



U.S. Preventive Services Task Force Recommends Against Serologic Screening for Genital Herpes Infection

The Task Force found the harms outweigh the benefits of screening for genital herpes infection in adolescents and adults without signs or symptoms, including pregnant women.

WASHINGTON, D.C. – December 20, 2016 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on screening for genital herpes infection using a blood test. After reviewing the evidence, the Task Force recommends against using current blood tests to screen for genital herpes in people with no signs or symptoms of infection, including adolescents and adults, as well as pregnant women. **This is a D recommendation.**

Genital herpes is a common sexually transmitted infection (STI) in the United States that unfortunately has no cure and no effective screening tests. The Task Force found that the benefits of screening are minimal because screening, early identification, and treatment are unlikely to alter the course of the disease. But, the potential harms of screening for herpes are substantial largely due to the inaccuracy of the main blood tests available.

Grades in this recommendation:

D: Not recommended.

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“Despite genital herpes being common, testing is not generally helpful for people without symptoms, in part because early identification does not improve a person’s health as there is no cure for herpes,” says Task Force member Ann E. Kurth, Ph.D., C.N.M., M.S.N., M.P.H. “In addition, because current screening methods are often inaccurate, harms of screening include high false-positive rates and potential anxiety and disruption of personal relationships related to diagnosis.”

“People who are concerned about their personal risk or are experiencing signs and symptoms of genital herpes should talk to their primary care clinician,” says Maureen G. Phipps, M.D., M.P.H. “This is especially true for women who are pregnant because clinicians can help women who have genital herpes minimize the chance of passing this on to their babies.”

This final recommendation is built on long-standing evidence and is consistent with the Task Force’s 2016 draft and 2005 final recommendation statements. Currently, no major public health organizations recommend universal screening for genital herpes in patients who have no signs or symptoms, including pregnant women.

The Task Force recommends screening for other STIs, including chlamydia, gonorrhea, syphilis, and HIV, and recommends behavioral counseling to reduce the risk of acquiring STIs for people at high risk.

The Task Force’s recommendation has been published online in *Journal of the American Medical Association*, as well as on the Task Force Web site at www.uspreventiveservicestaskforce.org. A draft version of this recommendation was available for public comment from August 2 to August 29, 2016.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Ann E. Kurth is dean of the Yale School of Nursing and the Linda Koch Lorimer professor of nursing. Dr. Kurth is an elected member of the National Academy of Medicine (formerly the Institute of Medicine) and a fellow of the American Academy of Nursing and the New York Academy of Medicine. Dr. Kurth is a clinically trained epidemiologist and certified nurse-midwife who studies approaches to improving HIV and sexually transmitted infection prevention, screening, and care; reproductive health; and global health workforce/system strengthening efforts.

Dr. Phipps is the department chair and Chace-Joukowsky professor of obstetrics and gynecology and assistant dean for teaching and research on women's health at the Warren Alpert Medical School of Brown University. She is also a professor of epidemiology in the School of Public Health at Brown University. In addition, she is the chief of obstetrics and gynecology at Women & Infants Hospital of Rhode Island and the executive chief of obstetrics and gynecology at Care New England.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (202) 572-2044