Using modern technology to improve the management of initial presentation of Herpes Simplex Virus infection – communication with patients and delivering PCR results

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Introduction

The first clinical presentation of Herpes Simplex Virus (HSV) may be distressing, with severe physical symptoms and associated stigma pertaining to the diagnosis. Local service audit confirmed inconsistencies with the following;

- how the initial clinical diagnosis of HSV was relayed to patients verbally
- the amount of information given at initial diagnosis
- how follow up and PCR test results would be provided to the patients.

Best practice dictates that detailed information and uncertainties around diagnosis should be communicated however, how is this best done when tests results confirming HSV can take up to a week?

Aims

- To use existing IT resources to provide patients with further information after a positive HSV PCR test
- To improve staff consistency in approach to discussing the clinical diagnosis of HSV

Methods

Interventions to improve first clinical presentation of HSV included

- Staff training via workshop style sessions
 - Local protocol changed to highlight the '10 key points' to be communicated
 - SMS used to deliver positive HSV PCR results was changed to include a bitlink to clinic website 'Genital Herpes' page
 - Link to BASHH patient information leaflet was placed on clinic website 'Genital Herpes' page
 - Automated results line was changed for PCR negative results, providing information for follow up if symptoms remained.
 - A standard GP letter was created to be sent for those with HSV PCR positive results
- Re-audit was carried out after these interventions

For HSV PCR positive results, SMS states:

This is Sandyford. Your recent test confirms Herpes Virus type 2. You can call 0141 211 8634 or follow this link <http://tinyurl.com/zs9uqxs> for more info

HSV diagnosis: 10 key points to discuss with patients

For symptomatic patients where tests are awaited:

1. Presumptive diagnosis based on clinical findings (until HSV PCR result known)
2. Limitations of HSV PCR including what to do if PCR is negative (return if symptoms recur)
3. How they will obtain HSV PCR results and direct them to written information (Sandyford website and BASHH PIL)

For patients with strong presumption of HSV or where this has been confirmed:

4. The natural history of HSV, including asymptomatic shedding
5. Recurrences; difference between type 1 and type 2
6. Treatment options; including short course (2 day) episodic therapy and availability of suppressive treatment if needed
7. Abstinence from sexual contact is recommended during lesion recurrences or prodromes
8. Transmission (related to the patients situation), including the risk as result of asymptomatic viral shedding, male condoms may reduce transmission and suppressive antiviral therapy reduces the rate of acquisition of symptomatic genital herpes in serodiscordant couples
9. Implications during pregnancy (to both male & female clients)
10. Disclosure is advisable in all relationships to promote trust and intimacy

For HSV PCR negative results, automated phone line says:

'If your symptoms are not explained by these results, please call XXX for further review'

Results

Audit cycles were comparable in gender, age distribution, HSV type and PCR negativity rate. There was a

- **improvement in the number of patients who received written information** (p=0.0043)
- **Improvement in number of discussions on PCR sensitivity** (p<0.0001)
- **Improvement in number of discussions on disclosure** (p<0.0001) and
- **Reduction in the number of positive PCR results with no record of result being given** (p=0.0091).

The number of patients requiring follow up appointment for same episode of HSV did not change.

Conclusions

This quality improvement work has demonstrated that using available modern technology within existing resources can improve the communication of important information on a new HSV diagnosis to patients. This has ensured the patient receives the correct result and has access to approved, relevant information pertaining to their diagnosis.

Altering existing electronic resources can allow the clinic to provide more information to patients without a follow up clinic appointment. These resources can be used as a back up when the diagnosis is unclear.

References

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