

USPSTF continues to recommend against genital herpes screening

August 16 2022



The U.S. Preventive Services Task Force (USPSTF) did not find new

evidence that could result in a change to the 2016 recommendation on screening for genital herpes and consequently continues to recommend against routine serologic screening. This conclusion forms the basis of a draft recommendation statement published online Aug. 16.

Gary N. Asher, M.D., M.P.H., from RTI International-University of North Carolina at Chapel Hill Evidence-based Practice Center in Research Triangle Park, and colleagues dually reviewed 3,119 abstracts and 64 full-text articles against a priori eligibility criteria to identify evidence that could result in a change in the 2016 USPSTF D recommendation for herpes simplex virus 2 (HSV-2) screening. The researchers did not identify any new eligible studies on the benefits or harms of HSV-2 serologic screening, accuracy of available HSV-2 serologic tests, or preventive interventions that could be used in [asymptomatic individuals](#) who are seropositive for HSV-2 to reduce morbidity and transmission of [genital herpes](#). Foundational evidence that informed the 2016 recommendation indicated a high-rate of false-positive test results and potential psychosocial harms associated with serologic screening for genital herpes.

Based on these findings, the USPSTF continues to recommend against routine serologic screening for genital [herpes simplex virus](#) infection in asymptomatic adolescents and adults, including pregnant persons (D recommendation).

The draft recommendation statement and draft evidence review have been published for public comment. Comments can be submitted from Aug. 16 to Sept. 12, 2022.

More information: [Draft Evidence Review](#)
[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

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