



HSV

HSV-1&2 DNA by PCR - Qualitative

GA Test Code	900
Method	Real-Time Polymerase Chain Reaction (PCR) – Qualitative
Specimens	CSF or Serum: 2.0 mL (1.0 mL), refrigerated (7 days) or frozen (90 days). ThinPrep: 2.0 mL (1.0 mL), store and ship ambient (up to 3 months). SurePath: 1.0 mL (0.5 mL), store and ship ambient (28 days). Swab: from any site, place in 1-2 mL viral transport medium, store and ship ambient or refrigerated (up to 14 days). If longer storage is needed, store frozen (90 days). GA can provide Abbott <i>multi-Collect</i> Specimen Collection Kits. Urine: 10.0 mL (5.0 mL). Collect first-catch (not mid-stream) urine in sterile, leakproof container. The patient should not have urinated for 2 hours prior to collection. Immediately refrigerate urine and ship within 24 hours on cold pack. Whole Blood (EDTA or ACD): 5.0 mL (3.0 mL), ambient (4 days), refrigerated (7 days). Fresh Tissue: 0.2 g (0.1 g), place in viral transport medium, store and ship ambient or refrigerated (up to 14 days). Others: Please contact GA with questions regarding other specimen types.
Causes for Rejection	Quantity not sufficient (QNS) for analysis; time and/or temperature instructions not followed; whole blood in heparin.
Reference Range	HSV-1: Not Detected; HSV-2: Not Detected
Turnaround Time	24-48 hours
CPT Code	87801

Description

This assay uses real-time PCR to detect and differentiate between Herpes Simplex Virus (HSV) types 1 and 2. HSV-1 infections usually involve non-genital areas and HSV-2 infections are primarily found in genital areas, but there is overlap between the two types. The clinical courses of acute first-episode genital herpes among patients with HSV-1 and HSV-2 infections are similar and both can cause symptomatic or asymptomatic rectal and perianal infections. HSV infections may be unapparent because symptoms do not always follow a typical pattern or patients may be asymptomatic.

Clinical Utility

HSV DNA by PCR has been detected in asymptomatic patients on 28% of days tested versus 8.1% by viral isolation. More importantly, asymptomatic shedding was only shown on 60% of days where HSV DNA was measured by PCR. Patients with ulcerative lesions had positive PCR results on 15 of 17 days (88.2%) versus positive culture results on 3 of 17 days (17.6%). Both culture isolation and immunologic analysis of HSV from cerebrospinal fluid (CSF) lack sensitivity/specificity and do not yield results quickly. PCR offers a rapid and sensitive way to test for HSV infections in CSF and has evolved to become the standard of care for patients with suspected CNS infection. Studies have shown the HSV DNA by PCR sensitivity to be from 75% to 100% with a specificity of 100%. In conclusion, the detection of HSV DNA by PCR has been proven to be the most specific, rapid, and sensitive means to diagnose anogenital and CNS infections.

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Wald A. Subclinical shedding of herpes simplex virus in the genital tract: implications for transmission. *Herpes J* 1997; 4:30-35.

Cone RW, et al. Extended duration of HSV DNA in genital lesions detected by the polymerase chain reaction. *J Infect Dis* 1991 Oct; 164(4): 757-60.

Guffond T, et al. Significance and clinical relevance of the detection of herpes simplex virus DNA by the polymerase chain reaction in cerebrospinal fluid from patients with presumed encephalitis. *Clin Infect Dis* 1994 May; 18(5): 744-9.