Survey of

Prenatal Herpes Simplex Virus Serologic Screening Attitudes and Practices Among Obstetrician-Gynecologists

Conducted by: Carolyn Gardella, MD, MPH Anna Wald, MD, MPH

With support from:

University of Washington School of Medicine Department of Obstetrics & Gynecology

Washington State American College of Obstetrician-Gynecologists (ACOG)

Program in Infectious Diseases, Fred Hutchinson Research Center

Virology Research Clinic, University of Washington

For more information please contact: Carolyn Gardella at (206) 543-2685 or cgardel@u.washington.edu

Before completing this survey, please answer the following questions that characterize your current clinical practice.

Do you care for prenatal patients? a. Yes b. No

Which of the following describes your current practice? a. Active b. Administrative only c. Retired

Many questions in this survey relate to the care of prenatal patients. <u>If you do not care for prenatal patients or are retired, or working in an exclusively administrative capacity, please return your unanswered questionnaire in the enclosed stamped envelope.</u>
Otherwise, please continue to the next page to complete the survey.

Thank you

Online appendix to Gardella C, Barnes J, Magaret AS, Richards J, Drolette L, Wald A. Prenatal Herpes Simplex Virus Serologic Screening Beliefs and Practices Among Obstetricians. Obstet Gynecol 2007;110: 1364–70.

The following questions ask about your HSV screening practices. Circle the answer that best describes your practice.

	· -	Never	Sometimes	Often	<u>Always</u>
1.	I (or my staff) discuss genital and/or neonatal herpes with pregnant women as part of routine prenatal care.	1	2	3	4
2.	I (or my staff) provide written materials about genital and/or neonatal herpes in pregnancy to my prenatal patients.	1	2	3	4
3.	Regardless of signs or symptoms of genital herpes in pregnant women or their partners, I routinely test pregnant women for HSV antibodies as part of prenatal care.	1	2	3	4
4.	I recommend HSV serologic testing for the <u>partners</u> of my prenatal patients (either by me, the partner's physician, or the health department), regardless of the partner's symptoms or history or genital herpes.	1	2	3	4
5.	Which serologic test do you use to screen for genital herpes in process. I never use a serologic test. b. Western Blot. c. HerpeSelect Immunoblot. d. HerpeSelect ELISA. e. Biokit HSV-2 rapid test (aka SureVue HSV-2) f. Captia ELISA. g. Other h. I don't know/I don't remember	regnancy	y?		
6.	 Where is the serologic test performed? a. I never use a serologic test b. In the clinic (point-of-service) c. At a local laboratory d. At a reference laboratory e. I don't know/I don't remember 				
7.	During the last 3 months, what percentage of your obstetrical pata a serologic test?	tient tota	al did you s	creen f	or HSV usin

Continue to the next page.

Online appendix to Gardella C, Barnes J, Magaret AS, Richards J, Drolette L, Wald A. Prenatal Herpes Simplex Virus Serologic Screening Beliefs and Practices Among Obstetricians. Obstet Gynecol 2007;110: 1364–70.

8. During the last 3 months, what percentage of the partners of your obstetrical patients did you

recommend for HSV serologic testing, or tested for HSV yourself? ______%

Please circle how strongly you agree or disagree with the following statements.

		Neither			
	Strongly		Agree nor		Strongly
	Disagree	Disagree	Disagree	Agree	Agree
9. Genital herpes is common in reproductive aged women.	1	2	3	4	5
10. Genital herpes should be discussed with pregnant women.	1	2	3	4	5
11. Patient and partner histories are adequate to diagnose genital herpes in pregnancy.	1	2	3	4	5
12. Serologic testing for HSV in pregnancy improves the diagnosis of genital herpes among pregnant women.	1	2	3	4	5
13. Obstetricians should screen for HSV in pregnant women with a serologic test, regardless of patient symptoms.	1	2	3	4	5
14. Routine serologic screening for HSV in pregnant women will cause unnecessary distress among women previously unaware that they have genital herpes.	1	2	3	4	5
15. Neonatal herpes is a serious health issue.	1	2	3	4	5
16. Neonatal herpes warrants systematic prevention approaches.	1	2	3	4	5
17. Routine serologic screening for HSV in pregnancy to identif women with genital HSV and those at risk to acquire genital					_
HSV in pregnancy is important to prevent neonatal herpes.	1	2	3	4	5
18. Serologic tests for herpes are readily available to me.	1	2	3	4	5
19. Routine serologic screening for HSV in pregnancy requires more effort than I have to give.	1	2	3	4	5
20. Routine serologic screening for HSV in pregnancy is <u>not</u> worth the expense.	1	2	3	4	5

Continue to the next page.

Online appendix to Gardella C, Barnes J, Magaret AS, Richards J, Drolette L, Wald A. Prenatal Herpes Simplex Virus Serologic Screening Beliefs and Practices Among Obstetricians. Obstet Gynecol 2007;110: 1364–70.

Please use the scale below to indicate how the following factors influenced your current practice regarding serologic screening for herpes in pregnancy. Circle one answer for each factor.

J	Strongly Influenced Not To Screen	Moderately Influenced Not To Screen	Neither Influenced To Screen or Not	Moderately Influenced To Screen	Strongly Influenced To Screen
21. Residency training.	1	2	3	4	5
22. Professional literature.	1	2	3	4	5
23. Recommendations of ACOG.	1	2	3	4	5
24. Recommendations of other professional organizations.	1	2	3	4	5
25. Policy of my employer or practice	e. 1	2	3	4	5
26. CME lectures.	1	2	3	4	5

Please answer the following questions about yourself.

26.	How many cases of	ineonatal h	ierpes h	nave you seen i	in your career	(includ	ling resid	dency)	?
-----	-------------------	-------------	----------	-----------------	----------------	---------	------------	--------	---

- 27. *In the past 5 years*, have you attended a continuing medical education course or lecture that included discussion of genital herpes in pregnancy or neonatal herpes?
 - a. Yes
 - b. No
- 28. How many deliveries do you attend a month?_____
- 29. In what year were you born? 19 _ _
- 30. Are you currently a resident physician?
 - a. Yes
 - b. No
- 32. Do you have additional training beyond residency? (if no, skip to question 34)
 - a. Yes
 - b. No

Continue to the next page.

Online appendix to Gardella C, Barnes J, Magaret AS, Richards J, Drolette L, Wald A. Prenatal Herpes Simplex Virus Serologic Screening Beliefs and Practices Among Obstetricians. Obstet Gynecol 2007;110: 1364–70.

 33. If you have training beyond residency, what is it in? (circle all that apply) a. Perinatology b. Infectious Diseases c. Public Health d. Other
34. How do you describe your practice setting? a. Individual/solo b. Health Maintenance Organization c. Private/group partnership d. County public health clinic e. Community health clinic f. Academic practice g. Other
35. Where is your practice?a. Metropolitan settingb. Small Urban/Suburban settingc. Rural setting
36. What is your gender? a. Female b. Male

Thank you for your time and effort.

Please return this questionnaire in the enclosed envelope to

Carolyn Gardella, MD, MPH, Care of : Julie Richards University of Washington Virology Research Clinic 600 Broadway, Suite 400 Seattle, Washington 98122

Online appendix to Gardella C, Barnes J, Magaret AS, Richards J, Drolette L, Wald A. Prenatal Herpes Simplex Virus Serologic Screening Beliefs and Practices Among Obstetricians. Obstet Gynecol 2007;110: 1364–70.

Please let us know your questions or comments.