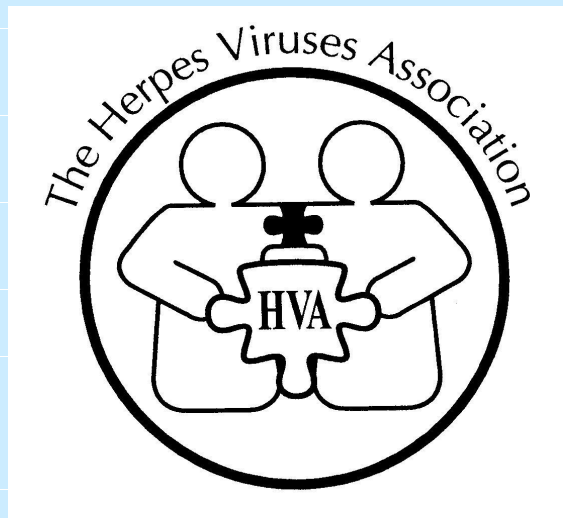


# *Annual Report* *2006*



The only charity for people  
with herpes viruses:  
cold sores, genital herpes,  
shingles, glandular fever  
and more...

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## Statement:

**The Herpes Viruses Association (HVA) continues as a vital support organisation. Increasing use of the internet has made us more effective – it is now easy for anyone to access helpful information on our website. The stigma remains and our busy helpline proves that we are needed.**

# The need for our services

The HVA continues to work in a challenging environment. There is no sign of any reduction in the degree of stigma or the amount of misinformation that continues to affect herpes simplex patients – if anything, use of the internet as a first ‘port of call’ for many patients has compounded the problem. The creation and expansion of our own website is a vital counter to this but it remains a solitary beacon in a sea of what is often deliberately unhelpful hype.

“I found your website in a slight state of shock and felt entirely calmed when I had finished reading.”

“This website saved my life in the sense that it has a non-hysterical approach to herpes.”

“ Someone I love and who loves me FREAKED out when I disclosed I have herpes (before sex) and his independent internet research only confirmed his worse fears and even multiplied them.... Your website has given me tremendous confidence and strength recently because of your sobering tone, your savvyness to the media and pharmaceutical hypes, and the rigor of your scientific references and information.”

## • Diagnoses

Diagnoses of herpes simplex made at clinics of genito-urinary medicine (GUM clinics) have increased each year for the last twenty years, as has the number of people attending GUM clinics for all reasons.

- Total new patients diagnosed at GU clinics in England for 2004: 18,991.<sup>(1)</sup>
- Almost twice as many women are diagnosed as men.
- The 20-24 year old group are the most frequently diagnosed, but the figure for women in the group below (16-19) is very close.
- GPs diagnose an average of 1.37 new patients each per year: a further 49,320 per year.<sup>(2)</sup>

## • Psychosocial morbidity continues: the stigma does not decrease and now ‘cold sores’ are being tainted too

Studies have shown the ‘stigma’ causes psychosexual ill-health.<sup>(3)</sup> Callers using our helpline tell us it is the ‘word’ that matters, or that *“it is the idea that other people form of you because you have herpes simplex.”*

The word ‘herpes’ and the fear, anxiety and worry that is attached to it is now being attached to cold sores. The media has recently been pointing out that oral sex with a person who has cold

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1. [http://www.hpa.org.uk/infections/topics\\_az/hiv\\_and\\_sti/sti-herpes/epidemiology/epidemiology.htm](http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/sti-herpes/epidemiology/epidemiology.htm)

2. Woolley and Chandiok, 1996.

3. Carney O, Ross E, Bunker C, Ikkos G, Mindel A prospective study of the psychological impact on patients with a first episode of genital herpes. *Genitourin Med* 1994;**70**:40-45

sores will give the partner genital herpes. Sadly, instead of using this fact to lessen the psychological burden of genital herpes, the 'spin' has been to stigmatise facial cold sores. The number of contacts from people concerned about facial symptoms has increased.

## **Aims: to help people with herpes viruses and to provide information...**

### **People with herpes simplex, their partners and families ask for treatment information self-help advice and counselling**

#### **treatment and self-help**

Many people who contact the HVA are having 'too many' recurrences (defined by the Guidelines of the British Association for Sexual Health and HIV as: more than 6 per year or as causing distress to the patient). Whilst the cost of aciclovir oral treatment has fallen by two thirds since the patent expired, many GPs are not offering it as a long-term suppressive treatment. They sometimes (incorrectly) claim that it has not been evaluated for long-term use or else they exaggerate the possibility of troublesome side effects in order to avoid prescribing it.

I ordered a tube of Lomaherpan from you a couple of months ago and must say how very impressed I have been with it. It stops the cold sore breaking down and is often gone within a few days. Previously, cold sores would last a good week and often spread to a smaller second one. Now – the damage is minimal and not noticeable to others. It's very liberating after suffering for the best part of 20 years!

Kate B.

We have run trials on herbal remedies and can offer opinions on the ones felt to be most helpful and those which were no better than placebo. Having tested Lomaherpan cream with the cooperation of our members and found that it does prevent and heal herpes simplex sores, the product is receiving more press interest and increased sales.

In March 2005, we took a stand at the Vitality Show, Olympia, London. Attendance was reported to be 45,000 over the four-day show. We offered information about treatment for genital herpes, cold sores and sold books, leaflets and creams. One of our volunteers was prepared to wear a badge:

**I have genital herpes.  
Can I help you?**

As a result, several people each day had long, open, honest, heart-to-heart refreshing, rewarding, rejuvenating, conversations with her.

## we offer a local rate helpline service 0845 123 2305

All our helpliners have personal experience of herpes simplex. Callers tell us that this makes an important difference to them. They report the misinformation or unfortunate comments they have received from other helplines (NHS Direct, Sexual Health Helpline)

Usage of our helpline is intense: around 40 calls are made in the first hour each day. About four callers get through each hour, the others hear a recorded message explaining that the helpliner is already taking a call and asking them to try later in the session. Office staff also take calls during the day.

All calls are logged and topics are analysed, along with the duration of calls. Total calls taken by helpline volunteers and office staff are in the region of 5,000 per year. We have observed that there are two peaks each year for helpline usage: just after Christmas holidays and again in the early autumn after the Summer holidays.

I called your number to ask about the possible treatments and had such a beautifully spoken lady talk me through things that I felt compelled to write to thank you for your helpline. She made my day with frank and positive advice and suggestions for what treatments to follow.

From prada\_g@ etc.

Studies have shown the importance of counselling and psychological support for people newly diagnosed with genital herpes (ref. on page 3). However phrases used in magazines, on websites and sometimes by staff at GUM clinics, still include *'incurable'* *'you've got it for life'* and *'you can always pass it on'*. Our helpliners can tell callers that whilst chickenpox (herpes varicella) and cold sores (herpes simplex labialis) are similar viruses, people do not consider that catching them needs to have social implications. The importance of *'viral shedding'* (the possibility that virus may be present on the skin surface without causing obvious symptoms) has been exaggerated and distorted by many websites, particularly those based in the United States. This is possibly intended to cause added anxiety in patients thereby increasing the demand for daily antiviral medication. (Many patients do not shed virus at all, outside outbreaks, and for those who do, the phenomena declines with time. The significance of shedding, as compared to mild, visible but unnoticed symptoms has not been established.)

The average duration of a call is 8.5 minutes. People ask about more than one topic. Those most commonly discussed are:

- How will this affect my future life?
- How to tell a future sexual partner? or
- How to I protect myself with a new partner who has herpes simplex...
- How can I treating the symptoms (self-help and prescription therapy)
- Can I get pregnant and have a baby normally

## **our website gives the answers, email enquiries are dealt with personally, people attend our office for counselling sessions**

I have just been reading your website and I have been encouraged by it. So much of what you read in magazines and the press and on the net is very scary and does little to allay fears, leaving doubt and unanswered questions. ... your website has been encouraging for me and I wanted to tell you that it has been helpful.

Ben S

Our website [www.herpes.org.uk](http://www.herpes.org.uk) and/or [www.hva.org.uk](http://www.hva.org.uk) received an increased number of visitors: 265,000 visitors (13.3 million hits) in 2005 – up from 150,000 visitors and 9,500,000 hits in 2004.

On a Google search for 'herpes', it is top of the list.

The British Library is archiving 7000 UK-based websites which it will adapt to new technology so that they can be accessed by future generations. We asked why they chose our website: it was because of the “information content”, “value”, “works beautifully”.

The site is continually revised and expanded and we are told by visitors that it is the most useful herpes simplex resource on the internet. People can also email specific questions to [info@herpes.org.uk](mailto:info@herpes.org.uk). We answered about (322) 400 such emails in 2005; and a further (76) 90 in the first three months of 2006.

“ I was in denial... I may just have acquired HSV2, and will now chase it up at my local GUM.”

We had five counselling one-to-one sessions in the HVA office and a further six in Central London.

## **services for members**

I am writing just to tell you how much I have benefitted by being a member of HVA.

I unfortunately contracted herpes twenty months ago. Throughout this time I have been able to contact the helpline on numerous occasion. Ten months ago, I became pregnant which was delightful news. A planned pregnancy! With the reassurance of your advisors I had a very stress-free pregnancy, labour and birth. We now have a beautiful baby girl and no complications.

Thank you for being there.

A Devon member.

Members of the Association are offered factual information sessions, individual counselling, helpline number, workshops, social contacts.

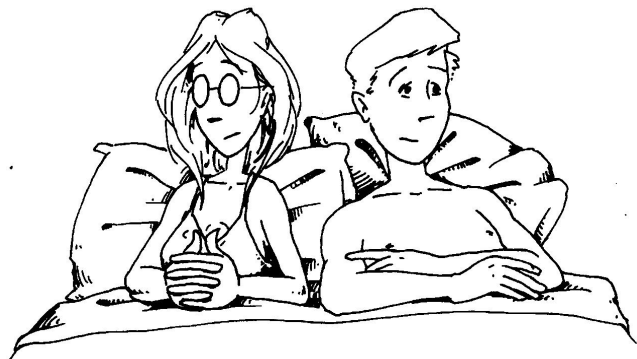
An annual questionnaire to members ensures that our aims and our services focus on what they want and need.

We held two full-day workshops on the topic of 'How to tell a future partner'.

Membership reached a peak of 1,351 in 2002. Since then membership is slightly lower each year: 1,226 this year. The creation of our new website and the improvements to our booklet *HERPES SIMPLEX - THE GUIDE* which is distributed through GUM clinics, have meant that many patients now feel they do not require the extra benefits of membership. So our increasing effectiveness has negative financial consequences for the charity.

Many of our members are severely affected physically or psychologically by the diagnosis. We help in various ways:

- *SPHERE* - our quarterly journal - has 16 pages of information on herpes viruses, living with simplex, preventing cold sores, personal experiences and more. It gives up to date news on research/developments in treating herpes simplex and herpes zoster.
- leaflets cover every aspect of herpes simplex and are updated regularly
- members phone the office for facts,
- members can visit the office for personal counselling. advice and emotional support



## members are invited to events

Members attended a talk by herpes simplex specialist Dr Laura Waters at the Annual General Meeting on September 17<sup>th</sup>. She was followed by Denise Parker who explained the use of Neuro-Linguistic Programming in helping yourself to come to terms with "having herpes".

Meetings for members: Tunbridge Wells, Newport, Blackburn, Cambridge and 17 other regional meetings 36 meetings in London and 3 workshops/seminars as well (as above).

Venues for the meetings are in:

- Brighton,
- Cardiff,
- London
- Manchester,
- Milton Keynes,
- Newcastle
- Newport (Gwent)

A 'local contact' network enables people all over the country to support, advise and encourage each other. Newcomers are matched to local members of the same sex, similar age, and as near as possible for location.

# Strategies to advance our aims:

## leaflets for the public



We distributed 40,000 copies of the True or False leaflet (left) in 4,000 GP surgeries through a service that stacks leaflet racks. Take up was good with an average of 76% being taken, and the ‘reply slip’ inside was returned by 135 members of the public.

## we talk to the public

Tunbridge Wells, Newport, Blackburn, Cambridge were the venues for talks to the public on “*Cold sores, shingles and all the herpes viruses*” - a title chosen deliberately not to be embarrassing! These meetings can be the catalyst for a regular local group to start up - see **members’ events** – above.

## we help the consumer press, TV and radio shows to ‘get it right’

During the year 2005 through to March 06, there was a great deal of publicity about sexually transmitted infections. Many articles bewailed the rising rates of infection: with particular emphasis on the young and the older age groups (“grey sex”). We cooperated with journalists and were able to ensure that herpes simplex was usually correctly portrayed as a ‘nuisance’ rather than a ‘disaster’ and took its rightful place in the list of STIs. Changing lifestyles have resulted in a rise in diagnoses of most STIs both amongst the young and also amongst older people returning to dating following the end of a long-term relationship.

Consumer press (18 items of coverage):

- Scotsman
- Daily Mail
- Cosmopolitan
- Men’s Health
- Daily Star
- Best (April)
- Glamour
- That’s Life
- Sunday Mirror
- Best (September)
- Daily Express
- Candis
- Daily Mail
- Love it!
- She
- Mail on Sunday
- Good Housekeeping
- Woman’s Weekly
- Now

In the first three months of 2006, there were eight mentions:

- PA News
- The Times
- CosmoGIRL
- Look
- The Times: Body and Soul
- Essentials
- Now
- North Devon Journal

We were interviewed for Radio and TV:

- BBC Radio Northampton NS
- Panorama
- Channel 5 Science of Sex

BBC Online interviewed Nigel Scott for a news piece.

## **we are listed in directories, websites, databases and books**

Our details are shown in approximately 500 directories, reference books and lists held by Regional Health Authorities, FHSAs, NHS Trusts, Community Health Councils, Health Promotion Projects, libraries. We are now endorsed by BUPA, Guild of Health Writers, AIDS lines, the Samaritans, Healthline, Patients' Association, to name a selection.

On the web, Google's search engine shows there are about 100 links to our site, MSM shows around 1000 links and Yahoo lists around 500 links.

## **GU clinics and other health professionals appreciate what we do to help**

The special interest group for herpes simplex virus of the British Association for Sexual Health and HIV (BASHH) brings together medical professionals including GPs and a GUM nurse. We were invited to find a patient representative to take part in its meetings. Marian Nicholson submitted her CV and was accepted. This enables her to give the patient view to the medical professionals as well as offer "users' opinions" of guidelines.

In 2005, Marian Nicholson was invited to give a talk on "Talking to Patients with Herpes Simplex" to the staff at three GUM clinics: Redhill, Sutton-in-Ashfield and Leatherhead; and in January 2006, to the Full Network Meeting of the South West London HIV and GUM clinical Services Network.

Thank you so much for coming to Leatherhead GUM clinic yesterday. Everyone thoroughly enjoyed your presentation and found it extremely useful.

S. Lane, Staff Nurse

19,000 copies of our booklet, *Herpes Simplex - A Guide* were distributed to patients with herpes simplex by GUM clinics during 2005. In the first quarter of 2005 a further 2,200 were distributed.

Patient cards and posters are sent to all 195 GU clinics in Great Britain. These items are free and have been designed for clinic personnel to hand out to patients, providing information and details of our leaflets and services.

Medical professionals write, email or phone for information and patient materials: GPs, GU clinic health advisers, midwives.

Send more... they have been very well received by both patients and staff.

April Brooks, Lead Sexual Health Nurse

## professional journals

Three articles written by us were published in 2005: the Sexual Health Nursing newsletter published by the RCN *What the Herpes Viruses Association does for your patients*; British Journal of Dermatological Nursing *Herpes Simplex*; Dermatological Nursing *Herpes Simplex and Herpes Zoster*. We also contribute a piece to the quarterly journal Campaign News, the journal of the Skin Care Campaign.

In the first quarter of 2006, the HVA was featured in Third Sector and had a letter published in the British Medical Journal.

## involvement in formulating national guidelines

We have been consulted on various national management and/or treatment guidelines and have sent in comments and suggested changes to scopes for National Institute for Health and Clinical Excellence (NICE), PRODIGY, the British Association for Sexual Health and HIV (BASHH).

The Crown Prosecution Service asked us to take part in amending the guidelines for prosecuting in the case of sexually transmitting diseases.

## umbrella organisations strengthen our position

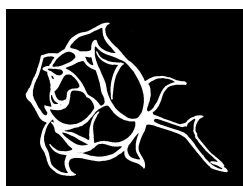
We get more publicity and reach a wider audience as well as addressing wider health concerns by joining with other groups. We are members of:

- The British Federation against Sexually Transmitted Diseases (BFSTD) is an umbrella group for many organisations. It is multidisciplinary with a healthy mix of skills between medical and other professional groups.
- the All Party Parliamentary Group on Skin (APPGS) - the APPGS meetings take place in the House of Commons. We submit evidence and opinions to be included in the APPGS reports which are widely circulated to media, MPs, GPs, Department of Health, etc.
- the British Association of Dermatologists' Patient Support Groups. The patient groups work with many other professional bodies, e.g. British Dermatology Nursing Group, the British Skin Foundation, Pharmacists as well as the pharmaceutical industry.

- the Skin Care Campaign (SCC)
  - The SCC organised and funded four information days in Tunbridge Wells, Newport, Blackburn, Cambridge allowing an HVA staff member to give a talk to the public and hold a meeting for members outside London.
  - The SCC campaigns for the details of relevant patient groups to be supplied routinely to all patients at the time of diagnosis. It sends the annual edition of the SCC directory, giving contact details of 35 patient skin charities to every GP member of the Primary Care Dermatology Society.
- the Cochrane Review Group on Skin: we are coordinating with the Cochrane Review Group on Skin which has undertaken several meta-analyses of the treatments for herpes simplex.

## co-operation with companies

Following our successful trials of Elagen, *eleutherococcus senticosus*, and 'olive leaf extract', Eladon Ltd offers these to our members at a discount along with a range of herbal and vitamin products. We receive a 12.5% commission on Eladon orders channelled through our office. This, along with their payment for a half page advertisement in each *SPHERE*, is an important source of revenue.



the Shingles Support Society –  
a sub-group of the HVA recognised  
by the Charity Commission

Thank you for the extremely rapid response to my enquiry relating to shingles and post herpetic neuralgia.  
I have found it most enlightening to my current situation. At the very least I can begin to understand my personal discomfort and face my GP without the feeling I was being a nuisance.  
Please find enclosed a cheque for £25 with my grateful thanks.  
David A. W. Westgate-on-Sea

The Shingles Support Society for post-herpetic neuralgia (PHN) is a recognised sub-group of the HVA. We supply information to people, mainly elderly, with PHN following shingles (herpes zoster) which is a recurrence of chickenpox (herpes varicella). In people over 60 shingles is much more likely to be followed by PHN. The pain caused by nerves damaged by shingles is often excruciating and disabling. If not treated, it may blight the remainder of the patient's life. GPs are often unaware of appropriate treatment for the intractable pain caused by PHN. Amitriptyline or gabapentin tablets and capsaicin cream have been tested and recommended by specialists. We produce an information pack including summary sheets for patients and referenced dosage instructions for their GPs.

Our shingles support packs provides self-help as well as the drug therapy mentioned above.

The fact that somebody is there to give advice and the knowledge that I'm not on my own with this problem (PHN) makes it a little more bearable. Thank you.

Pam S. Withenshawe

## Staff and volunteers - monitoring and training

In order to carry out the telephone contacts required with people at their homes, either regarding trials of new treatment, helplining or social events around the country, our three full-time staff stagger their hours and their duties overlap.

- Marian Nicholson (MN), director, works from noon to 8pm. She is responsible for non-routine letters, grant applications to statutory bodies such as the National Lottery and Department of Health, press releases, writing and editing leaflets, *SPHERE* and the Annual Report. MN attends most meetings with external bodies and gives most of the lectures on various aspects of herpes simplex to medical personnel and the general public. She answers helpline calls in the evening from members of the association and newly diagnosed patients.
- Nigel Scott (NS), administrator and information officer, works from 10am to 6pm. As well as requests for information, he deals with monthly reconciliation of the accounts, sales of our booklet to GUM clinics (orders are between 50 and 500). He oversees volunteers who help out in the office. He makes funding appeals to companies and charitable trusts, as well as involving himself in projects and writing articles for *SPHERE*. NS is Vice Chair of the Skin Care Campaign and sometimes lectures to the public.
- Jackie Joseph was a third member of staff until November 2005, as membership secretary, doing daily bookkeeping and other routine administrative. She was not replaced.
- All members of staff take 'advice and counselling calls' several times a day, from members of the Association and the general public.

Volunteers are essential to our service. Over the year we have help from about 30 people:

- Helpline volunteers are trained and supervised. Continuous support is given to helpliners on the telephone from their original trainer. Newsheets are sent out regularly to keep them up-to-date with factual information and suggestions for counselling.
- Each year we hold a Helpliners' Meeting for training and support.
- Monitoring of helpline services continues at all levels.
- Volunteer helpliners fill in a report sheet to enable supervision of the information provided and give further training or information to the helpliners.
- Questionnaires are sent to people who have been counselled at the office by our paid staff.
- Local contacts and organisers of group meetings all over the country are supported by the office staff but do not receive formal training.

## Executive Management Committee

The Executive Management Committee is elected at the Annual General Meeting from the membership and reflects its diversity. The Committee oversees the work of the association, directs its future and approves outgoing expenses. Committee meetings are held monthly and the chair rotates. At year end the Committee included six men and six women aged 24-56 yrs old. The Committee has the power to co-opt up to one third of its members between AGMs.

The Charity Commission has issued a dispensation so that the names of committee members do not appear on their website or on any published document – although nine out of the twelve members are not 'shy' about being listed.

## Legal representation

We are grateful to Taylor Vinters, solicitors, Merlin Place, Milton Rd Cambridge CB4 0DP who acted for us this year, pro bono.

## Funding for 2004/2005 onwards

### Core Grant:

The HVA remains a small charity with no investments beyond its deposit account, no property, no assets beyond its office equipment. We rely on a core grant from the Department of Health (DH), which was £27,000 this year but which we are pleased to know will continue for a further three years. Income from service users pay for information material and subscriptions.

This year there were no grants or donations from other organisations, nor was there any specific project funding. Funds in hand are mostly held for the continuation of on-going work.

### Regular Sources:

Memberships went down this year, as did donations from services users (both members and the public). This trend has been recognised across the sector and is results from the information that our website offers freely.

- Classified advertisements in our journal *SPHERE* raised over £1,000. (Ads are only taken for products we are confident about)
- Profits from selling the supplements we have found to be useful in preventing herpes simplex outbreaks.
- Fees paid to the HVA for talks given.
- Sales of dietary supplements and creams aimed at controlling simplex outbreaks is increasing. Our profits this year reached over £10,000.
- Our members have helped by sending us Covenants, Give As You Earn certificates and a few members make regular monthly donations of £5-£10.

### Alternative Sources:

Fund-raising activities in 2005/6 include:

- Six members ran in the British London Run and raised £750. All of them agreed to wear a T-shirt with [www.herpes.org.uk](http://www.herpes.org.uk) printed on the back – see right.
- A ‘friend of the charity’ ran in the London Flora Marathon and raised £650.



# Accounts for 2004/2005

The accounts for 2004/05 were signed by an Independent Examiner: Derek Rothera of Derek Rothera & Company.

## Recognised Gains and Losses

The HVA had no recognised gains or losses other than the surplus or deficit for the above two financial years.

## Continuing Operations

None of the Association's activities were acquired or discontinued during the above two financial years.

The information given overleaf has been extracted from the Herpes Viruses Association's accounts 2004/2005 upon which the authorised accountant gave an unqualified opinion. Copies of the full accounts may be obtained on request from the Administrator. A copy has been submitted to the Charity Commission for filing.

## Reserves Policy

In line with the recommendations of the Charity Commission, the Management Committee has formulated a Reserves Policy to enhance our medium term security, taking into account the different level of certainty of the various income streams. The charity had a precarious existence for many years, culminating in a funding crisis between 1993 and 1995. We aim to hold a contingency reserve as a buffer to cushion us against an uncertain future. Each year, the Management Committee will plan to carry forward an amount which will cover 6 months running costs and a Staff Contingency Fund. For the year 2004/05

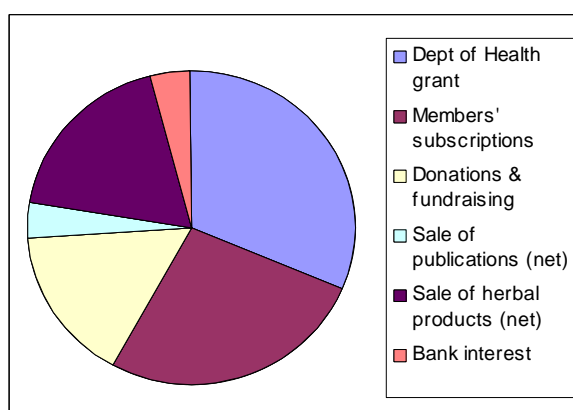
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£ 65,000 represents 6 months running costs

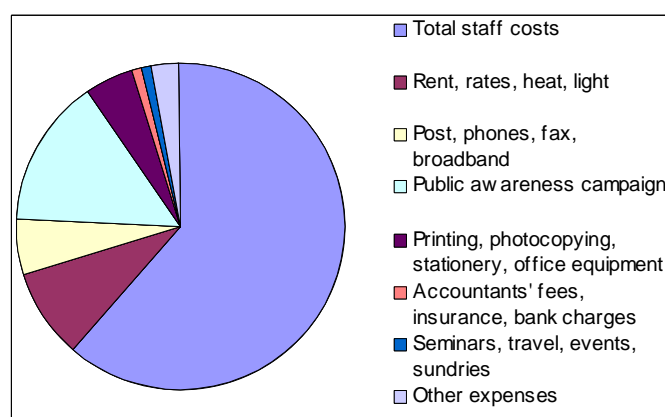
£ 22,000 for redundancy payments for two office staff

Therefore for the year 2004/05, a total £87,000 would be nominated as Strategic Reserves but we do not have that much in the bank.

## Income 2004-2005



## Outgoings 2004-2005



## Herpes Viruses Association

### STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31ST MARCH 2005

	Year:	2005	2004
<b>INCOMING RESOURCES were all unrestricted</b>			
Grants Receivable (DoH)		27,000	30,000
Subscriptions		22,670	24,741
Members donations		13623	14961
Commercial donations		-	-
Sales of books and sundry		41,757	32,124
Fund raising		-	506
Bank interest		3,442	3,453
Sundry income		<u>47</u>	<u>220</u>
		<u>108,539</u>	<u>104,005</u>
<b>RESOURCES EXPENDED</b>			
Direct Charitable expenditure		(132,886)	(119,597)
Fundraising and publicity		-	-
Management and administration		<u>(11,681)</u>	<u>(9,364)</u>
Total Resources Expended		<u>(144,567)</u>	<u>(128,961)</u>
<b>NET INCOMING/(OUTGOING) RESOURCES</b>			
		(36,028)	(24,956)
Fund balances brought forward at 1 March 2004		<u>98,749</u>	<u>123,705</u>
<b>FUND BALANCES CARRIED FORWARD AT 31 MARCH 2003</b>			
		<u>62,721</u>	<u>98,749</u>

<b>BALANCE SHEET</b>	<b>Year:</b>	<b>2005</b>	<b>2004</b>
		£	£
<b>FIXED ASSETS</b>			
Tangible assets		4,921	3,097
<b>CURRENT ASSETS</b>			
Cash at bank and in hand	815	806	
		<u>62,700</u>	<u>97,743</u>
		63,515	98,549
<b>CURRENT LIABILITIES</b>			
Creditors: amounts falling due within 1 year		<u>(5,715)</u>	<u>(2,897)</u>
<b>NET CURRENT ASSETS</b>			
		57,800	95,652
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			
		<u>62,721</u>	<u>98,749</u>
Represented by :			
UNRESTRICTED FUND		62,721	98,749
RESTRICTED FUND		<u>-</u>	<u>-</u>
		<u>62,721</u>	<u>98,749</u>

# About the Herpes Viruses Association

## - registered charity 291657 since 1985

### 1. Statement of Aims

We exist to promote better mental and physical health with regard to the family of herpes viruses by:

- giving correct information on herpes viruses to the public, to medical professionals and to the media
- promoting research into the prevention and treatment of herpes simplex
- advising on the relief of symptoms of herpes simplex and herpes zoster

### 2. Objectives

Our objectives are to reduce any unnecessary suffering which is expensive both emotionally and financially through:

- promoting awareness of correct facts on herpes simplex both facial (cold sores) and genital, among public, healthcare personnel and media;
- continuing to supply the free herpes helpline service, staffed by trained volunteers from our association;
- informing people with herpes viruses about our findings on holistic and complementary treatment;
- publishing our quarterly journal and supporting our members through local groups, seminars, workshops and informal events;
- increasing awareness of the possible treatments available for post-herpetic neuralgia (PHN) following shingles (herpes zoster) in the elderly.

### 3. Who we are

The Herpes Viruses Association is a national organisation founded by patients to support and inform patients. It was founded in 1981 and was established as a registered charity in 1985 receiving its first grants from the GLC and the Department of Health. Since then the scope of the services and information offered has gradually increased.

### 4. The patrons of the HVA

Professor M W Adler, CBE MD FRCP FFCM  
Dr Elizabeth Claydon, MB ChB FRCP  
Dr Brian A Evans, FRCP  
Dr Derek J Timmins, MB ChB FRCP MRCGP MFFP

Dr David Barlow, MA BM FRC  
Dr Phil Hammond, MB BChir FRCGP  
Dr Miriam Stoppard, MD FRCP  
Dr David Bull, MBBS BSc ASM

### 5. Contact details

Address: Herpes Viruses Association, 41 North Road, London N7 9DP

Tel: Office 020 7607 9661, Helpline 0845 123 2305

E-mail: [marian@herpes.org.uk](mailto:marian@herpes.org.uk)

Website: [www.herpes.org.uk](http://www.herpes.org.uk)