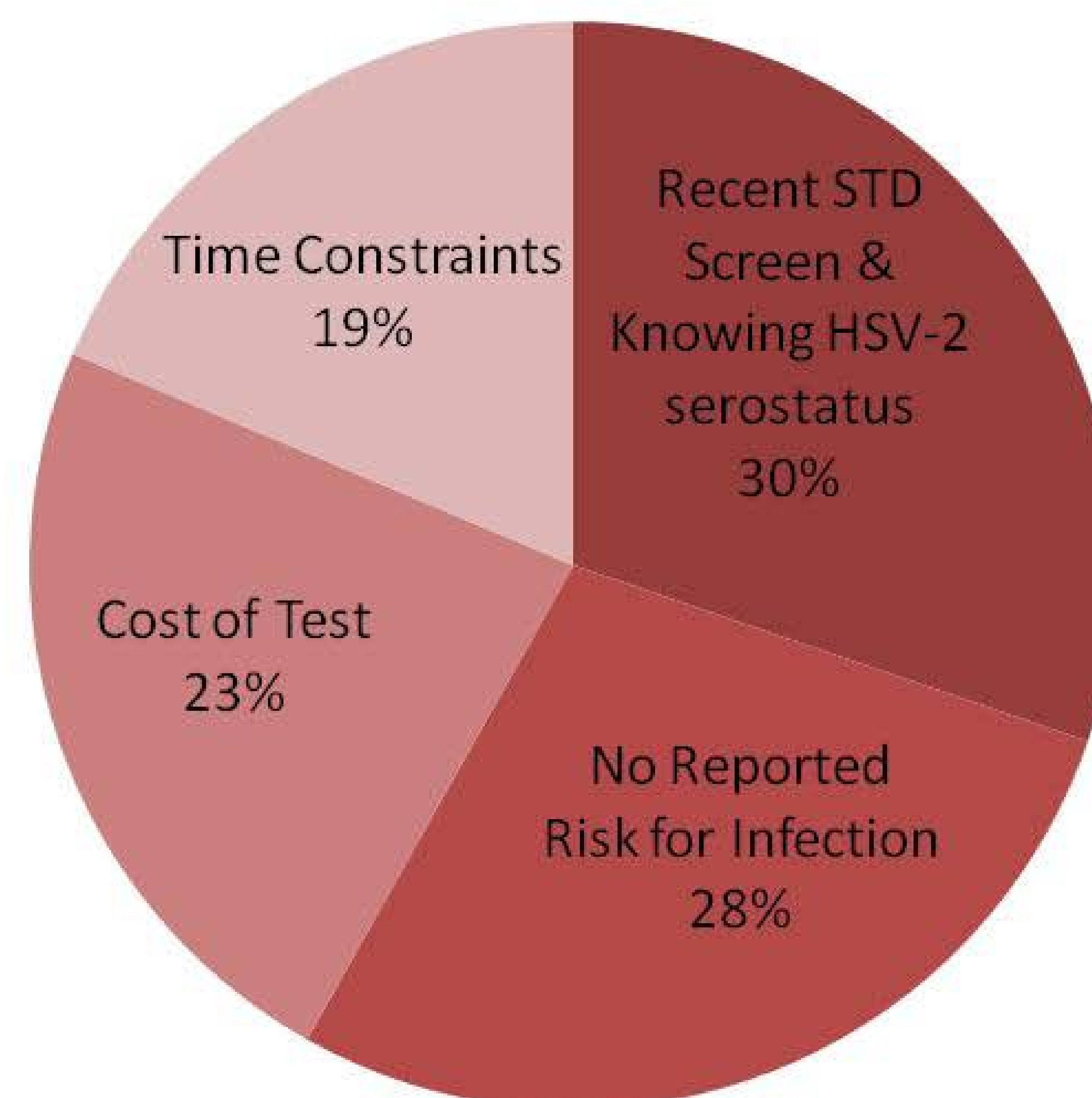
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## RESULTS

**Table 1. Participant Characteristics**

Parameter		n = 48
Race / ethnicity	Black	50%)
	White	44%
	Hispanic	6%
Mean age (range)		34.2 (18-57)
High school degree		43%
Unemployed		85%
Received Pap test within 36 months		71%
Sexual partners in last 90 days		54%
No condom use within last 90 days		54%
Mean HSV-2 prevention and treatment knowledge		12 out of a possible 13
No perceived risk of infection		75%
No intention of getting tested for HIV-2 antibodies		79%
Tested for HSV-2		2%

**Figure 1. Common Reasons for Not Getting Tested**



## DISCUSSION

•This likely high prevalence population was not willing to be tested at a cost of \$10 despite having considerable knowledge regarding herpes transmission.

•Despite reporting high-risk sexual partners, many did not believe they were at risk for HSV-2 (28% see Figure 1).

•There may be widespread misconceptions about STD screening services received by women in care. While 30% believed they had recently been tested for HSV-2, this is unlikely given that we are the only program in the county currently offering this method of HSV-2 screening.

•We also identified a discrepancy between knowledge, perceived risk, intentions and behaviors that needs to be addressed.

•In order to create interventions that affect testing behaviors in this high-risk population further investigation is needed.

## FUTURE DIRECTIONS

• We implemented no-cost HSV-2 testing for women at Marion County Community Court. 13/28 (46.4%) women accepting testing were HSV-2 antibody positive.

• Our survey assesses key factors relating to testing intention and uptake including measures: HSV-2 stigma, anxiety, fatalism, and participant evaluation of testing behavior (health affirming or illness detecting).

• Randomization to brief health education messages to allow analysis of client characteristics associated with HSV-2 rapid antibody test uptake and test positivity.

## LIMITATIONS

- Only 1 woman was tested due to the cost barrier.
- The pilot data suggests that responses from additional women are needed

## ACKNOWLEDGEMENTS

- This study would be impossible without the support of the Marion County Community Court whose partnership is invaluable.
- Supported in part by Faculty Research Support Program, Department of Applied Health Science, School of Health, Physical Education & Recreation Bloomington, Indiana.