LETTER TO THE EDITOR

Apparent increase in the prevalence of herpes simplex virus type 1 genital infections among women.

We have recently completed the evaluation of a new fluorescein labelled herpes simplex typing reagent¹ using genital specimens obtained from the Department of Virology, the John Radcliffe Hospital, Oxford. Specimens were transported to this laboratory in virus transport medium, inoculated on to Vero cell monolayers then observed daily for cytopathic effect. Positive isolates were typed using the HSV typing reagent. Cultures that appeared negative were maintained for a total of 10 days, tested and discarded if negative. Results (table) support Scoular's² observation, that HSV-1 genital infections, among women, now appear to be more prevalent than genital infections caused by HSV-2. If true this could have important prognostic implications since HSV-1 and HSV-2 genital infections differ in their severity, frequency of recurrence³ and risk of transmission.⁴

In contrast to Scoular's and our own observations, several serological studies (for example, Lowhagen⁵, Johnson⁶), have shown HSV-2 to be the prevalent serotype among women and suggested that women have an increased biological susceptibility to HSV-2 genital infection.⁶ This suggestion was reinforced by (unpublished) studies of married couples in Atlanta and Seville, that found the prevalence of antibody to HSV-2 to be higher among wives than among their husbands.⁶ These studies also highlighted that in many cases HSV-2 genital infections are clinically inapparent or that symptoms may be so mild that they are not associated with genital infection.

Given that up to 50% of HSV-2 genital infections among females may be "asymptomatic"⁷, studies such as our own (using specimens obtained from individuals with clinical

symptoms attending a genitourinary clinic) may not represent the true epidemiological situation regarding HSV genital infections. However, the results presented here do suggest that HSV-1 was present in the majority of genital isolates obtained from females. This may be, as Scoular suggests, related to changing socio-economic conditions. Whether it represents an actual increase in the number of HSV-1 genital infections among females is unclear and will require further investigation.

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1 Wilson P, Cropper LM, Patt R, Sharp IR. Production of herpes simplex virus fluorescein labelled typing reagents. *J Virol Methods* 1993;45:19-26.
2 Scoular A, Leask B, Carrington D. Changing trends in genital herpes due to herpes simplex virus type 1 in Glasgow, 1985-88 (lett), *Genitourin Med* 1990;66:226-8.
3 Stanberry L. Genital and neonatal herpes simplex virus infections: Epidemiology, pathogenesis and prospects for control. *Med Virol* 1993;37:37-46.
4 Koutsky L, Ashley R, Holmes K, et al. The frequency of unrecognised type 2 herpes simplex virus infection among women. *Sex Transm Dis* 1990;17:2:90-94.
5 Lowhagen G, Jansen E, Nordenfelt E, Lycke E. Epidemiology of genital infections in Sweden. *Acta Derm Venereol (Stockh)* 1990;70:330-4.
6 Johnson R, Nahmias A, Magder L, Lee F, Brooks C, Snowden C. A seroepidemiologic survey of the prevalence of herpes simplex virus type 2 infection in the United States. *N Engl J Med* 1989;321:7-12.
7 Corey C, Koutsky L (letter) *N Engl J Med* 1992;327:1099.

Table Incidence of herpes genital infections

	HSV-1	HSV-2	
Women	26	16	42 (60)
Men	9	19	28 (40)
	35 (50)	35 (50)	70 (100)

(Numbers in brackets indicate percent of total)