INTRODUCTION

The herpes simplex virus (HSV) is implicated in a wide spectrum of diseases and is found in almost every population throughout the world. There has been an increase in the incidence of genital HSV in the last 10 years (Baker, 1983). The virus is transmitted through direct contact, with a venereal mode of inoculation (Josey et al., 1972).

After infection, individuals will have clinically symptomatic or asymptomatic recurrent disease with infectious virus excretion. These individuals will act as a reservoir within the population and are most likely to spread this viral infection (Adam et al., 1980). The herpes virus has been isolated from the cervix of 10% of asymptomatic women (Adam et al., 1980) while Corey et al. (1983), estimated that one fourth of recurrent genital HSV are asymptomatic viral excretors.

HSV has been suggested to be implicated in human female genital cancer (Rapp, 1981). During pregnancy herpes virus infection can jeopardize both the fetus in utero and the newborn within the first few weeks of life and reports by Nahmias and Roizman (1973), suggested that herpes virus can reach the fetus through

the blood stream of the mother and produces serious congenital infection especially during the first trimester.

Genital infection with herpes virus can be diagnosed clinically by the appearance of the typical herpetic lesion, but clinical diagnosis should be substantiated and confirmed by the various laboratory methods (Baker, 1983).

At present, the most definitive diagnostic test is viral isolation in tissue culture (Corey, 1982), however this method is highly sophistecated, takes long time and so, not practical for screening of asymptomatic patients. Cytologic testing is also associated with a high percentage of false positive reading and its sensitivity is no more than 50% compared to culture (Corey and Holmes, 1983). Serologic studies are only useful in identifying first episode primary HSV genital infection and can not verify the presence of viral shedding in recurrent or asymptomatic genital herpes.

Recentely rapid diagnostic tests such as direct immunoflurescence, indirect immunoperoxidase tests and enzyme immunosassy using HSV monoclonal antibodies has been used as a simple and a rapid method for detection of HSV antigen in clinical specimens of symptomatic or asymptomatic patients (Moseley et al., 1981).