

# HSV 1/2 IgG, HerpeSelect®

## Type-specific Antibody



### CLINICAL USE

- ◆ Detect and differentiate between type-1 and type-2 herpes simplex virus (HSV)
- ◆ Assist in HSV diagnosis and patient counseling

Test Code: 6447

CPT Codes\*: 86695 (HSV-1); 86696 (HSV-2)

Specimen Requirements: 1 mL room temp serum

### Clinical Background

Herpes simplex virus infection is extremely common in the United States; about 68% of individuals over age 12 are seropositive for HSV-1, and more than 20% are seropositive for HSV-2. Type-specific diagnosis has important implications for prognosis and patient counseling. Although HSV-1 accounts for an increasing proportion of primary genital herpes, it is far less likely than HSV-2 to cause recurrent genital lesions. HSV-2 seropositivity, on the other hand, suggests a stronger likelihood of recurrent genital outbreaks and viral shedding, even when asymptomatic. Individuals who are seronegative for HSV-1 and/or HSV-2 are at risk for acquiring infection from seropositive partners; seronegative women who become infected with either HSV-1 or HSV-2 during pregnancy are the most likely group of HSV-infected patients to pass on the virus to their neonate. Women who are seropositive for both types early in pregnancy have a lower likelihood of neonatal transmission than do women who have a first-episode outbreak later in pregnancy, but a greater likelihood of transmission than women who remain uninfected throughout pregnancy.

Culture is the preferred virologic method for diagnosis, but has low sensitivity when performed on samples from healing or recurrent lesions. Because IgG antibodies to HSV persist for life, serologic assays can detect infection even in the absence of lesions. Most HSV serology assays, however, are not type-specific. The HerpeSelect IgG assays distinguish between HSV-1 and HSV-2 on the basis of differences in the patient's immune response to HSV glycoprotein G (gG).

### INTERPRETIVE INFORMATION

	Sensitivity	Specificity
HSV 1	91-96%	96-97%
HSV 2	96-100%	92-95%

\*Because antibodies may take several weeks to reach detectable levels after primary infection, negative results should be confirmed by repeat testing 4 to 6 weeks later in cases of suspected early infection. Thus, a negative result suggests absence of infection. A positive result strongly suggests infection.



<sup>1</sup> Focus Diagnostics, HerpeSelect® Package Insert or [www.herpesselect.com](http://www.herpesselect.com).

\*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

# The Role of Type-Specific Serologic Tests

## Persons With Lesions

- ❖ Patients with active genital ulcers or other mucocutaneous lesions
- ❖ Patients who appear to have first-episode genital herpes but who test negative by culture and/or serology
- ❖ Patients with a history of recurrent genital lesions
- ❖ Women with presumed recurrent vaginal yeast infections, vulvar dystrophy, or recurrent bladder infections

## Persons Without Lesions

- ❖ Patients with a history suggestive of genital herpes
- ❖ Patients who have current or past sex partners with genital herpes
- ❖ Patients with HIV infection or other causes of immunosuppression
- ❖ Patients being evaluated for STDs
- ❖ Pregnant women



For additional information on the HSV 1/2, HerpeSelect® *Type-specific* Antibody, call 1-877-803-1010.