

A retrospective audit of the diagnosis and management of genital herpes

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INTRODUCTION

Genital Herpes (GHSV) is a common sexually transmitted infection (STI). While the clinical manifestations of GHSV are often mild and manageable in the community, a diagnosis of GHSV can be quite distressing for the affected individual. The psychological burden of GHSV can be substantial but appropriate antiviral therapy and counseling can reduce anxiety and improve quality of life during recurrences.

Clinic 275 is a free, walk-in, public health clinic at the Royal Adelaide Hospital, that follows the SA Health guidelines which are based on review of current literature, and the recommendations of the CDC, WHO and BASSH.

AIMS

- To assess Clinic 275's adherence to the SA Health guidelines
- To determine whether patients presenting with a first ever episode of genital herpes were given appropriate antiviral and adjunct therapy, were made aware of their confirmed diagnosis and given adequate counseling.

METHODS

- We conducted a case notes review of 110 patients presenting with a first ever episode of GHSV with a positive HSV PCR between January and December 2015.
- We used an audit tool to obtain non-identifiable data, which was collated in an excel spreadsheet.
- Data collection included demographics, reason for visit, diagnosis and follow up, management and counseling.

Clinic 275 was audited against the following criteria and targets:

- 95% of patients should be provided with antiviral and adjunct therapy
- 80% of patients should be provided with a confirmed diagnosis of GHSV
- 80% of patients should be counseled appropriately and provided with written information regarding GHSV.

RESULTS

The study cohort consisted of 78 males (71%) and 32 females (29%) spanning the ages from 16 to 58 years (29.12 years).

STANDARD 1: Antiviral and Adjunct Therapy

- 88 patients (80%) were given antiviral therapy
- 48% of these patients were prescribed antiviral therapy within the first 72 hours of symptoms
- 64 patients (58%) were not offered adjunct therapy

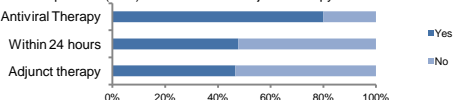


Figure 1: Percentages of patients who received antiviral and adjunct therapy

RESULTS

STANDARD 2: Informing the patient of their diagnosis

- 95 patients (86%) attended their follow up visit and therefore were assumed to be aware of their confirmed diagnosis of GHSV
- 6 patients were informed at subsequent appointments via phone
- Overall 92% of patients were informed of their diagnosis of GHSV

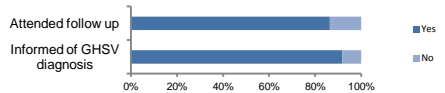


Figure 2: Percentages of patients who attended follow up and were informed of their GHSV diagnosis

STANDARD 3: Appropriate Counseling

- 91 patients (82%) were counseled on GHSV
- 26 patients (24%) were provided with a consumer information sheet.
- No patients (0%) were counseled on all the specific GHSV information outlined in the SA Health guidelines.

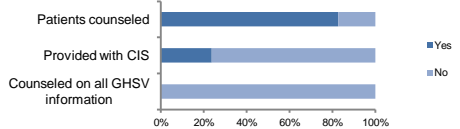


Figure 3: Percentages of patients who received adequate verbal and written counseling regarding GHSV

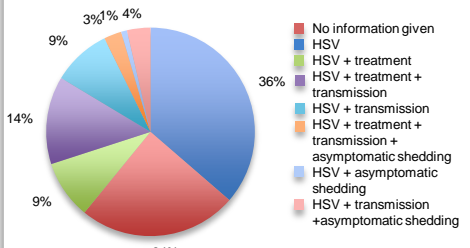


Figure 4: Percentages of patients who received specific information regarding GHSV

CONCLUSION

- Clinic 275 was meeting the SA Health guidelines (SA Health, 2013) for patient follow up and counseling
- The provision of antiviral and adjunct therapy, or specific verbal written information could be improved.
- This results of this audit were limited by the varied clinical presentation of GHSV and poor documentation of the therapy and counseling provided to the patient
- Further research should focus of evaluating the long-term effect that counseling has on GHSV patients.

References

- Azwa A, Barton SE. Aspects of herpes simplex virus: a clinical review. *Journal of Family Planning and Reproductive Health Care* 2009; 35(4): 237-42.
SA Health, *Genital Herpes Simplex Virus (HSV) Diagnosis and Management*. Last updated June 2013.

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