**Abstract**

**Objectives:** Estimates of the lifetime prevalence of external genital warts (EGW) and genital herpes in the European Union (EU) range from 0.47% to 1.52% and 0.59% to 1.43% respectively. What has not been assessed is the impact of the experience on current health related quality of life at the general population level. The purpose of this analysis is to remedy this deficiency.

**Methods:** Data are from the 2008 National Health and Wellness Survey. This is an Internet-based survey carried out in the UK, France, Spain, Germany and Italy. From a total of 53,524 respondents, 521 indicated they had experienced EGW and 520 genital herpes. Only 63 had experienced both conditions. The analysis is based on health state utilities (score 0 – 100) from the SF-6D, utilizing an ordinary least squares regression model. The independent variables included binary variables for the presence/absence of EGW and genital herpes, socio-demographic characteristics, health risk factors (e.g., body mass index) and the Charlson Comorbidity Index (CCI).

**Results:** The experience of EGW and genital herpes had a substantial negative impact on utility scores. The impact was significant at conventional decision levels: EGW – 2.47 (-4.35) and genital herpes -3.51 (-6.21). The impact of EGW and genital herpes experience was similar to the negative impact of BMI for persons who were underweight, obese and morbidly obese and the CCI (-2.53; 95%CI: -2.65 - -2.41). Age, education and income all had a positive and significant impact on HRQoL.

**Conclusions:** This is the first time the lifetime experience of two of the most prevalent sexually transmitted infections (STIs) on current HRQoL has been assessed. The results point to the continuing impact of this experience, with herpes having a marginally greater impact than EGWs. The HRQoL deficit is most apparent for those who have experienced both STIs.

**Introduction**

External genital warts (EGWs) and genital herpes (GH) are commonly experienced sexually transmitted infections. In the European Union estimates of the lifetime prevalence range from 0.45% to 1.52% in the case of EGW and 0.59% to 1.43% in the case of GH. Assessment of the impact of these infections on HRQoL has focused on GH, to include the development of generic instruments (Meads et al, 2010) and the comparison of measures (Fisman, 2004). Studies have focused on assessments within clinical trial environments. There are no pan-national studies and none that have attempted, using a generic HRQoL instrument, to assess the relative burden of these two infections.

**Objectives**

- The aims here are: (i) to provide estimates of the population experience of EGW and GH; and (ii) to assess the burden of these two infections in terms of their impact on HRQoL utilities for 5 European countries.

**Methods**

- The study is based on data from the Internet-based 2008 National Health and Wellness Survey undertaken in the UK, France, Spain, Germany and Italy. This study population, 53,524 respondents, identified 584 individuals with EGW and 583 with GH (including 63 with experience of both infections).
- HRQoL utility scores were estimated for the SF-6D instrument (score 0 – 100). The quantitative evaluation involved specifying a linear (OLS) regression model to include categorical variables for (i) experience of EGW, GH and both; (ii) age; (iii) gender; (iv) household income; (v) education; (vi) health risk factors – BMI, alcohol use and smoking; and (vii) Charlson comorbidity index.

**Results**

- Overall, the estimated population prevalence of persons experiencing EGW (to include GH) was similar to that for persons experiencing GH (to include EGW) at 1.09%.
- Among those only experiencing EGW the population prevalence ranged from 0.47% to 1.52% for GH, the range was 0.59 to 1.45.
- In the case of EGW, the highest prevalence was for the UK; in the case of GH the highest prevalence was for France.

**Conclusions**

- This is the first time, at a pan-national level that the relative contribution of EGW and GH to HRQoL has been evaluated. While both STIs have a significant, negative impact, there is clearly scope for a more intensive analysis to assess their independent contribution to HRQoL, particularly at the country level.

**References**