FACTORS ASSOCIATED WITH ACCEPTANCE OF GENITAL HERPES TESTING FOR BLACK PATIENTS PRESENTING FOR CARE AT AN STD CLINIC

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Introduction

Background. 15.5% of the population in the United States is infected with herpes simplex virus-type 2 (HSV-2). HSV-2 rates are disproportionately high among black Americans, with seroprevalence approaching 50% in some communities. Knowledge of infection status is an important tool to prevent viral transmission. This study evaluated barriers to acceptance of serological testing for HSV-2 among black patients presenting to an STD clinic.

Methods. This ongoing study evaluated factors associated with HSV-2 serological test acceptance in patients presenting to an STD clinic. Participants did not report a history of genital herpes and data analyses were restricted to black patients (93.5% of the study population). Sera were tested with HerpeSelect® assays. χ² tests determined differences between groups based on testing. Univariate (UV) and multivariable (MV) analyses were performed to determine odds ratios (OR) for factors associated with test acceptance.

Results. Of 112 participants, only 85 (75.9%) accepted HSV-2 testing. Although only one participant felt their test results would be positive, seroprevalence for HSV-2 was 31.7%. Test acceptance was more common in persons presenting for symptom evaluation (53.1%) than as contacts (17.2%) or for screening (29.7%). In UV analyses, participants who reported depression (OR 2.8; 95% CI 1.1, 8.3), previous HIV testing (OR 3.0; 95% CI 1.1, 7.9) and STI history (OR 5.8; 95% CI 1.5, 24.4) were more likely to accept testing. Only previous HIV testing (AOR 7.4; 95% CI 1.2, 66.4) remained significant in MV analysis.

Conclusion. While many participants accepted testing, the rate was lower than in previous studies with little perception of risk. Culturally tailored interventions are needed to enhance assessment of HSV risk and test acceptance.

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